

Worksite Health Promotion

Preload needed: MZ205 (R REPORTED THAT S/HE EVER SMOKED)

Other section variables needed: R is currently working for pay (J020=1)

R is self-employed (J021=2 or J022=2)

Variables in this module: V201-V248

IF THIS IS A PROXY INTERVIEW (A009={2 or 3}), GO TO END OF MODULE 5

IF R IS NOT CURRENTLY WORKING FOR PAY (J020 <> 1), GO TO V248

IF R IS SELF-EMPLOYED (J021=2 OR J022=2), GO TO V248

{This module will be sharing sample with Module 4. Module 4 is asked of Rs age 70+, Module 5 is asked of Rs < Age 70}

IF R AGE IS 70 OR OLDER {A019>=70}, GO TO MODULE 4

IF R AGE IS <70 {A019 < 70}, CONTINUE TO V201

<V201>

V201_WorkOnePlace

WORK AT ONE LOCATION OUTSIDE HOME

Do you work at one specific place most of the time, outside your home?

1. Yes
5. No → GO TO V247
8. DK → GO TO V247
9. RF → GO TO V247

IF V201_WorkOnePlace NOT YES (V201_ <> 1), GO TO V247

<V202>

V202_NumberEmployees

NUMBER OF EMPLOYEES AT WORK LOCATION WEEKDAY

How many people work at your same work location on a typical weekday?

_____ {ALLOW RANGE: 0 TO 99,995} → GO TO V208

99998. DK → GO TO V203

99999. RF → GO TO V208

<V203>

V203_NumberEmployees2

NUMBER OF EMPLOYEES RANGE

Which of the following do you think best describes the number of people who work at your same work location? Would you say less than 50, 50-249, 250-499, 500-999, or 1000 or more?

1. Less than 50
2. 50 - 249
3. 250 – 499
4. 500 – 999
5. 1000 or more
8. DK
9. RF

<V208>

V208_CholesterolTestOffered

CHOLESTEROL TEST OFFERED AT WORK

Next I am going to ask you about health testing and screening programs or services which may have been available at your place of work.

During the past year, was a blood test for cholesterol available at your place of work?

1. Yes
5. No → GO TO V210
8. DK → GO TO V210
9. RF → Go TO V210

<V209>

V209_TookCholesterolTest

TOOK CHOLESTEROL TEST AT WORK

Did you take this cholesterol test?

1. Yes
5. No
8. DK
9. RF

<V210>

V210_BloodPressureTestOffered

BLOOD PRESSURE TEST OFFERED AT WORK

During the past year, was a blood pressure screening test available at your place of work?

1. Yes
5. No → GO TO V212
8. DK → GO TO V212
9. RF → Go TO V212

<V211>

V211_TookBPScreeningTest

TOOK BLOOD PRESSURE TEST AT WORK

Did you participate in this blood pressure screening program?

1. Yes
5. No
8. DK
9. RF

<V212>

V212_BloodSugarTestOffered

BLOOD SUGAR TEST OFFERED AT WORK

During the past year, was a blood sugar or diabetes test available at your place of work?

1. Yes
5. No → GO TO V214
8. DK → GO TO V214
9. RF → Go TO V214

<V213>

V213_TookBloodSugarTest

TOOK BLOOD SUGAR TEST AT WORK

Did you participate in this blood sugar or diabetes testing program?

1. Yes
5. No
8. DK
9. RF

<V214>

V214_CancerTestOffered

CANCER TEST OFFERED AT WORK

During the past year, was a test for any kind of cancer available at your place of work?

1. Yes
5. No → GO TO V216
8. DK → GO TO V216
9. RF → Go TO V216

<V215>

V215_TookCancerTest

TOOK CANCER TEST AT WORK

Did you participate (in this cancer screening or testing program)?

1. Yes
5. No
8. DK
9. RF

<V216>

V216_DiabetesControl

PROGRAM AT WORK TO HELP CONTROL DIABETES

To the best of your knowledge, in the past year have any health, educational or medical programs been offered at your place of work to help people control blood sugar or diabetes?

1. Yes
5. No → GO TO V218
8. DK → GO TO V218
9. RF → GO TO V218

<V217>

V217_DiabetesControlParticipate

PARTICIPATE IN PROGRAM TO HELP CONTROL DIABETES

Did you participate in this program (offered at work to help you control your blood sugar or diabetes)?

1. Yes
5. No
8. DK
9. RF

<V218>

V218_AsthmaControl

PROGRAM AT WORK TO HELP CONTROL ASTHMA

In the past year have any health, educational or medical programs been offered at your place of work to help people control asthma or other breathing problems?

1. Yes
5. No → GO TO V220
8. DK → GO TO V220
9. RF → GO TO V220

<V219>

V219_AsthmaControlParticipate

PARTICIPATE IN PROGRAM TO HELP CONTROL ASTHMA

Did you participate in this program (offered at work to help you control asthma or other breathing problems)?

1. Yes
5. No
8. DK
9. RF

<V220>

V220_BPControl

PROGRAM AT WORK TO HELP CONTROL BLOOD PRESSURE

In the past year have any health, educational or medical programs been offered at your place of work to help people control blood pressure?

1. Yes
5. No → GO TO V222
8. DK → GO TO V222
9. RF → GO TO V222

<V221>

V221_BPControlParticipate

PARTICIPATE IN PROGRAM TO HELP CONTROL BLOOD PRESSURE

Did you participate in this program (offered at work to help you control blood pressure)?+

1. Yes
5. No
8. DK
9. RF

<V222>

V222_QuitSmoking

PROGRAM AT WORK TO HELP QUIT SMOKING

In the past year have any health, educational or medical programs been offered at your place of work to help people quit smoking?

1. Yes
5. No → GO TO V224
8. DK → GO TO V224
9. RF → GO TO V224

IF R REPORTED S/HE NEVER SMOKED (MZ205 <>1), GO TO V224

<V223>

V223_BPControlParticipate

PARTICIPATE IN PROGRAM TO HELP QUIT SMOKING

Did you participate in this program offered at work to help you quit smoking?

1. Yes
5. No
8. DK
9. RF

<V224>

V224_LoseWeight

PROGRAM AT WORK TO HELP LOSE WEIGHT

(In the past year have any health, educational or medical programs been offered at your place of work) to help people lose weight?

1. Yes
5. No → GO TO V226
8. DK → GO TO V226
9. RF → GO TO V226

<V225>

V225_LoseWeightParticipate

PARTICIPATE IN PROGRAM TO HELP LOSE WEIGHT

Did you participate in this program (offered at work to help you lose weight)?

1. Yes
5. No
8. DK
9. RF

<V226>

V226_ImproveDiet

PROGRAM AT WORK TO IMPROVE DIET OR NUTRITION

(In the past year have any health, educational or medical programs been offered at your place of work) to help people improve their diet or nutrition?

1. Yes
5. No → GO TO V228
8. DK → GO TO V228
9. RF → GO TO V228

<V227>

V227_ImproveDietParticipate

PARTICIPATE IN PROGRAM TO IMPROVE DIET OR NUTRITION

Did you participate in this program (offered at work to help you improve your diet or nutrition)?

1. Yes
5. No
8. DK
9. RF

<V228>

V228_MentalProblems

PROGRAM AT WORK TO HELP WITH MENTAL PROBLEMS

(To the best of your knowledge, in the past year have any health, educational or medical programs been offered at your place of work) to help people with problems such as controlling stress, depression, alcohol use, or other similar problems?

1. Yes
5. No → GO TO V230
8. DK → GO TO V230
9. RF → GO TO V230

<V229>

V229_MentalProbParticipate

PARTICIPATE IN PROGRAM TO HELP WITH MENTAL PROBLEMS

Did you participate in this program (offered at work to help you with controlling stress, depression, alcohol use, or other similar problems)?

1. Yes
5. No
8. DK
9. RF

<V230>

V230_Arthritis

PROGRAM AT WORK TO HELP WITH ARTHRITIS OR JOINT PROBLEMS

(To the best of your knowledge, in the past year have any health, educational or medical programs been offered at your place of work) to help people with arthritis, pain or stiffness in your joints?

1. Yes
5. No → GO TO V232
8. DK → GO TO V232
9. RF → GO TO V232

<V231>

V231_ArthritisParticipate

PARTICIPATE IN PROGRAM TO HELP WITH ARTHRITIS

Did you participate in this program (offered at work to help you with arthritis, pain or stiffness in your joints)?

1. Yes
5. No
8. DK
9. RF

<V232>

V232_WorkFamilyBalance

PROGRAM AT WORK TO HELP WITH BALANCING WORK AND FAMILY

(In the past year have any health, educational or medical programs been offered at your place of work) to help people with balancing work and family demands, such as helping workers deal with problems such as aging or sick parents or other persons who need care?

1. Yes
5. No → GO TO V234
8. DK → GO TO V234
9. RF → GO TO V234

<V233>

V233_WorkFamilyBalParticipate

PARTICIPATE IN WORK FAMILY BALANCE PROGRAM

Did you participate in this program (offered at work to help you with balancing work and family demands)?

1. Yes
5. No
8. DK
9. RF

<V234>

V234_InjuryProtection

PROGRAM AT WORK ABOUT INJURY PROTECTION

(In the past year have any health, educational or medical programs been offered at your place of work) to provide instruction to protect workers from hazards or injuries on the job?

1. Yes
5. No → GO TO V236
8. DK → GO TO V236
9. RF → GO TO V236

<V235>

V235_ArthritisParticipate

PARTICIPATE IN INJURY PREVENTION PROGRAM

Did you participate in this program (offered at work to help you avoid hazards or injuries on the job)?

1. Yes
5. No
8. DK
9. RF

<V236>

V236_BrainHealth

PROGRAM AT WORK ABOUT BRAIN HEALTH

(In the past year have any health, educational or medical programs been offered at your place of work) to provide activities designed to improve workers' brain health, such as improving memory or the ability to think?

1. Yes
5. No → GO TO V238
8. DK → GO TO V238
9. RF → GO TO V238

<V237>

V237_BrainHealthParticipate

PARTICIPATE IN BRAIN HEALTH PROGRAM

Did you participate in this program (offered at work to help you improve your brain health (such as improving your memory or ability to think))?

1. Yes
5. No
8. DK
9. RF

<V238>

V238_WebsiteInformation

COMPANY HEALTH INFORMATION WEBSITE

Whether or not any of these programs are offered at your workplace, does your company offer information and help for any of these problems at a particular website?

1. Yes
5. No
8. DK
9. RF

<V239>

V239_ExercisePrograms

WORKPLACE EXERCISE PROGRAM

To the best of your knowledge, does your work organization offer any workplace features that encourage exercise, such as walking paths or exercise facilities?

1. Yes
5. No
8. DK
9. RF

<V240>

V240_CompactedWorkWeek

WORKPLACE OFFERS COMPRESSED WORK WEEK

(Does your work organization offer) a compressed work week? (By compressed work week, I mean an alternative work arrangement where a standard work week is reduced to fewer than five days, such as working four 10-hour days instead of five 8-hour days.)

IWER: Other examples of compressed work week schedules include working three 12-hour days, or a week of five 9-hour days followed by a week of four 9-hour days.

1. Yes
5. No
8. DK
9. RF

<V241>

V241_PartTimeWork

WORKPLACE OFFERS PART TIME WORK

(Does your work organization offer) part-time work or job sharing?

1. Yes
5. No
8. DK
9. RF

<V242>

V242_Telecommuting

WORKPLACE OFFERS TELECOMMUTING

(Does your work organization offer) telecommuting?

IWER: Telecommuting is a type of flexible work arrangement in which an employee can work from home, usually with a computer attached to the employer's computer network.

1. Yes
5. No
8. DK
9. RF

<V243>

V243_PhasedRetirement

WORKPLACE OFFERS PHASED RETIREMENT

(Does your work organization offer) phased retirement?

IWER: Phased retirement refers to allowing employees to gradually reduce work hours before a retirement date.

1. Yes
5. No
8. DK
9. RF

<V244>

V244_Ergonomics

WORKPLACE OFFERS ERGONOMIC HELP

(Does your work organization offer) on-site professional help with being more physically comfortable on the job, such as ergonomics?

1. Yes
5. No
8. DK
9. RF

<V245>

V245_Commuting

WORKPLACE OFFERS HELP WITH COMMUTING

(Does your work organization offer) any help with commuting to the job, such as carpooling or public transportation passes?

1. Yes
5. No
8. DK
9. RF

<V246>

V246_JobRedesign

WORKPLACE OFFERS JOB REDESIGN

(Does your work organization offer) the ability for you to keep the same job, but change some of the work processes so that your job is easier to do?

1. Yes
5. No
8. DK
9. RF

<V247>

V247_EndofModuleTransition

END OF MODULE 5 TRANSITION

Thank you very much. That answers all of the questions we have for you in this module.

1. Continue

<V248>

V248_EndofModuleTransition2

END OF MODULE 5 TRANSITION 2

Thank you very much. Based on your current employment status, we don't have any questions for you in this module.

1. Continue

END OF MODULE 5