

Employee Physical Activity Survey

Please answer the following questions as best you can. We are committed to safeguarding your privacy and anonymity and this survey cannot be traced to any individual. If you feel that your answers to any of the questions below might result in your being identified as the responder to this survey, please feel free not to answer that question.

1. At your work, do you perform manual labor activities that involve manufacturing, construction, auto-mechanics, maintenance, technical installations, moving, food preparation/serving, cleaning AND/OR activities that require prolonged standing? Yes No
2. How long have you been working for your current company? _____
3. How many days a week do you work for your current company? _____
4. How many days a week do you work from home (not at your worksite)? _____
5. How many hours do you work on a typical day? _____
6. During a typical work day, what proportion (%) of time do you spend in each of the following activities? (*This involves only hours while at work, and does not include travel to and from work, or what you do in your leisure time*).
 - a. Sitting _____ %
 - b. Standing _____ %
 - c. Walking _____ %TOTAL _____ % (*Make sure this adds up to 100%*)
7. On a typical work day, how many breaks from sitting (such as standing up, or stretching or taking a short walk) during one hour of sitting would you typically take at work? 0 1 2 3 4 5 or more
8. On a typical work day, how many times do you take the stairs (at least 10 steps) at work? _____
9. On average, how many flights of stairs do you climb up at work on a typical work day? (One flight = 10 steps) _____
10. Approximately how many miles is it from your home to your workplace? _____
11. In a typical work week, how many times do you travel from your home to your workplace? _____
12. On a typical work day, what is **the total time** that you spend using the following modes of transportation **to and from** work? Please indicate **all forms** of transportation that you use. (e.g., If you walk to the train station, indicate how long it takes you to get there, also how long you take on public transit -please make sure you enter total time for round trip.)

Biking:	Hours _____	Minutes _____
Walking:	Hours _____	Minutes _____
Vehicle:	Hours _____	Minutes _____
Public/company transport:	Hours _____	Minutes _____
13. In a typical week, do you engage in Physical Activity **at** your workplace or at a facility provided/subsidized by your workplace? (E.g.:weight training, jogging, sports, stretching, group exercise) Yes No
 - 13a. If yes, how many days per week do you engage in Physical Activity at your workplace or at a facility provided/subsidized by your workplace? _____ days a week
 - 13b. How much time per day do you usually spend doing Physical Activity at your workplace or at a facility provided/subsidized by your workplace? _____ Hours _____ Minutes

14. In a typical week, do you engage in Physical Activity outside your workplace or outside facility provided/subsidized by your workplace? This does not include traveling to and from work Yes No

14a. If yes, how many days per week do you engage in Physical Activity outside your workplace or outside a facility provided/subsidized by your workplace? This does not include traveling to and from work. _____ days a week

14b. How much time per day do you usually spend doing Physical Activity outside your workplace or outside a facility provided/subsidized by your workplace? This does not include traveling to and from work. _____ Hours _____ Minutes

15. According to National guidelines, the recommended level of moderate-intensity aerobic activity (i.e., brisk walking) for adults, per week is: 60 minutes 90 minutes 120 minutes 150 minutes 180 minutes

16. Do you feel that being physically active influences your work? Please describe how:

YES _____ NO _____

17. To what extent do you agree or disagree with the following statement: "I believe my workplace is supportive to Physical Activity". Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree

18. The next questions are about your experience **at work in the past 4 weeks (28 days) only**. Select the one response for each question that comes closest to your experience. *Remember this survey is completely private and anonymous. There is no way it can be traced back to you. Also, remember that even the hardest workers and most effective employees aren't on their game 100% of the time.*

a. How often did worry or stress get in the way of your performing your work?

0-10% of the time 10-30% of the time 30-50% of the time 50-80% of the time 80-100% of the time

b. How often did you find it difficult to concentrate on your work?

0-10% of the time 10-30% of the time 30-50% of the time 50-80% of the time 80-100% of the time

c. How often did physical discomfort get in the way of your performing your work?

0-10% of the time 10-30% of the time 30-50% of the time 50-80% of the time 80-100% of the time

d. How many **whole** days of work have you missed because of problems with **your own** physical or mental health? (Please do NOT include days missed because of someone else's health) _____ days

e. On how many days have you missed part of the day because of problems with your own physical or mental health? _____ days (If you worked a few hours less than you typically do in any particular day, for example, count that as one day.)

e. How many **whole** days of work did you miss for any other reason (vacation included)? _____ days

f. On how many days have you missed part of the day for any other reason (vacation included)? _____ days

20. Please provide your: Height _____ & Weight _____ OR Decline to state