

RATING YOUR WORK PLACE ENVIRONMENT

1. Do you look forward to going to work or fulfilling your role every day?

| | | | |
|-------|-----------|------------|--------|
| Never | Sometimes | Frequently | Always |
| 1 | 2 | 3 | 4 |

2. Do you derive pleasure from your job or life's activities?

| | | | |
|-------|-----------|------------|--------|
| Never | Sometimes | Frequently | Always |
| 1 | 2 | 3 | 4 |

3. Is the quality of your services at work the most important measuring stick for success?

| | | | |
|----|-----------|------------------|-----|
| No | Sometimes | Most of the time | Yes |
| 1 | 2 | 3 | 4 |

4. Do you feel your workplace environment is safe in terms of your physical health?

| | | | |
|----|------------------|------------------|------------------------|
| No | Some of the time | Most of the time | Truly health promoting |
| 1 | 2 | 3 | 4 |

5. Do you get adequate exposure to natural light rather than artificial lights each day?

| | | | |
|-------------|---------------|------------------|--------------|
| No exposure | Some exposure | More than ½ hour | Work outside |
| 1 | 2 | 3 | 4 |

6. Do you work in an office or other setting where you are exposed to unwelcome cigarette smoke?

| | | | |
|----------------------|-----------------|--------------|----|
| Yes, most of the day | Some of the day | Occasionally | No |
| 1 | 2 | 3 | 4 |

7. Do you feel that work is contributing to any of your physical or emotional health problems?

| | | | |
|-----------------|--------------------|------|----|
| Yes, definitely | Work situations | Some | No |
| 1 | Aggravate problems | 3 | 4 |
| | 2 | | |

8. Is excessive or troublesome noise at your place of employment a problem?

| | | | |
|-----------------|------------------|-----------|-------|
| Yes, constantly | A common problem | Sometimes | Never |
| 1 | 2 | 3 | 4 |

9. Do you have adequate time during the workday to collect yourself and define goals?

| | | | |
|-------|-------------|------------------|-----|
| Never | Hardly ever | Most of the time | Yes |
| 1 | 2 | 3 | 4 |

10. Are you exposed to air or water pollutants or toxic chemicals that may endanger your health?

| | | | |
|--------------------------|------------|--------------|-------|
| Yes, significant hazards | Many times | Occasionally | Never |
| 1 | 2 | 3 | 4 |

Your score:

- 36-40 Excellent health promoting environment
- 30-35 Good environment
- 25-29 Moderate health support
- 20-24 Poor support
- 10-19 Employment needs immediate reevaluation