

## **Attachment D: Survey Introduction**

Welcome! Thank you for agreeing to complete the National Worker Well-being Survey. Measuring worker well-being is the first step towards improving organizational policies, programs, and practices to promote health and prevent disease for employees. Your responses are important for improving worker well-being.

Completing this survey should take approximately 20 minutes. The survey should be completed in one session. All responses will remain anonymous. We will not associate or trace the survey responses with your name or your employer's name. All information provided on this survey will remain secure.

Thank you in advance for your time.

## **Survey Description**

This survey contains multiple choice (single and multi answer options) and fill in the blank questions. Once you begin the survey, please try to complete the survey in one sitting, as you will not be able to save or return to the survey. This survey does not require the assistance of outside resources. Completing the questions to the best of your ability, or based on minimal information searching, is acceptable for this survey. If you have any questions about this survey or require assistance, please contact the Panel Member Support Center at the toll free 1-(800)-782-6899 number if you have any difficulties.

Public reporting burden of this collection of information is estimated to average Baseline Survey is 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN:PRA (0920-XXXX).

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## Demographic Information Provided by the Panel

Standard demographics will be provided to us by Knowledge Networks and do not appear on the survey.

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- Age & age categories
- Education categories
- Race/ethnicity
- Gender
- Household head
- Housing type
- Household size
- Household income
- Marital status
- Metropolitan Statistical Area status
- Internet access
- Ownership status of living quarters
- Region of U.S.
- State of residence
- Total number and age of household members
- Current employment status
- Start/end/duration time of survey

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## Demographic Information

The questions in this section ask about your current working arrangements, industry, and occupation.

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1. How would you describe your work arrangement in your main job?

- I work as an independent contractor, independent consultant, or freelance worker.
- I am on-call, and work only when called to work.
- I am paid by a temporary agency.
- I work for a contractor who provides workers and services to others under contract.
- I am a regular, permanent employee (standard work arrangement).

2. Is your main job full or part-time?

- Full-time
- Part-time

3. How long have you worked in your present job for your current employer?

- Less than 6 months
- 6-12 months
- Enter years \_\_\_\_\_

4. Select the industry that best describes the kind of business conducted by your employer.

- Agriculture, Forestry, Fishing, and Hunting
- Mining, Quarrying, and Oil and Gas Extraction
- Construction
- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Utilities
- Information
- Finance and Insurance
- Real Estate and Rental and Leasing
- Professional, Scientific, and Technical Services
- Management of Companies and Enterprises
- Administrative and Support and Waste Management Services
- Educational Services
- Health Care and Social Assistance
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services, Except Public Administration
- Public Administration
- Military

5. Select the occupation that best describes the kind of work you do during your job.

- Management Occupations:
- Business and Financial Operations Occupations:
- Computer and Mathematical Occupations:
- Architecture and Engineering Occupations:
- Life, Physical, and Social Science Occupations:
- Community and Social Service Occupations:
- Legal Occupations:
- Education, Training, and Library Occupations:
- Arts, Design, Entertainment, Sports, and Media Occupations:
- Healthcare Practitioners and Technical Occupations:
- Healthcare Support Occupations:
- Protective Service Occupations:
- Food Preparation and Serving Related Occupations:
- Building and Grounds Cleaning and Maintenance Occupations:
- Personal Care and Service Occupations:
- Sales and Related Occupations:
- Office and Administrative Support Occupations:
- Farming, Fishing, and Forestry Occupations:
- Construction and Extraction Occupations:
- Installation, Maintenance, and Repair Occupations:
- Production Occupations:
- Transportation Occupations:
- Material Moving Occupations:

[NEXT, Select Occupation Category 2 Code From Drop Down List]

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## Section 1: Work Evaluation and Experience

The questions in this section ask about your overall assessment of different aspects of your organization or work environment.

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**Indicate your satisfaction after reading each statement.**

Q6 Overall, I am satisfied with my job.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q7 Overall, I am satisfied with my supervisor.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied
- Does not apply

Q8 Overall, I am satisfied with my coworkers.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied
- Does not apply

Q9 I am satisfied with my wages.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q10 I am satisfied with the benefits provided by my employer.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q11 I am satisfied with my chances for advancement on the job.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

**Indicate your agreement after reading each statement.**

Q12 I can count on my supervisor for support when I need it.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q13 I can count on my coworkers for support when I need it.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q14 I feel my job is secure.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q15 On my job, I have a lot of freedom to decide how I do my work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q16 My job allows me to make a lot of decisions on my own.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q17 I never seem to have enough time to get everything done.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q18 Conditions on my job allow me to be as productive as I could be.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q19 The work I do is meaningful to me.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q20 The work I do serves a greater purpose.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree





**Q22 The following 6 items are about how you feel about your work. Please read each statement carefully and decide if you ever feel this way about your work. If you have never had the feeling, choose “Never.” If you have had this feeling, indicate how often you felt it by choosing the answer that best describes how frequently you feel that way.**

	Never	Almost never (a few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
My work inspires me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am enthusiastic about my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud of the work that I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am immersed in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I get up in the morning, I feel like going to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my work, I feel bursting with energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## **Section 2: Organizational Policies and Culture**

The questions in this section ask about specific policies offered by your organization and the values, beliefs, attitudes, and behaviors of your organization (i.e., organizational culture).

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**Indicate your agreement after reading each statement.**

Q23 The organization in which I work is run in a smooth and effective manner.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q24 At my organization, I am treated with respect.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q25 I trust the management at my organization.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q26 I am proud to be working for my organization.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q27 I feel appreciated by my coworkers.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q28 I receive recognition for a job well done.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q29 My organization values my contributions.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q30 My organization cares about my general satisfaction at work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q31 My organization is committed to employee health and well-being.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q32 My organization is willing to extend resources in order to help me perform my job to the best of my ability.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q33 Considering all my efforts and achievements, my salary/income is adequate.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q34 Considering all my efforts and achievements, my job promotion prospects are adequate.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q35 Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q36 My organization encourages me and provides opportunities to engage in healthy behaviors, for example, being physically active, eating a healthy diet, living tobacco free, and managing my stress.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q37 Are the following benefits offered by your employer? Check yes, no, or don't know.

	Yes	No	Don't know
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with education/tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement (i.e. employer contributions to retirement savings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid maternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid paternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid caregiving leave (e.g., to care for sick family members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid disability leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid leave (e.g., bereavement, emergency, jury duty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take unpaid leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transit options (i.e. help with transportation to and from work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee assistance programs (i.e., programs that help workers with personal or work-related problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For those benefits that respondent answered in the affirmative:**

**Q38 Please indicate how satisfied you are with the following benefits offered by your employer.**

	Not at all satisfied (1)	Not too satisfied (2)	Somewhat satisfied (3)	Very satisfied (4)	Never used (5)
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with education/tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement (i.e. employer contributions to retirement savings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid maternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid paternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid caregiving leave (e.g., to care for sick family members)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid disability leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid vacation days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid leave (e.g., bereavement, emergency, jury duty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take unpaid leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transit options (i.e. help with transportation to and from work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee assistance programs (i.e., programs that help workers with personal or work-related problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q39 Are the following health and wellness programs or services available to you at the place where you work? Check yes, no, or don't know.**

	Yes	No	Don't Know
Health education and promotion programs (wellness programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site fitness centers or gym membership discounts (i.e. a gym and/or space for group classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common spaces or activity hubs (areas for group activities, for example socializing, exercise classes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and substance abuse programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch and healthy snacks (i.e., access to healthy lunch and snack options)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For those programs or services that respondent answered in the affirmative:**

**Q40 Please indicate how satisfied you are with the following health and wellness programs or services offered at your organization.**

	Not at all satisfied	Not too satisfied	Somewhat satisfied	Very satisfied	Never used
Health education and promotion programs (wellness programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site fitness centers or gym membership discounts (i.e. a gym and/or space for group classes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common spaces or activity hubs (areas for group activities, for example socializing, exercise classes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol and substance abuse programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress management programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch and healthy snacks (i.e., access to healthy lunch and snack options)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please read and indicate how often the following occurs.**

Q41 How often do the demands of your job interfere with your personal life?

- Never
- Almost never (A few times a year or less)
- Rarely (Once a month or less)
- Sometimes (A few times a month)
- Often (Once a week)
- Very often (A few times a week)
- Always (Every day)

Q42 How often do the demands of your personal life interfere with your work on the job?

- Never
- Almost never (A few times a year or less)
- Rarely (Once a month or less)
- Sometimes (A few times a month)
- Often (Once a week)
- Very often (A few times a week)
- Always (Every day)

Q43 I have the freedom to vary my work schedule.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q44 I have the freedom to work wherever is best for me – either at home or at my organization.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

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### Section 3: Workplace Physical Environment and Safety Climate

The questions in this section ask about physical characteristics of your work environment as well as your experiences and assessment of the overall safety climate at your work.

**Q45 Please indicate how much you agree or disagree with each of the following statements about safety behavior at your workplace.**

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Does not apply
New employees quickly learn that they are expected to follow good safety practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no significant compromises or short cuts taken when worker safety is at stake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where I work, employees and management work together to insure the safest possible working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The safety of workers is a big priority with management where I work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel free to report safety problems where I work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a joint management-labor safety committee to make sure safety issues are addressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management reacts quickly to solve the problem when told about safety hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management insists on thorough and regular safety audits and inspections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manager provides all the equipment needed to do the job safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management invests a lot of time and money in safety training for workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management listens carefully to workers' ideas about improving safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management regularly holds safety-awareness events (e.g. presentations, ceremonies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management gives safety personnel the power they need to do their job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q46 Overall, how safe do you think your workplace is?



- Very unsafe
- Somewhat unsafe
- Somewhat safe
- Very safe
- Does not apply

**Q47 On my present job, I am satisfied with...**

	Not at all satisfied	Not too satisfied	Somewhat satisfied	Very satisfied	Does not apply
The environmental conditions (heating, lighting, ventilation, etc.) on this job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The physical surroundings where I work (e.g., building infrastructure, work area layout, design)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pleasantness of the work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The accommodations for disabilities and/or special needs (e.g. wheelchair ramps, lactation rooms, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Indicate your agreement after reading each statement.**

Q48 I feel discriminated against in my job because of my age.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q49 I feel discriminated against in my job because of my race or ethnic origin.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q50 I feel discriminated against in my job because of my gender.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

**Read each statement and answer either yes or no.**

Q51 In the past 12 months, were you sexually harassed by anyone while you were on the job?

- Yes
- No

Q52 In the past 12 months, were you exposed to physical violence while you were on the job?

- Yes
- No

Q53 In the past 12 months, were you bullied, threatened or harassed in any other way by anyone while you were on the job?

- Yes
- No

Q54 In the last 12 months, have you been in a situation where any of your superiors or coworkers put you down or were condescending to you, made demeaning remarks about you, or addressed you in unprofessional terms?

- Yes
- No
- Does not apply

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## Section 4: Health

The questions in this section ask about your physical and mental health and health-related behaviors.

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Q55 Would you say that in general, your health is excellent, very good, good, fair, or poor?

- Excellent
- Very Good
- Good
- Fair
- Poor

Q56 Now, thinking about your physical health, which includes physical illness and injury, during the past month, for how many days was your physical health not good? Enter the total number of days.

- Enter number of days (0-31) \_\_\_\_\_

**Q57 Do you have:**

	Never	In the past	Have currently
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung disease, other than asthma (e.g., COPD, chronic bronchitis, emphysema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other musculoskeletal disorders (e.g., back pain, neck pain, other pain)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q58 Now, thinking about your mental health, which includes stress, depression, anxiety, and problems with emotions, during the past month. for how many days was your mental health not good? Enter the total number of days.

Enter number of days (0-31) \_\_\_\_\_

**Q59 How often do you experience stress with regard to the following:**

	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)
Your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family or social relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q60 Over the past month, how often have you felt down, depressed, or hopeless?

- Never
- Several days
- More than half the days
- Nearly everyday

Q61 Over the past month, how often have you felt little interest or pleasure in doing things?

- Never
- Several days
- More than half the days
- Nearly everyday

Q62 Over the past month, how often have you felt nervous, anxious, or on edge?

- Never
- Several days
- More than half the days
- Nearly everyday

Q63 Over the past month, how often have you been unable to stop or control worrying?

- Never
- Several days
- More than half the days
- Nearly everyday

Q64 In a typical week, how many days do you get at least 20 minutes of **high intensity** physical activity? **High intensity activities** last at least 10 minutes at a time and increase your heart rate, make you sweat, and may make you feel out of breath. Example activities include running, fast cycling, strenuous and continuous lifting of heavy objects, etc.).

- Enter number of days (0-7) \_\_\_\_\_

Q65 In a typical week, how many days do you get at least 30 minutes of **moderate intensity** physical activity? **Moderate intensity activities** last at least 10 minutes at a time and require more effort than is needed to carry out typical everyday tasks. Example activities include brisk walking, gardening, continuous lifting of light objects, etc.).

- Enter number of days (0-7) \_\_\_\_\_

Q66 Do you currently use any of the following tobacco products?

	Never used	Not any more	Some days	Daily
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q67 How many drinks of alcoholic beverages do you have in a typical week? (One drink = one beer, glass of wine, shot of liquor or mixed drink).

- Enter value \_\_\_\_\_

Q68 During the past year, how often have you had [For men: more than 4 standard drinks]; [For women: more than 3 standard drinks] on any single day?

(One standard drink = one beer, glass of wine, shot of liquor, or mixed drink)

- Never
- Once (one day)
- A few times (2-3 days)
- Often (more than 3 days)

Q69 Think of the foods that are a part of your normal diet. How many servings of fruits and vegetables do you eat in a normal day?

(One serving = 1 cup raw leafy greens (about the size of a small fist); or 1/2 cup of other vegetables (cooked or raw); or 1 medium piece of fruit (size of a baseball); or 1/2 cup chopped, cooked, or canned fruit; or 3/4 cup vegetable or fruit juice.)

- Less than one serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

Q70 How many hours of sleep do you usually get at night? If you are a shift worker, how many hours of sleep do you get a day?

- 6 or less hours
- 7 hours
- 8 hours
- 9 or more hours

Q71 In the past 7 days, how often have you felt sleepy while at work?

- Always
- Usually
- Sometimes
- Rarely
- Never

Q72 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Not at all
- Slightly
- Moderately
- Extremely
- Does not apply / Do not have condition

Q73 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- Not at all
- Slightly
- Moderately
- Extremely
- Does not apply / Do not have limitations

Q74 Are you limited in the kind or amount of work you can do because of a physical, mental or emotional problem?

- Not at all
- Slightly
- Moderately
- Extremely
- Does not apply / Do not have limitations

Q75 The next set of questions are about the time you spent during your hours at work in the past month. Select one response for each question that comes closest to your experience.

	Never	Almost never (One time a month)	Rarely (Once a week or less)	Sometimes (A few times a week)	Often (Once a day)	Very often (A few times a day)	Always (Every hour)
How often did you not concentrate enough on your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you find yourself not working as carefully as you should?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you not work at times when you were supposed to be working?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you get less done than other workers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76 During the past 12 months, did you experience any work-related injuries?

- Yes
- No
- Don't know/ Not sure

Q77 If yes, did the injury or injuries require any first aid or medical treatment, change in job activities, or involve lost time from work?

- Yes
- No
- Don't know/ Not sure

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## Section 5: Experiences and Activities Outside of Work

The questions in this section ask about your experiences, feelings, or activities outside of work.

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Q78 In general, how satisfied are you with your life?

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q79 How worried are you right now about not being able to maintain the standard of living you enjoy? Are you...

- Very worried
- Moderately worried
- Not too worried
- Not worried at all

Q80 How often do you get the social and emotional support you need from friends, family, or others outside of work?

- Never
- Rarely
- Sometimes
- Always

Q81 How worried are you right now about not having enough income to pay your normal monthly bills?

- Very worried
- Moderately worried
- Not too worried
- Not worried at all





**Q83 For each reported activity, to what degree are you satisfied with your current level of engagement? Is your level of engagement:**

	Much less than I would like	Less than I would like	About the right amount	More than I would like	Much more than I would like
Voluntary or charitable activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic caregiving activities (e.g., children, elderly, disabled, not in a volunteer or charity setting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic and home maintenance tasks (e.g., cooking, cleaning, repairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socializing with friends, family, others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking training or education courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sporting, cultural, or leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relaxation or planned solitary activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Conclusion

You have completed the National Worker Well-being Survey. Thank you for your time!