

1. Have you used tobacco in the last month?

- Yes
- No

2. On average, how many cigarettes or other tobacco products do you use per day?

- 0 (Zero) - I do not use tobacco products
- 2-5
- 6-15
- 16-25+

3. Do you currently use electronic cigarettes?

- Yes
- No

4. In the past 12 months, have you tried to quit using tobacco?

- N/A - I do not use tobacco products
- Yes
- No

5. Are you seriously considering quitting using tobacco in the next six months?

- N/A - I do not use tobacco products
- Yes
- No

6. Is tobacco or secondhand smoke in your work area or elsewhere at your building/worksite a concern or annoyance?

- Yes
- No

7. If 'Yes' please indicate any ways in which you are bothered or affected by tobacco including physical symptoms, if relevant.

8. Would you like the workplace grounds to be tobacco-free?

- Yes
- No
- No Preference

***9. For tobacco users ONLY (*if you don't use tobacco mark the N/A column):
If the new policy prohibited tobacco use in all buildings and on all grounds (including parking lots) and people who wanted to smoke would have to leave the property, how likely would you be to . . .**

	very likely	somewhat likely	not likely at all	N/A - I do not use tobacco products
try to quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
try to get a different job somewhere smoking was allowed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
leave the grounds to smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoke fewer cigarettes during the work day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***10. Do you take walking breaks during your work day?**

- Often
- Sometimes
- Never

***11. If there was a walking path mapped out at your workplace grounds, how likely would you be to walk during your breaks?**

- Very likely
- Somewhat likely
- Not likely

***12. Do you eat healthy snacks during your work day?**

- Often
- Sometimes
- Never

***13. Do you use vending machines at your workplace?**

- Sometimes
- Often
- Never

14. If you use the vending machines, what items do you buy? If you don't purchase items from vending write "none".

15. What vending items would you purchase?

***16. Which of the following best describes your interest in health-promotion activities?
Choose one.**

- I have been thinking about changing some of my health behaviors.
- I am planning on making behavior change in the next 30 days.
- I have made some healthy behavior changes, but I still have trouble following through.
- I have had a healthy lifestyle for years.
- I do not feel the need for help with my lifestyle or health.

17. Please indicate your current level of interest in these health and wellness topics/activities.

	Would participate	Might participate	No interest
Tobacco/smoking cessation classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (heart disease, blood pressure, stroke, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Walking Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classes: Healthy Eating Tips, Cooking, meal planning, or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress Management Class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site Weight management program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing heart disease and stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Blood Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer prevention/Living with Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for someone with Chronic Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Aid/CPR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend a work sponsored health fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a work provided pedometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in a work healthy challenge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Other (please describe a health or wellness activity that you would find beneficial).