

# **Evaluation of Workplace-based Quit Smoking Programs**

## **Employee Needs Assessment Survey**

## Information about You and Your Work

Please check your answer  or write your answer in the spaces provided.

### Your unique code

To connect with other surveys you may complete for this project, we create a unique and anonymous code. Below, please note your birth day and month and the initial of your Mother's first name.

<i><b>Your Birth date</b></i>		
<i><b>Day</b></i>	<i><b>Month (1-12)</b></i>	<i><b>First Initial of your Mother's FIRST name</b></i>
<i><b>14</b></i>	<i><b>6</b></i>	<i><b>(e.g., Julie) J</b></i>

***(example)***

***Please complete***  
➔

➔ Today's date: \_\_\_\_\_

➔ Name of the Organization and Department you work for?

\_\_\_\_\_

1. What is your job? ***(Please check ONE that applies)***

1.  Construction worker
2.  Customer service/reception
3.  Factory worker
4.  Food and beverage services/chef/cook
5.  Housekeeping staff
6.  Facility staff
7.  Office clerk/administrative support
8.  Other clerk
9.  Sales
10.  Senior management
11.  Supervisor/middle and other management
12.  Security guard
13.  Stock/shipping/receiving clerk
14.  Other, please give details \_\_\_\_\_

2. What is your job status at this workplace? ***(Check ONE that applies)***

1.  Full-time permanent
2.  Full-time temporary (seasons, term or contract)
3.  Part-time permanent
4.  Part-time temporary (seasonal, term or contract)
5.  Casual/other (full-time or part-time)
6.  Other, please specify \_\_\_\_\_

3. What is your typical work schedule? ***(Check ONE that applies)***

1.  Business hours (Monday- Friday 9:00-5:00)
2.  Shift work, please give details \_\_\_\_\_
3.  Weekend work, please give details \_\_\_\_\_
4.  Other, please give details \_\_\_\_\_

Please turn over the page

4. On a typical day at work, where do you spend your time? **Please check all that apply AND write the times as a percent (%) of a typical working day.**

**Example:**

1.	<input checked="" type="checkbox"/>	Inside	<b>40</b>	% of day
2.	<input checked="" type="checkbox"/>	Outside	<b>50</b>	% of day
3.	<input checked="" type="checkbox"/>	In a vehicle	<b>10</b>	% of day
4.	<input type="checkbox"/>	Other, specify details	<b>0</b>	
			100%	

On a typical day at work, where do you spend your time? Please complete:

1.	<input type="checkbox"/>	Inside	_____	% of day
2.	<input type="checkbox"/>	Outside	_____	% of day
3.	<input type="checkbox"/>	In a vehicle	_____	% of day
4.	<input type="checkbox"/>	Other, specify details	_____	
			<b>100%</b>	

5. What is your age? \_\_\_\_\_ years old

6. What is your gender?

- Female
- Male

7. What is the highest level of education you have completed? **(Check ONE that applies)** If you completed your education outside Canada, check the closest ONE that applies.

- Less than high school (Grade 9 or less)
- Some high school (Grade 10 or 11)
- Completed high school
- Some community/technical college
- Completed community/technical college
- Some university
- Completed university
- Other, please give details \_\_\_\_\_

8. Is speaking English comfortable for you?

- Yes
- Somewhat
- No → What language is most comfortable? \_\_\_\_\_

## Workplace Wellness

The following questions ask about health and wellness at work. Please check your answer  or write your answer in the spaces provided.

9. What information and support would you like to receive or find helpful in your workplace to help people make healthier choices? (*Check TWO options only and rank importance, 1= most important; 2= second most important*)

1.  \_\_\_\_\_ quit smoking
2.  \_\_\_\_\_ physical activity
3.  \_\_\_\_\_ healthy eating/ nutrition
4.  \_\_\_\_\_ stress
5.  \_\_\_\_\_ commuting to work
6.  \_\_\_\_\_ Other, please specify: \_\_\_\_\_

10. What is the best way to hear about wellness information and support (e.g., physical activity, quit smoking) at your workplace? (**Check all that apply**)

1.  Bulletin board
2.  Supervisor/manager
3.  Posters (for example: cafeteria walls, washroom)
4.  Paystub attachment
5.  Newsletter
6.  Email
7.  Website
8.  Intranet
9.  Other, please give details \_\_\_\_\_

11. What might stop you from participating in a wellness program offered through your workplace? (**Please check UP TO three reasons**)

1.  Not enough prizes
2.  Cost
3.  Work schedule, please give details \_\_\_\_\_
4.  Family is not able to participate
5.  Inconvenient location
6.  Lack of transportation
7.  Lack of childcare
8.  Lack of time
9.  Motivation
10.  Nothing
11.  Other, please give details \_\_\_\_\_

## Smoking Behaviour

The following questions ask about cigarette smoking. We want information from people that consider themselves non-smokers as well as from smokers. Please check your answer  or write your answer in the spaces provided.

12. What are the rules about smoking in your home?

1.  No one is allowed to smoke in my home
2.  Only special guests are allowed to smoke in my home
3.  People are allowed to smoke only in certain areas in my home
4.  People are allowed to smoke anywhere in my home

13. At the present time, how frequently do you smoke cigarettes? (**Check ONE that applies**)

1.  Daily
2.  Occasionally (less than 7 days/week or less than 1 cigarette/day)
3.  Not at all

14. Have you smoked at least 100 cigarettes in your life? This is approximately 4-5 packs of cigarettes.

1.  No → you have completed the survey. THANK YOU.
2.  Yes → CONTINUE to next question.

### (Non-smokers stop HERE)

15. How many cigarettes do you currently smoke per day on the days that you smoke?

→ Number smoked each day (please specify): \_\_\_\_\_

16. How soon after you wake up do you smoke your first cigarette?

1.  Within 5 minutes
2.  6 to 30 minutes
3.  31 to 60 minutes
4.  More than 60 minutes

17. Are you planning to quit smoking? (**Check ONE that applies**):

1.  Yes, in the next month
2.  Yes, in the next 6 months
3.  Sometime in the future beyond 6 months
4.  I am not planning to quit

20. What type of support would you be interested in having available through work? (**Check ALL that apply**):

1.  Self-help materials (e.g. brochures)
2.  Quit smoking website
3.  Information sessions
4.  Telephone counselling (e.g. Smokers' Helpline)
5.  Contests/challenges to quit smoking
6.  Group support
7.  One-on-one support
8.  Advice from a health professional (e.g. nurse, doctor, dentist, pharmacist)
9.  Nicotine Replacement Therapy (NRT) (e.g. patch, gum)
10.  Quit smoking medications (e.g. Zyban, Champix)
11.  Smoke-free workplace policies (e.g., smoke-free grounds, eliminate smoking from doorways / entrances/ windows). Please specify \_\_\_\_\_
12.  Other (please specify) \_\_\_\_\_
13.  None. Why not? \_\_\_\_\_

21. In the past 6 months, have you ever stopped smoking for one day or longer because you were trying to quit?

1.  No
2.  Yes

22. How likely are you to participate in a quit smoking program if it was offered through your workplace? (**Please check ONE that applies**)

1.  Very unlikely
2.  Unlikely
3.  Likely
4.  Very Likely
5.  Not sure

Other comments?

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**Thank you for your participation!**

You have completed the survey. Thank you for participating in this survey.