

# Employee needs assessment: SAMPLE QUESTIONNAIRE

## Think fit! pages 48- 52

### Notes

#### Introduction:

Use this questionnaire as a template, including only the questions that will provide the information you need.

The *Introduction* should:

- let the employee know what you are trying to find out from them and why.
- tell them what you will do with their responses. Reassure them that all surveys are anonymous and that individuals will not be contacted directly
- tell them if you are offering any incentive to respond – for example, entering all responses into a prize draw.

#### 'Current physical activity':

The aim of this section is to gain an understanding of employees' physical activity habits and what level of activity they currently do. Questions need to relate to what activity is done in a typical week. This information provides a baseline measure which can be used in the on-going monitoring and evaluation of your workplace physical activity programme.

The section should:

- highlight employees' understanding of what being physically active is.
- encourage employees to start thinking about their own health behaviour
- measure the employees' level of commitment to and enthusiasm for physical activity
- identify potential barriers to becoming more active.

#### 'Health needs':

The aim of this section is to gain an understanding of any special needs related to employees' health or medical conditions. Questions therefore need to relate to employees' current health habits, their interest in pursuing a healthier lifestyle, and how the workplace can provide opportunities for them to do this.

This section should:

- highlight any medical condition(s) that may affect an individual's ability to participate.
- determine how the employee views their workplace to be related to their health and vice versa.
- assess what type of health-orientated programmes they may like to take part in at work.

#### 'Physical activity interests':

The aim of this section is to gain an understanding of employees' physical activity interests. This will help to inform the development of the programme.

This section should:

- identify the types of activities that employees enjoy taking part in and how provision in the workplace can facilitate this.
- determine employees' motivation for participating
- give additional incentives for becoming more active at work
- assess which activities employees would most like to participate in at work and when.

#### 'Personal profile':

The aim of this section is to gain an understanding of employees' work habits and to identify opportunities for physical activity within the working day.

This section should:

- give an idea of the structure of the employee's normal working day.
- provide employee details such as age and gender.

# Employee needs assessment: SAMPLE QUESTIONNAIRE

## Introduction

Do you want the opportunity to have your say on the development of a new physical activity programme for employees? If so, please take a few minutes to fill in this questionnaire. The information you provide will help us develop a programme to suit your needs.

Your participation is completely voluntary and **all responses will be anonymous.**

Please return the survey to .....

## Current physical activity

- 1 a) During the last week, on how many days did you walk continuously for at least 30 minutes?

*Think about all the walking you have done including any leisure walking, walking to and from home, and any purposeful walking.*

On ..... days last week

- b) On those days, on average, how long did you walk for each day?

..... minutes

- 2 a) During the last week, on how many days have you done any kind of housework, gardening, DIY or building work?

On ..... days last week

- b) On those days, on average, how long did you spend doing these things on each day?

..... minutes

- 3 a) During the last week, on how many days did you take part in any sport or activity?

*For example, swimming, cycling, aerobics, dance, yoga, sports, or working out at a gym.*

On ..... days last week

- b) On those days, on average, how long were you active for each day?

..... minutes

**4 a)** At the moment, what would prevent you from becoming more active?  
*Tick whichever ones apply to you.*

- Injury  Dislike sport/ exercise  Lack of transport   
Poor health  Family commitments  Cost of facilities   
Distance to facilities  Work commitments  No-one to do it with   
Not aware of facilities/classes available   
Facilities not available when I can attend

Other (*Please state.*)

.....

.....

**b)** Which of the following best describes you? *Please tick only ONE.*

- I am not interested in pursuing a healthy lifestyle or being physically active.   
I have recently been thinking about becoming regularly active.   
I am intending to change my behaviour and to become regularly active within the next six months.   
I have recently changed my behaviour and I am active on a regular basis.   
I have been regularly active for at least six months.

## Health needs

**5** How would you describe your general health?

- Very good  Good  Fair  Poor  Very poor

**6 a)** In the last 12 months, roughly how many days have you been absent from work due to personal illness or injury?

..... days

**b)** Do you suffer from any long-term medical illnesses – for example, diabetes, back pain, or stress?

Yes  No

**c)** If Yes, what long-term illness do you suffer from? *(Please state.)*

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**d)** Is this long-term condition the reason for most of your sickness absence?

Yes  No

**7** How would you describe the following when you are at work? *(Please tick.)*

	Very good	Good	Fair	Poor	Very poor
Energy levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8** If the following physical activity initiatives were offered at work, how likely would you be to take part or use them?

	Extremely likely	Fairly likely	Undecided/ Don't know	Fairly unlikely	Extremely unlikely
Talks and presentations on physical activity by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to weekly physical activity messages via e-mail and/or bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active taster sessions at local leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site taster sessions run by health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lunchtime activity group, e.g. walking, cycling, swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport or activity clubs, e.g. walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

football or badminton

On-site activity classes, e.g. yoga, aerobics, Tai Chi

On-site facilities, e.g. purpose-built gym

Company leagues, ladders and competitions

Team activity challenges

Subsidised corporate membership at local facilities or health clubs

Flexible working hours to allow for physical activity before, during and after work

Use of showers, changing facilities lockers and storage facilities

Health and fitness assessments and/or health screening

A company bicycle pool for use during lunch breaks and for making short journeys to meetings

**9** How likely are you to take part in each of the following health-orientated programmes if they were offered at work?

	<b>Extremely likely</b>	<b>Fairly likely</b>	<b>Undecided/ Don't know</b>	<b>Fairly unlikely</b>	<b>Extremely unlikely</b>
Stop-smoking group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational programmes, e.g. back safety, self-help health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Physical activity interests

**10 a)** Please describe the physical activities that you regularly take part in (once a week or more).

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**b)** Why do you take part in these activities? *Please tick whichever ones apply to you.*

- |                |                          |                      |                          |                      |                          |
|----------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| To get fit     | <input type="checkbox"/> | To be part of a team | <input type="checkbox"/> | To be with friends   | <input type="checkbox"/> |
| To compete     | <input type="checkbox"/> | To relieve stress    | <input type="checkbox"/> | To feel good         | <input type="checkbox"/> |
| To lose weight | <input type="checkbox"/> | My GP referred me    | <input type="checkbox"/> | To improve my health | <input type="checkbox"/> |

Other (*Please state.*)

.....

## Personal profile

**Please provide some information about yourself.**

**11**

**a)** In terms of physical effort, how would you describe your work? *Please tick.*

- Very demanding       Fairly demanding       Not very demanding

**b)** When you are at work, are you mainly ...

- Standing up       Sitting down       Walking about

**12**

**a)** How do you normally travel to and from work? *Please tick all that apply.*

- Public transport       Car       Cycle       Walk

Work at home

Other (*Please state.*) .....

**b)** How far do you travel to work? *Please tick.*

Under 1 mile       1-5miles       6-10 miles       11-19 miles   
20 miles or more

**13** Are you ...

Male       Female

**14** Age group. *Please tick the age group that applies to you.*

Under 20       21-30       31-40       41-50   
51-60       60+

**15** Do you have any other comments or suggestions? *If you have any other ideas for physical activity that you would like to suggest, please let us know.*

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**Thank you for filling in this questionnaire.**

Your input will help us to ensure the success of the physical activity programme!