1. Business Name: ____________________________________________

2. What is your position (or job title) in your business?
   - Owner
   - General Manager
   - Human Resources Manager
   - OH&S Manager
   - Other ____________________________________________

3. Who has the main responsibility for health & well-being of employees in your business?
   - Yourself
   - Someone else (please specify job title) ____________________________________________

4. Your business is part of the:
   - Private sector
   - Government sector (local, state, federal)
   - Not-for-profit sector

5. What kind of business or service is carried out by your workplace?
   ____________________________________________

6. Is your business a member of an industry or employer association?
   - No
   - Yes (please specify name) ____________________________________________

7. How long has your business been undertaking its main activity (regardless of name change)?
   - Less than 2 years
   - 2 to 5 years
   - 5 to 10 years
   - 10 to 20 years
   - 20 to 50 years
   - 50 years or more

8. Is your workplace part of a larger organisation?
   - No (go to question 10)
   - Yes (please specify which organisation) ____________________________________________

9. Where is the administrative head office of your business located?
   - Current location
   - Elsewhere (please indicate location) ____________________________________________

10. Is there an organisation that represents the interests or coordinates activities on behalf of businesses in your local area? (eg. council, chamber of commerce, business association)
    - No
    - Yes (please specify name) ____________________________________________

11. Which of the following are used in your workplace to regularly communicate between managers and employees?
    - Email
    - Newsletter
    - Regular meetings
    - Informal conversations
    - Other (please provide details) ____________________________________________

12. Does your business undertake any of the following?
    - Team-building activities
    - Participation in a sporting activity as a team
    - Regular social events
    - Regular training events/courses
    - Other (please provide details) ____________________________________________
13. Does your workplace have any of the following?

- Showers / change facilities
- Lockers
- Bike racks/storage
- Designated smoking areas
- Designated eating areas
- Vending machines - snack
- Vending machines - soft drink
- Kitchen facilities

14. The following statements are about implementing health & well-being activities for employees in your workplace. (tick the one statement which best applies) This business:

- Is not thinking about implementing health & well-being activities
- Is thinking about implementing health & well-being activities but not in the next 6 months
- Is thinking about implementing health & well-being activities in the next 6 months
- Has started to implement health & well-being activities in the last 6 months
- Currently undertakes health & well-being activities and has been doing so for more than 6 months

15. For health & well-being activities does your business have any of the following?

- A structured program
- An allocated budget
- An employee responsible for coordinating activities as part of their role
- Goals and/or mission statement related to the health & well-being of employees

16. For health & well-being activities in your workplace has your business undertaken any of the following?

- Assessment of employee health needs
- Employee satisfaction survey
- Evaluation of outcomes
  (please list any outcomes evaluated)

17. Does your business provide any of the following for employees?

- Posters, flyers or brochures on health topics
- Flu vaccinations
- Free or subsidised fruit
- Subsidies for gym membership
- Walking programs
- Cycling programs
- Yoga or Pilates classes
- Health risk assessments
- Health seminars
- Other (please specify)

18. Has your business ever engaged another company to provide health & well-being services for employees?

- No
- Yes (please provide details of type of service)

19. What priority do you think your business CURRENTLY places on promoting the general health & well-being of employees?

- Very high
20. In your opinion, what priority SHOULD your business place on promoting the general health & well-being of employees?

- Very high
- High
- Moderate
- Low
- None

21. Please indicate your level of agreement with the statements below.

Implementing activities to support the health & well-being of employees:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

a) Is an important investment for a business to make
b) Can result in increased productivity
c) Can reduce sick leave
d) Can increase staff retention
e) Is possible for our business to do
f) Can reduce the incidence of workplace injuries

22. How much responsibility do you think each of the following should have for promoting the general health & well-being (not safety) of employees?

- None at all
- Some responsibility
- Most responsibility

a) Employer
b) Employees
c) Federal/State Government
d) Local Government
e) Other (please specify)

23. In your opinion, how important are the following health issues for employees in your business?

- Very Important
- Somewhat Important
- Not Important
- Unsure

a) Smoking cessation
b) Healthy eating
c) Weight management
d) Physical activity
e) Managing stress
f) Reducing alcohol intake
g) Other (please specify)

24. Please indicate which would be (or are) barriers in undertaking workplace health activities for your business:

- Yes
- No

a) Concerns regarding financial cost
b) Time constraints in the workplace
c) Lack of management support
d) Lack of information regarding types of activities
e) Lack of support for businesses
f) Lack of suitable service providers
g) Lack of interest amongst employees
h) Lack of flexibility in working hours
i) Employees do shift-work
j) Other (please specify)
25. Please indicate how useful the following resources would be in supporting your business to implement health & well-being activities for employees:

<table>
<thead>
<tr>
<th></th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not Useful</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Website with information for employers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Workplace health toolkit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Telephone service providing advice to employers</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Service provider facilitating activities for employees</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e) A network with other local businesses</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f) Telephone health coaching service for employees</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g) Other (please specify)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

26. How many employees are in your business? (include managers, full-time, part-time and casual employees)

- ☐ Male
- ☐ Female

27. Please indicate the approximate number of employees who are:

- ☐ Managers
- ☐ Professionals (tertiary qualifications)
- ☐ Technicians and Trade workers
- ☐ Community and Personal Service Workers
- ☐ Clerical and Administrative Workers
- ☐ Sales Workers
- ☐ Machinery Operators and Drivers
- ☐ Labourers
- ☐ Other (please specify)

28. What number of employees are:

- ☐ Permanent full-time
- ☐ Permanent part-time
- ☐ Casual
- ☐ Contract staff

29. Please add any further comments you may have on workplace health promotion.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

30. Would you like to go into a draw to win...................................................................?

☐ Yes    ☐ No

If you ticked “YES”, please provide your name and contact details below:

YOUR NAME: .........................................................................................

BUSINESS NAME: ...................................................................................

EMAIL: ..................................................................................................

PHONE: ..............................................................................................

Please return the survey in the reply paid envelope or send to: