**About you**

male female

What is your current age? \_\_\_\_\_\_\_\_\_ How much do you weigh? \_\_\_\_\_kg

How tall are you? *\_\_\_\_\_*\_centimetres

|  |
| --- |
| * How many serves of vegetables do you usually eat each day?   (1 serve = 1 cup of salad, half a cup of cooked vegetables or a medium-sized potato excluding chips)  None Less than 1 serve 1 serve 2 serves 3 serves 4 serves 5 serves 6+ serves   * How many serves of fruit do you usually eat each day?   (1 serve = 1 medium-sized piece (or 2 smaller-sized pieces) of fresh fruit, 1 cup of canned or chopped fruit, half a cup of fruit juice, or 1½ tablespoons of dried fruit)  None Less than 1 serve 1 serve 2 serves 3 serves 4 serves 5 serves 6+ serves |

**Alcohol**

* Have you had an alcoholic drink in the last twelve months? Yes / No

* When you have an alcoholic drink, how many standard drinks do you usually have?

1-2 3-4 5 or more

* In the last 12 months, how often do you have more than 4 drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

**Smoking**

* Which of the following is applicable to you:

You have never smoked tobacco products (Go to Physical Activity Section)

You are an ex-smoker

You currently smoke tobacco products

* Do you smoke regularly, that is, at least once a day? Yes / No
* On average how many cigarettes do you smoke *each day*? \_\_\_\_\_\_\_
* If you smoke, but not daily, how many cigarettes do you smoke per week?\_\_\_\_
* In the year, have you given up smoking for more than a month? Yes / No
* In the year, have you tried to give up smoking but been unsuccessful? Yes / No

**Physical Activity**

* In the last week, how many times have you walked continuously for at least 10min (recreation and/or exercise)? \_\_\_\_\_\_\_\_
* Estimate the TOTAL TIME that you spent walking in the last week?\_\_hrs\_\_\_min
* What was most of this walking spent doing? Work / Travel / Exercise
* In the last week, how many times did you do any vigorous exercise (inclu. Gardening, work, etc) which made you breathe harder or puff and pant? \_\_\_\_\_
* Estimate the TOTAL TIME of vigorous exercise in the last week? \_\_\_hrs\_\_\_min
* IN THE LAST WEEK, how many times did you do any other more moderate physical activity that you haven't already mentioned? (E.g. gentle swimming, social tennis, golf, lawn bowls) \_\_\_\_\_\_\_\_
* Estimate the TOTAL TIME spent doing these activities IN THE LAST WEEK?\_\_hrs\_\_min
* In the last week did you do any strength or toning activities? Yes / No
* How many days did you do any strength/toning activities in the last week? \_\_\_\_

**Sitting**

* What is the total time you spend sitting at work on a typical day? \_\_\_hrs\_\_\_min
* What is the total time you spend sitting on a non-work day? \_\_\_hrs\_\_\_\_min

**Change**

* Which one of the following behaviours would you most like to change in the next 6-months? (Please tick one box)

Eat more fruits and vegetables

Reduce my alcohol intake

Quit smoking

Increase my physical activity

Reduce the amount of time I spend sitting

**Wellbeing**

* In general, would you say your health is:

Excellent Very good Good Fair Poor

* How satisfied are you with your life as a whole?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Completely dissatisfied |  |  |  |  | Neutral |  |  |  |  | Completely satisfied |

* How satisfied are you with your ***work***life as a whole?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Completely dissatisfied |  |  |  |  | Neutral |  |  |  |  | Completely satisfied |

* How would you describe the level of stress in your job in the past 6 months?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Very low stress |  |  |  |  |  |  |  |  | Very high stress |

* Overall, how would you describe your relationship with your supervisor?

Excellent Very good Good Fair Poor

* Overall, how would you describe your relationship with your co-workers?

Excellent Very good Good Fair Poor

* Managing time is often difficult. How often do you feel: (Please tick one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Every day  (5) | A few times a week  (4) | About once a week  (3) | About once a month  (2) | Never (1) |
| That you are rushed, pressured, too busy? |  |  |  |  |  |
| That you have time on your hands that you don't know what to do with? |  |  |  |  |  |

* Please indicate how often you have felt each of the following in the past six months (where 1 is not at all, 4 is sometimes and 7 is all the time): (Please tick one box)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| My personal life suffers because of work |  |  |  |  |  |  |  |
| My job makes my personal life difficult |  |  |  |  |  |  |  |
| I neglect personal needs because of work |  |  |  |  |  |  |  |
| I put my personal life on hold for work |  |  |  |  |  |  |  |
| I miss personal activities because of work |  |  |  |  |  |  |  |
| I struggle to juggle work and non-work |  |  |  |  |  |  |  |
| I am happy with the amount of time for non-work activities |  |  |  |  |  |  |  |
| My personal life drains me of energy for work |  |  |  |  |  |  |  |
| I am too tired to be effective at work |  |  |  |  |  |  |  |
| My work suffers because of my personal life |  |  |  |  |  |  |  |
| I find it hard to work because of personal matters |  |  |  |  |  |  |  |

* In the last 6 months, how often has your work been affected by your

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | A lot of the time  (3) | Some of the time  (2) | A little of the time (1) | None of the time  (0) |
| Physical health? |  |  |  |  |
| Emotional or psychological wellbeing? |  |  |  |  |