



HEALTHY WORKSITE • HEALTHY WORKFORCE • HEALTHY COMMUNITY



# CDC NHWP Health and Safety Climate Survey (INPUTS™)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Population Health





# CDC National Healthy Worksite Program (NHWP) Health and Safety Climate Survey (INPUTS™)

## Introduction

This survey asks about your perceptions of your work environment, working conditions, and the attitudes of your supervisor and coworkers that support a healthy worksite culture.

**NOTE:** Below is informed consent language and survey instructions that you can adapt for use in your own workplace health programs. This information is intended to be a reference and offers suggested wording similar to that found in CDC consent forms included those in the National Healthy Worksite Program.

## Informed Consent

Before you get started, we need to give you some more information to help you decide whether or not you would like to participate.

- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.
- The survey is designed to take about 15 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group.
- Your name will not be linked to any responses you provide in this survey.
- There are no personal risks or personal benefits to you for participating in this survey.

When you have completed this survey, please seal it in the envelope provided, and place it in one of the collection boxes located throughout your work site by [INSERT DATE], or give it to [INSERT WORKSITE PROGRAM MANAGER].

If you have any questions, please feel free to contact [INSERT WORKSITE PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #].

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**Instructions**

To make sure that health-related information and programs are tailored to your health concerns, we are asking each employee to voluntarily fill out this survey. **DO NOT** write your name on this survey. **Please write in black or blue ink only.**

**Thank you for your participation.**

**Participant Identification**

Do Not Write Here.

To what extent do you agree with the following statements?					
		Strongly disagree	Disagree	Agree	Strongly agree
1	In this facility, management considers workplace health and safety to be important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My job allows me to make a lot of decisions on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My job requires working very hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The people I work with take a personal interest in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The people I work with can be relied on when I need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My supervisor is concerned about the welfare of those under him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My supervisor is helpful in getting the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My job requires me to be creative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My job requires a high level of skill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My job requires me to do repeated lifting, pushing, pulling or bending.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My job regularly requires me to perform repetitive or forceful hand movements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions.**

12	How often do things going on at work make you feel tense and irritable at <b>home</b> ?	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time
13	How often do things going on at home make you feel tense and irritable on the <b>job</b> ?	<input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Most of the time

**Please rate Question #14 on a scale of 1-10.**

		1 extremely unsafe	2	3	4	5	6	7	8	9	10 extremely safe
14	Overall, how safe do you think your workplace is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please rate Question #15 on a scale of 1-10.**

		1 extremely unsupportive	2	3	4	5	6	7	8	9	10 extremely supportive
15	Overall, how supportive is your company of your personal health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please rate how you feel about each of the following statements: "My employer has provided me with the opportunity to": (Please check 1 box for each item below).**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
16	a. Be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Live tobacco free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Manage my stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Work safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**To what extent do you agree with the following statements?**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
17	If my health gets worse, my coworkers would support my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	My coworkers would support my use of sick days for illness or mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	My supervisor encourages healthy behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	My organization encourages me to make suggestions about employee safety, health, and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Overall I would recommend working with this organization to my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please answer the following questions.**

22	All in all, how satisfied would you say you are with your job?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
23	How much time do you spend traveling to and from work each day (roundtrip)?	<input type="checkbox"/> < 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> 60-90 minutes <input type="checkbox"/> > 90 minutes

