

Health and Safety Program
Internal Perception Study

This questionnaire is for the purpose of data collection to assist with determining how employees feel about a Health, Wellness & Fitness program. Your participation will help establish departmental needs and how to effectively address those needs in providing a successful and comprehensive Health, Wellness & Fitness program to employees.

This questionnaire should take approximately 30 minutes or less to complete.

*All responses will be kept confidential. The data will be used **blindly** for an Applied Research Project for the Executive Fire Officer Program at the National Fire Academy research. Thank you for your time.*

Definitions:

Health: Physical and mental well being, freedom from disease, pain, defect.

Wellness: Condition of being healthy as a result of proper nutrition and exercise.

Fitness: In good physical condition, healthy.

Please answer the following questions and return the questionnaire to Captain Anita S. Horsley, Health & Safety, Headquarters, not later than **April 30th, 2007**

How old are you?

- 18-25
- 26-30
- 31-40
- 41-50
- Over 50

How long have you been at DCFR

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21 + years

What is your position?

- Chief Officer
- Officer
- Firefighter
- Instructor
- Administration

Are you in Operations or Administration?

- Operations
- Administration

What do you consider your level of fitness to be?

- Excellent
- Good
- Fair
- Poor

Compared with yourself prior to working at DCFR, would you say:

- Exercise more
- Exercise less

Exercise same amount

If you are in Operations: while on duty, how often do you workout?

- Every shift
- 75% of the time
- 50-75% of the time
- 25-50% of the time
- Less than 25% of the time
- Never

Do you feel the current exercise facilities adequately meet your needs at **HQ**?

- Yes
- No
- If no, what is needed?

Considering personal health, wellness and fitness as it relates to the delivery of emergency services: rate how important you consider the following factors to be:

		Least important		most important	
Age less than 40	1	2	3	4	5
Strength	1	2	3	4	5
Endurance	1	2	3	4	5
Flexibility	1	2	3	4	5
Aerobic capacity	1	2	3	4	5
Age older than 40	1	2	3	4	5
Nutrition	1	2	3	4	5
Life style	1	2	3	4	5
Sleep	1	2	3	4	5

Do you feel the department should include physical fitness training in the daily duties?

- Yes
- No

In general, how often do you participate in fitness activities?

- Every day
- 3-5 times a week
- Sometimes
- Seldom
- Never

Do you feel the current exercise facilities adequately meet your needs at the **station**?

- Yes
- No
- If no, what is needed?

In your opinion, in general, how would you rate the overall fitness level of the personnel in the department?

- Excellent
- Good
- Fair
- Poor
- Very poor

Rate the importance of each factor, when considering a health, wellness and fitness program for DCFR

		Least important		most important	
Personnel input	1	2	3	4	5
Administrative support	1	2	3	4	5
Mandatory participation	1	2	3	4	5

Voluntary participation	1	2	3	4	5
Access to equipment	1	2	3	4	5
Annual medical physical	1	2	3	4	5
Annual fitness assessment	1	2	3	4	5
Education on wellness topics	1	2	3	4	5
Stress Management	1	2	3	4	5
Life style	1	2	3	4	5
Exercise instruction	1	2	3	4	5
Injury Prevention	1	2	3	4	5
Annual funding	1	2	3	4	5

Should the department prohibit tobacco use as a condition of employment?

Yes

No

Would you be willing to participate in a department wellness & fitness program?

Yes

No

In your opinion, should a health, wellness and fitness program for DCFR be:

	YES	NO
Voluntary	<input type="checkbox"/>	<input type="checkbox"/>
Funded	<input type="checkbox"/>	<input type="checkbox"/>
Self paced	<input type="checkbox"/>	<input type="checkbox"/>
Punitive	<input type="checkbox"/>	<input type="checkbox"/>
High priority	<input type="checkbox"/>	<input type="checkbox"/>
Low priority	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory	<input type="checkbox"/>	<input type="checkbox"/>

What activities do you currently participate in? Select all that apply

Aerobics	<input type="checkbox"/>
Swimming	<input type="checkbox"/>
Weight lifting	<input type="checkbox"/>
Running	<input type="checkbox"/>
Cycling	<input type="checkbox"/>
Walking	<input type="checkbox"/>
Basketball	<input type="checkbox"/>
Soccer	<input type="checkbox"/>
Tennis	<input type="checkbox"/>
None	<input type="checkbox"/>
Other	_____

What are your feelings about participating in a department sponsored health, wellness and fitness program? Select all that apply

Apprehensive	<input type="checkbox"/>
Encouraging	<input type="checkbox"/>
Progressive	<input type="checkbox"/>
Cautious	<input type="checkbox"/>
Gung-ho	<input type="checkbox"/>
Unsettling	<input type="checkbox"/>
Hesitant	<input type="checkbox"/>
About time	<input type="checkbox"/>
Excited	<input type="checkbox"/>
Wait and see	<input type="checkbox"/>
Unrealistic	<input type="checkbox"/>
Proud	<input type="checkbox"/>

	Not at all	A little of the time	Some of the time	A good amount	Most of the time
Have lots of energy	0	0	0	0	0
Fatigue/peacefully	0	0	0	0	0
Muscle/joint pain	0	0	0	0	0
Muscle/joint pain	0	0	0	0	0
Nausea/ upset stomach	0	0	0	0	0
Loss of appetite	0	0	0	0	0
Loss of appetite	0	0	0	0	0
Restless/ Disrupted sleep	0	0	0	0	0
Restless/ Disrupted sleep	0	0	0	0	0
Difficulty concentrating	0	0	0	0	0
Depression/ sadness	0	0	0	0	0
Depression/ anxiety	0	0	0	0	0
Bored/ Frustrated	0	0	0	0	0
Stressed/ under pressure	0	0	0	0	0
Stressed/ under pressure	0	0	0	0	0

Please circle the number for each question below

1 (strongly disagree) 5 (strongly agree)

My health has improved as a result of training at work	1	2	3	4	5
I take part in my own health, wellness & fitness	1	2	3	4	5
I encourage others to act in healthy & safe ways	1	2	3	4	5
The health and safety practices in my area help prevent accidents and injuries	1	2	3	4	5
I have equipment necessary to safely perform my tasks	1	2	3	4	5
I would participate in wellness & fitness if there were	1	2	3	4	5
I would participate in wellness & fitness if there were	1	2	3	4	5
I would participate in wellness & fitness if it was voluntary	1	2	3	4	5
I would participate in wellness & fitness if it was voluntary	1	2	3	4	5