
TRAUMA INFORMED FRAMEWORK FOR A
MENTALLY-HEALTHY WORKPLACE

CHRISTIANS AGAINST POVERTY (CAP) CANADA ASSESSMENT GUIDE

**A WORKPLACE SERVICES PROJECT -
SEPTEMBER 2022**

www.ihealthwellness.com



TOGETHER WE CAN RISE ABOVE TRAUMA

W E L C O M E

Thank you for trusting i&i to be your workplace services partner.

i&i designs mentally healthy and trauma-informed environments to build agile, competitive, and productive workforces where employees can engage their full potential. We support Fortune 500 Companies, government, businesses and social sector organizations to build cultures where employees can contribute their best.

What is a mentally-healthy workplace that is trauma-informed?

A mentally-healthy workplace acknowledges the importance of comprehensive safety within the workplace. i&i promotes a bio-psycho-social and spiritual model of workplace well-being (biological (physical), psychological, social and spiritual model).

i&i also recognizes the prevalence of trauma that is affecting the lives of individuals, and is being experienced within families, across communities, in the workplace, throughout society and globally. A trauma-informed workplace acknowledges the role of trauma that may be impacting an individual's life, while also promoting a work environment that supports wellness for all staff and service users.

Adopting mentally-healthy workplace practices is foundational to trauma-informed practice (TIP). A trauma-informed practice (TIP) model in a workplace setting means that a social-sector agency can live its mission of supporting all people across its organization with bio-psycho-social and spiritual safety - not just its service users. A TIP framework ensures a workforce culture that aligns with the values and principles of mental health, well-being and wellness.

Completing the Assessments

Your organization is working with i&i to assess the current state of workplace health.

Please consider the following principles that i&i has put in place through this process in commitment to your psychological safety.

Your participation in this survey is voluntary and so we thank you for your engagement.

- When you respond to the survey questions, please think of yourself in the role that you currently hold at your organization.
- You have no obligation to complete all questions and surveys and you can choose to end the survey at any time.
- If you do not feel comfortable completing survey material, please feel free to skip surveys or individual survey questions.
- i&i does not, nor will not disclose any individual survey information to your organization.
- Your confidentiality is always maintained.
- i&i provides only aggregate and anonymized data in summary format to your organization.
- Please answer the survey questions as honestly, authentically, and genuinely as possible.
- Your first response is consistently the most reflective of your thoughts or feelings.
- Please do not “overthink” responses as all survey questions are intended to be answered without having to spend a lot of time.
- There are no right or wrong answers or ideas—it is your experiences and opinions that are invaluable.
- Please do not hesitate to give responses that you might think are “negative.”
- Constructive feedback is invaluable and allows i&i to identify areas that may be working well, but also areas for growth and development within your organization.

ABOUT THE ASSESSMENTS

PATIENT HEALTH QUESTIONNAIRE-9 AND GENERAL ANXIETY DISORDER-7 ADJUSTMENT FOR SUICIDALITY(PHQ-9 AND GAD-7)

The Patient Health Questionnaire (PHQ-9) is a 9 question screening tool used to assess the severity of depression and risk of suicidality. The GAD-7 is a self-reported questionnaire for measuring the severity of generalized anxiety disorder (GAD). The GAD-7 should not be used to confirm a clinical diagnosis of GAD. Source: i&i Adapted (2022).

The PHQ-9 and GAD-7 are brief and easy to complete mental health tools used extensively within many organizational settings, including workplaces, across the globe. Source: i&i Adapted (2022).

References:

Kroenke K., Spitzer R.L., Williams J.B. (2001). The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med.*, 16(9):606-613.

Thrive New York City (2019). Thrive in Your Workplace: Toolkit for Employers Redefining Workplace Mental Health.

https://thrivenyc.cityofnewyork.us/wp-content/uploads/2019/12/ThriveInYourWorkplace-Toolkit_September2019.pdf

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Professional Quality of Life (proQOL) is intended for individuals in the helping professions - health care professionals, social sector workers, teachers, attorneys, emergency response, etc. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance.

References:

Stamm, B.H. (2010). *The Concise ProQOL Manual*, 2nd Ed. Pocatello, ID: <https://www.proQOL.org>

ABOUT THE ASSESSMENTS

SENSE OF BELONGING SCALE, THE GENERAL SELF-EFFICACY SCALE AND INTOLERANCE OF UNCERTAINTY SCALE

Belongingness is an important evolutionary need that contributes to an individual's overall health and well-being. A sense of connectedness in the workplace encourages optimum performance and retention by ensuring the need for security and support is met.

The Sense of Belonging Scale measures three areas: companionship involving one-on-one contact, affiliation with small groups, and connectedness to a grander social context. Source: i&i Adapted (2022).

The General-Self Efficacy Scale and Intolerance of Uncertainty Scale evaluates coping and resiliency skills in relationships. Source: i&i Adapted (2022).

References:

Imperial College London. (n.d.). Sense of belonging scale. Retrieved from <https://www.imperial.ac.uk/education-research/evaluation/what-can-evaluate/sense-of-belonging/tools-for-assessing-sense-of-belonging/sense-of-belonging-scale/>

Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and Validation. *Psychological Reports*, 51(2), 663–671.

ABOUT THE ASSESSMENTS

i&i MENTALLY-HEALTHY WORKPLACE SURVEY I (MHWS-I)

i&i's proprietary Mentally-Healthy Workplace Survey I (MHWS-I) evaluates organizational mental-health literacy in the workplace, assessing structural stigma and psychological safety surrounding mental-health issues.

Source: i&i Adapted (2022).

References:

kcchamber.com (2020). Workplace Mental Health Assessment Results.

Kansas City Chamber of Commerce and Healthy Kansas City.

https://www.headsup.org.au/docs/default-source/resources/bl1542_general_workplace_training_educator's_guide_ac chr.pdf?sfvrsn=44ff2d4d_8

CDC NHWP HEALTH AND SAFETY CLIMATE SURVEY (INPUTS™)

The INPUTS™ survey asks about your perceptions of your work environment, working conditions, and the attitudes of your supervisor and coworkers that support a healthy workplace culture. Source: i&i Adapted (2022).

References:

National Centre for Chronic Disease Prevention and Health Promotion.

CDC NHWP Health and Safety Climate Survey (INPUTS™). [Modified for public use]. *Division of Population Health*. Retrieved from

https://www.cdc.gov/workplacehealthpromotion/tools/resources/pdfs/nhwp_inputs_manual.pdf

THE ASSESSMENTS

The following assessments will take approximately 1-hour to complete.



We recommend finding a time that you will not be interrupted. It is best to answer the questions in a present state, without any distractions.

Please save all changes to your assessments and upload your completed workbook here.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9) & GENERALIZED ANXIETY DISORDER (GAD-7) ADJUSTMENT FOR SUICIDALITY

PHQ-9

1. Little interest or pleasure in doing things					
2. Fatigue or loss of energy					
3. Trouble falling or staying asleep, or waking too early in the morning					
4. Trouble concentrating					
5. Trouble with thoughts or feelings that are not yours					
6. Trouble with thoughts or feelings that are not yours					
7. Trouble with thoughts or feelings that are not yours					
8. Trouble with thoughts or feelings that are not yours					
9. Trouble with thoughts or feelings that are not yours					

GAD-7

1. Feeling nervous, anxious, or on edge					
2. Not being able to control or stop the feelings					
3. Trouble relaxing					
4. Trouble concentrating on what you are doing					
5. Trouble breathing					
6. Trouble sleeping					
7. Trouble staying on top of what you are doing					
8. Trouble concentrating on what you are doing					
9. Trouble concentrating on what you are doing					

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

PROQOL

1. I am satisfied with my work					
2. I am satisfied with my work					
3. I am satisfied with my work					
4. I am satisfied with my work					
5. I am satisfied with my work					
6. I am satisfied with my work					
7. I am satisfied with my work					
8. I am satisfied with my work					
9. I am satisfied with my work					
10. I am satisfied with my work					
11. I am satisfied with my work					
12. I am satisfied with my work					
13. I am satisfied with my work					
14. I am satisfied with my work					
15. I am satisfied with my work					
16. I am satisfied with my work					
17. I am satisfied with my work					
18. I am satisfied with my work					
19. I am satisfied with my work					
20. I am satisfied with my work					

THE SENSE OF BELONGING SCALE

THE SENSE OF BELONGING SCALE

1. I feel like I belong to this organization					
2. I feel like I belong to this organization					
3. I feel like I belong to this organization					
4. I feel like I belong to this organization					
5. I feel like I belong to this organization					
6. I feel like I belong to this organization					
7. I feel like I belong to this organization					
8. I feel like I belong to this organization					
9. I feel like I belong to this organization					
10. I feel like I belong to this organization					

THE GENERAL SELF-EFFICACY SCALE

THE GENERAL SELF-EFFICACY SCALE

1. I am confident that I can handle whatever comes my way					
2. I am confident that I can handle whatever comes my way					
3. I am confident that I can handle whatever comes my way					
4. I am confident that I can handle whatever comes my way					
5. I am confident that I can handle whatever comes my way					
6. I am confident that I can handle whatever comes my way					
7. I am confident that I can handle whatever comes my way					
8. I am confident that I can handle whatever comes my way					
9. I am confident that I can handle whatever comes my way					
10. I am confident that I can handle whatever comes my way					

TOLERANCE OF UNCERTAINTY SCALE

TOLERANCE OF UNCERTAINTY SCALE

1. I am comfortable with uncertainty					
2. I am comfortable with uncertainty					
3. I am comfortable with uncertainty					
4. I am comfortable with uncertainty					
5. I am comfortable with uncertainty					
6. I am comfortable with uncertainty					
7. I am comfortable with uncertainty					
8. I am comfortable with uncertainty					
9. I am comfortable with uncertainty					
10. I am comfortable with uncertainty					
11. I am comfortable with uncertainty					
12. I am comfortable with uncertainty					
13. I am comfortable with uncertainty					
14. I am comfortable with uncertainty					
15. I am comfortable with uncertainty					
16. I am comfortable with uncertainty					
17. I am comfortable with uncertainty					
18. I am comfortable with uncertainty					
19. I am comfortable with uncertainty					
20. I am comfortable with uncertainty					

MENTALLY HEALTHY WORKPLACE SURVEY (MHWS-8)

MENTALLY HEALTHY WORKPLACE SURVEY (MHWS-8)

1	2	3	4	5	6	7	8
1. My organization provides mental health resources and support							
2. My organization provides mental health resources and support							
3. My organization provides mental health resources and support							
4. My organization provides mental health resources and support							
5. My organization provides mental health resources and support							
6. My organization provides mental health resources and support							
7. My organization provides mental health resources and support							
8. My organization provides mental health resources and support							

CDC NHPW HEALTH AND SAFETY CLIMATE SURVEY (INPUTS™)

CDC NHPW HEALTH AND SAFETY CLIMATE SURVEY (INPUTS™)

1	2	3	4	5	6	7	8
1. My organization's health and safety climate is strong							
2. My organization's health and safety climate is strong							
3. My organization's health and safety climate is strong							
4. My organization's health and safety climate is strong							
5. My organization's health and safety climate is strong							
6. My organization's health and safety climate is strong							
7. My organization's health and safety climate is strong							
8. My organization's health and safety climate is strong							

PATIENT HEALTH QUESTIONNAIRE (PHQ-9) & GENERALIZED ANXIETY DISORDER (GAD-7) ADJUSTMENT FOR SUICIDALITY

Below is a list of common health symptoms. Please carefully read each item in the list, indicate how much you have been bothered by that symptom during the past month, including today, by **clicking the most appropriate response in the corresponding space next to each symptom.**

PHQ-9

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling or staying asleep, or sleeping too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.				
7. Trouble concentrating on things, such as reading or watching television.				
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.				
9. Thoughts that you would be better off if you were no longer living, or of hurting yourself in some way.				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? **Please check the most appropriate response.**

NOT DIFFICULT AT ALL
 SOMEWHAT DIFFICULT
 VERY DIFFICULT
 EXTREMELY DIFFICULT

GAD-7

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.				
2. Not being able to stop or control worrying.				
3. Worrying too much about different things.				
4. Trouble relaxing.				
5. Being so restless that it's hard to sit still.				
6. Becoming easily annoyed or irritable.				
7. Feeling afraid as if something awful might happen.				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? **Please check the most appropriate response.**

NOT DIFFICULT AT ALL
 SOMEWHAT DIFFICULT
 VERY DIFFICULT
 EXTREMELY DIFFICULT

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

The ProQOL is a commonly used instrument to measure the negative and positive effects of working with people who have experienced suffering and trauma, including disaster survivors. The ProQOL has sub-scales for compassion satisfaction, burnout, and secondary traumatic stress.

Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes. 4=Often 5=Very Often

PROQOL

1-5

- | | |
|--|--|
| 1. I am happy. | |
| 2. I am preoccupied with more than one person I help. | |
| 3. I get satisfaction from being able to [help] people. | |
| 4. I feel connected to others. | |
| 5. I jump or am startled by unexpected sounds. | |
| 6. I feel invigorated after working with those I help. | |
| 7. I find it difficult to separate my personal life from my life as a helper. | |
| 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I help. | |
| 9. I think that I might have been affected by the traumatic stress of those I help. | |
| 10. I feel trapped by my job as a helper. | |
| 11. Because of my helping, I have felt "on edge" about various things. | |
| 12. I like my work as a helper. | |
| 13. I feel depressed because of the traumatic experiences of the people I help. | |
| 14. I feel as though I am experiencing the trauma of someone I have helped. | |
| 15. I have beliefs that sustain me. | |
| 16. I am pleased with how I am able to keep up with helping techniques and protocols. | |
| 17. I am the person I always wanted to be. | |
| 18. My work makes me feel satisfied. | |
| 19. I feel worn out because of my work as a helper. | |
| 20. I have happy thoughts and feelings about those I help and how I could help them. | |
| 21. I feel overwhelmed because my work load seems endless. | |
| 22. I believe I can make a difference through my work. | |
| 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help. | |

1=Never 2=Rarely 3=Sometimes. 4=Often 5=Very Often

PROQOL

1-5

- | | | |
|-----|--|--|
| 24. | I am proud of what I can do to help. | |
| 25. | As a result of my [helping], I have intrusive, frightening thoughts. | |
| 26. | I feel "bogged down" by the system. | |
| 27. | I have thoughts that I am a "success" as a helper. | |
| 28. | I can't recall important parts of my work with trauma victims. | |
| 29. | I am a very caring person. | |
| 30. | I am happy that I chose to do this work. | |

THE SENSE OF BELONGING SCALE

When you respond to the questions below, think about yourself in the role that you hold as an employee at your current organization.

Answer by clicking the most appropriate response in the corresponding space under each response.

How well do people at your workplace understand you as a person?

**DO NOT
UNDERSTAND AT
ALL**

**UNDERSTAND
A LITTLE**

**UNDERSTAND
SOMEWHAT**

**UNDERSTAND
QUITE A BIT**

**UNDERSTAND
QUITE A LOT**

How connected do you feel to the team at your workplace?

**NOT AT ALL
CONNECTED**

**SLIGHTLY
CONNECTED**

**SOMEWHAT
CONNECTED**

**QUITE
CONNECTED**

**EXTREMELY
CONNECTED**

How welcoming have you found your workplace team to be?

**NOT AT ALL
WELCOMING**

**SLIGHTLY
WELCOMING**

**SOMEWHAT
WELCOMING**

**QUITE
WELCOMING**

**EXTREMELY
WELCOMING**

How much respect do other employees at the organization show toward you?

**NO RESPECT
AT ALL**

**A LITTLE BIT OF
RESPECT**

**SOME
RESPECT**

**QUITE A BIT OF
RESPECT**

**A TREMENDOUS
AMOUNT OF
RESPECT**

How much respect do the leaders at your organization show toward you?

**NO RESPECT
AT ALL**

**A LITTLE BIT OF
RESPECT**

**SOME
RESPECT**

**QUITE A BIT OF
RESPECT**

**A TREMENDOUS
AMOUNT OF
RESPECT**

THE SENSE OF BELONGING SCALE

How much do you matter to others at your workplace?

**DO NOT
MATTER AT ALL**

**MATTER
A LITTLE BIT**

**MATTER
SOMEWHAT**

**MATTER
QUITE A BIT**

**MATTER A
TREMENDOUS
AMOUNT**

How happy are you with your choice to work at your organization?

**NOT AT ALL
HAPPY**

**SLIGHTLY
HAPPY**

**SOMEWHAT
HAPPY**

**QUITE
HAPPY**

**EXTREMELY
HAPPY**

How enriching is your experience at work?

**NOT AT ALL
ENRICHING**

**SLIGHTLY
ENRICHING**

**SOMEWHAT
ENRICHING**

**QUITE
ENRICHING**

**EXTREMELY
ENRICHING**

How 'at home' do you feel at work?

**NOT AT
ALL 'AT HOME'**

**SLIGHTLY
'AT HOME'**

**SOMEWHAT
'AT HOME'**

**QUITE
'AT HOME'**

**EXTREMELY
'AT HOME'**

THE GENERAL SELF-EFFICACY SCALE

Below is a list of statements. Please carefully read each item in the list, indicate how much you agree with with each statement in the last month, including today, by **clicking the box in the corresponding space in the column next to each symptom.**

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events.				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution.				
10. I can usually handle whatever comes my way.				

INTOLERANCE OF UNCERTAINTY SCALE

Below is a series of statements which describe how people may react with uncertainties of life. Please use the scale to describe to what extent each item is characteristic of you.

Please check a number that describes you best.

	Not at all characteristic of me		Somewhat characteristic of me		Entirely characteristic of me	
1. Uncertainty stops me from having a firm opinion.	1	2	3	4	5	
2. Being uncertain means that a person is disorganized.	1	2	3	4	5	
3. Uncertainty makes life intolerable.	1	2	3	4	5	
4. It's unfair not having any guarantees in life.	1	2	3	4	5	
5. My mind can't be relaxed if I don't know what will happen tomorrow.	1	2	3	4	5	
6. Uncertainty makes me uneasy, anxious, or stressed.	1	2	3	4	5	
7. Unforeseen events upset me greatly.	1	2	3	4	5	
8. It frustrates me not having all the information I need.	1	2	3	4	5	
9. Uncertainty keeps me from living a full life.	1	2	3	4	5	
10. One should always look ahead so as to avoid surprises.	1	2	3	4	5	
11. A small unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5	
12. When it's time to act, uncertainty paralyzes me.	1	2	3	4	5	
13. Being uncertain means that I am not first rate.	1	2	3	4	5	
14. When I am uncertain, I can't go forward.	1	2	3	4	5	
15. When I am uncertain I can't function very well.	1	2	3	4	5	
16. Unlike me, others always seem to know where they are going with their lives.	1	2	3	4	5	
17. Uncertainty makes me vulnerable, unhappy, or sad.	1	2	3	4	5	
18. I always want to know what the future has in store for me.	1	2	3	4	5	
19. I can't stand being taken by surprise.	1	2	3	4	5	
20. The smallest doubt can stop me from acting.	1	2	3	4	5	
21. I should be able to organize everything in advance.	1	2	3	4	5	
22. Being uncertain means that I lack confidence.	1	2	3	4	5	
23. I think it's unfair that other people seem sure about their future.	1	2	3	4	5	
24. Uncertainty keeps me from sleeping soundly.	1	2	3	4	5	
25. I must get away from all uncertain situations.	1	2	3	4	5	
26. The ambiguities in life stress me.	1	2	3	4	5	
27. I can't stand being undecided about my future.	1	2	3	4	5	

i&i MENTALLY-HEALTHY WORKPLACE SURVEY I (MHWS-I)

Below is a series of statements which describe various organizational circumstances.

Please use the scale to best describe your circumstances

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. My organization provides mental health education to all employees.						
2. I know what my organization's action plan is to address workplace mental health.						
3. Adequate resources of time, people and financial budget are allocated by my organization towards workplace mental health and wellbeing.						
4. Before Covid-19, my organization addressed trauma as a workplace mental health priority.						
5. My organization promotes workplace diversity.						
6. I know exactly where to find mental health resources at my organization.						
7. Using mental health supports at my organization would never hold me back from a promotion or the advancement of my career.						
8. My organization provides information to employees about the impact of mental health in the workplace.						
9. My organization supports work-life balance as a mental health priority.						
10. My manager knows what to do if someone on my team (including me) has a mental health issue.						
11. Reducing work stress is a mental health priority at my organization.						
12. My organization provides training on mental health issues to all employees.						
13. Mental health programming at my organization is developed with diverse input from a wide range of employees.						
14. Senior leadership at my organization is actively engaged in supporting employee mental health.						
15. There is no gender inequality at my organization.						

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
16. My organization has a strategic plan to address workplace mental health.						
17. My organization emphasizes mindfulness as a mental health priority.						
18. There is no stigma about mental illness at my organization.						
19. Because of Covid-19, my organization provides trauma mental health support.						
20. When I provide mental health information and feedback on surveys that promise confidentiality, I know my organization protects my confidentiality.						
21. Leaders at my organization know how to support the mental health of all employees.						
22. My organization includes some (or all) employees in an annual review of workplace policies, procedures, and practices that affect the mental health and well-being of all employees.						
23. Improving work culture is a priority mental health issue at my organization.						
24. As a part of my organization's mental health plan, I know where to access confidential support for substance misuse.						
25. My organization provides training to managers and supervisors on how to support employees who may be experiencing mental health issues.						
26. Sexual harassment would never be tolerated at my organization.						
27. If someone on my team (including me) has been away from work because of a mental health issue, my supervisor knows what to do when that team member (including me) returns to work.						
28. My organization has a culture of open dialogue regarding mental health.						
29. My organization provides a confidential survey, at least once annually, to find out if employees can access the mental health support(s) that they want.						
30. If there are other important or urgent organizational priorities, these priorities take precedence over workplace health and wellbeing.						

CDC NHWP HEALTH AND SAFETY CLIMATE SURVEY (INPUTS™)

Below is a series of statements which describe how people may react with uncertainties of life. Please use the scale to describe to what extent each item is characteristic of you.

Please check the box that describes you best.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. In this organization, management considers my mental health to be important.				
2. My job allows me to make a lot of decisions on my own.				
3. My job requires me to work very hard.				
4. The people I work with can be relied on when I need help.				
5. My supervisor is concerned about the welfare of those working under them.				
6. My supervisor is helpful in getting the job done.				
7. My job requires me to be creative.				
8. My job requires a high level of skill.				
9. My job requires me to perform repetitive tasks.				

10. How often do things going on at work make you feel tense and irritable at home?	Never	Occasionally	Sometimes	Often	Most of the time
11. How often do things going on at home make you feel tense and irritable at work?	Never	Occasionally	Sometimes	Often	Most of the time

	1	2	3	4	5	6	7	8	9	10
	extremely unsupportive									extremely supportive
12. Overall, how supportive is work organization of your mental health?										

CDC NHWP HEALTH AND SAFETY CLIMATE SURVEY (INPUTS™)

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
13. Be physically active					
14. Eat a healthy diet					
15. Live alcohol & tobacco free					
16. Manage my stress					
17. Work safely					

To what extent do you agree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
18. If my mental health gets worse, my coworkers would support my recovery.					
19. My coworkers would support my use of sick days for illness or mental health.					
20. My supervisor encourages healthy behaviours.					
21. My workplace encourages me to make suggestions about employee well-being, health and mental health.					
22. Overall, I would recommend working with this organization to my family and friends.					

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



CONGRATULATIONS

YOU HAVE COMPLETED YOUR ASSESSMENT!

PLEASE REMEMBER TO SAVE YOUR WORK
AND UPLOAD YOUR DOCUMENT HERE

Thank you!

IF YOU NEED ASSISTANCE WITH ANY OF THESE ASSESSMENTS,
PLEASE REACH OUT TO ANDREA@IIHEALTHWELLNESS.COM

