



NIOSH WellBQ

National Institute for Occupational Safety and Health Worker Well-Being Questionnaire (NIOSH WellBQ) Version 1

Welcome! Thank you for agreeing to fill out the National Institute for Occupational Safety and Health Worker Well-Being Questionnaire, which is known as the NIOSH WellBQ. This survey asks about aspects of your job and workplace, your health, and your life outside of work. The information will help provide a better understanding of how workers in your organization are doing and identify ways to improve worker well-being.

You can choose not to participate. On any question, you can choose not to give an answer. There are no right or wrong answers. Just base your answers on what you think. Some questions might not apply to your situation. In these cases, you can choose “Does not apply” if it is one of the answer choices. Please try to complete the survey in one sitting. It will take about 15 minutes to complete.

If you have more than one job, please answer questions as they apply to your *main* job.

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The questions in this section ask how you feel about different aspects of your job. If you have more than one job, please answer questions as they apply to your *main* job.

Q1. Overall, I am ___ with my job.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q2. I am ___ with my wages.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q3. I am ___ with the benefits provided by my employer.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied
- Does not apply

Q4. I am ___ with my chances for advancement on the job.

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q5. I can count on my supervisor for support when I need it.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q6. I can count on my coworkers for support when I need it.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply



Q7. I feel my job is secure.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q8. I am given a lot of freedom to decide how to do my own work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q9. I never seem to have enough time to get everything done on my job.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q10. The work I do is meaningful to me.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q11. The work I do serves a greater purpose.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree



Q12. How often do you experience these feelings when you are working?

	Never	Almost never (a few times a year or less)	Rarely (once a month or less)	Sometimes (a few times a month)	Often (once a week)	Very often (a few times a week)	Always (every day)
A. Enthusiastic							
B. Energetic							
C. Content							
D. At ease							
E. Anxious							
F. Angry							
G. Gloomy							
H. Discouraged							

Q13. How often do you experience fatigue when you are working?


- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)

Q14. My work inspires me.

- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)

Q15. I am immersed in my work.

- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)



Q16. When I get up in the morning, I feel like going to work.

- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)

The questions in this section ask how you feel about your organization and about benefits and health programs available at work. If you have more than one job, please answer questions as they apply to your *main* job.

Q17. At my organization, I am treated with respect.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q18. My organization values my contributions.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q19. My organization cares about my general satisfaction at work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q20. My organization is willing to extend resources in order to help me perform my job to the best of my ability.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply



Q21. I receive recognition for a job well done.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q22. I trust the management at my organization.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q23. My organization is committed to employee health and well-being.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q24. My organization encourages me and provides opportunities to engage in healthy behaviors, such as being physically active, eating a healthy diet, living tobacco free, and managing my stress.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

Q25. Are the following benefits offered by your employer?

	Yes	No	Don't know	Does not apply
A. Health insurance				
B. Assistance with education/tuition				
C. Retirement (employer contributions to retirement savings)				
D. Paid maternity leave				
E. Paid paternity leave				
F. Paid sick leave				
G. Other paid caregiving leave (for example, to care for sick family members)				
H. Paid disability leave				
I. Paid vacation days				
J. Other paid leave (for example, bereavement, emergency, jury duty)				
K. Ability to take unpaid leave				
L. Transit options (such as help with transportation to and from work)				
M. On-site medical care				
N. Employee assistance programs (such as programs that help workers with personal or work-related problems)				

Q26. Are the following health and wellness programs or services available to you at the place where you work?

	Yes	No	Don't know	Does not apply
A. Health education and promotion programs (wellness programs)				
B. On-site fitness centers or gym membership discounts (includes a gym and/or space for group classes)				
C. Common spaces or activity hubs (areas for group activities, such as socializing, exercise classes, etc.)				
D. Smoking cessation programs				
E. Alcohol and substance programs				
F. Stress management programs				
G. Access to healthy lunch and snack options				



Q27. How often do the demands of your job interfere with your personal life?

- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)

Q28. How often do the demands of your personal life interfere with your work on the job?

- Never
- Almost never (a few times a year or less)
- Rarely (once a month or less)
- Sometimes (a few times a month)
- Often (once a week)
- Very often (a few times a week)
- Always (every day)

Q29. I have the freedom to vary my work schedule.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q30. I have the freedom to work wherever is best for me—either at home or at my organization.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Does not apply

The questions in this section ask about physical characteristics of your work environment and safety conditions where you work. If you have more than one job, please answer questions as they apply to your *main* job.

Q31. Overall, how safe do you think your workplace is?

- Very unsafe
- Somewhat unsafe
- Somewhat safe
- Very safe

Q32. Please indicate how much you agree or disagree with each of the following statements about safety practices at your workplace.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Does not apply
A. Management reacts quickly to solve the problem when told about safety hazards.					
B. Management insists on thorough and regular safety audits and inspections.					
C. Management provides all the equipment needed to do the job safely.					
D. Management invests a lot of time and money in safety training for workers.					
E. Management listens carefully to workers' ideas about improving safety.					
F. Management gives safety personnel the power they need to do their job.					

Q33. On my present job, this is how I feel about the following topics:

	Not at all satisfied	Not too satisfied	Somewhat satisfied	Very satisfied
A. The environmental conditions (heating, lighting, ventilation, etc.)				
B. The physical surroundings (for example, building infrastructure, work area layout, design)				
C. The pleasantness of the work environment				

Q33D. The accommodations for disabilities and/or special needs (wheelchair ramps, lactation rooms, etc.)

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied
- Does not apply

Q34. I feel discriminated against in my job because of my age.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree



Q35. I feel discriminated against in my job because of my race or ethnic origin.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q36. I feel discriminated against in my job because of my gender.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

Q37. In the past 12 months, were you sexually harassed by anyone while you were on the job?

- Yes
- No

Q38. In the past 12 months, were you exposed to physical violence while you were on the job?

- Yes
- No

Q39. In the past 12 months, were you bullied, threatened, or harassed in any other way by anyone while you were on the job?

- Yes
- No

Q40. In the past 12 months, have you been in a situation where any of your superiors or coworkers put you down or were condescending to you, made demeaning remarks about you, or addressed you in unprofessional terms?

- Yes
- No
- Does not apply

The questions in this section ask about your physical and mental health and health-related behaviors.

Q41. Would you say that in general, your health is poor, fair, good, very good, or excellent?

- Poor
- Fair
- Good
- Very good
- Excellent

Q42. Now, thinking about your physical health, which includes physical illness and injury, during the past 30 days, for how many days was your physical health not good?

Enter number of days (0–30)

Q43. Have you ever had any of the following?

	Never	In the past	Have currently
A. Arthritis			
B. Other musculoskeletal disorders (for example, back pain, neck pain, other pain)			
C. Asthma			
D. Lung disease, other than asthma (for example, chronic obstructive pulmonary disease [COPD], chronic bronchitis, emphysema)			
E. Cancer			
F. Depression			
G. Diabetes			
H. Heart disease			
I. High blood pressure			

Q44. Have you ever had chronic insomnia?

- Never
- In the past
- Have currently

Q45. Now, thinking about your mental health, which includes stress, depression, anxiety, and problems with emotions, during the past 30 days, for how many days was your mental health not good?

Enter number of days (0–30)

Q46. How often do you experience stress with regard to the following topics?

	Never	Almost never (a few times a year or less)	Rarely (once a month or less)	Sometimes (a few times a month)	Often (once a week)	Very often (a few times a week)	Always (every day)
A. Your health							
B. Your finances							
C. Your family or social relationships							
D. Your work							



Q47. Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day

Q48. Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day

Q49. Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge?

- Not at all
- Several days
- More than half the days
- Nearly every day

Q50. Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

- Not at all
- Several days
- More than half the days
- Nearly every day

Q51. In a typical week, how many days do you get at least 20 minutes of *high intensity* physical activity? (High intensity activity lasts at least 10 minutes and increases your heart rate, makes you sweat, and may make you feel out of breath; examples are running, fast cycling, and strenuous, continuous lifting of heavy objects.)

Enter number of days (0–7)

Q52. In a typical week, how many days do you get at least 30 minutes of *moderate intensity* physical activity? (Moderate intensity activity lasts at least 10 minutes and requires more effort than is needed for typical everyday tasks; examples are brisk walking, gardening, and continuous lifting of light objects.)

Enter number of days (0–7)

Q53. Do you use any of the following tobacco products?

	Never	Not any more	Some days	Daily
A. Cigarettes				
B. Cigars				
C. Pipes				
D. Smokeless tobacco				
E. Electronic cigarettes				

Q54. How many drinks of alcoholic beverages do you have in a typical week? (One drink = one beer, glass of wine, shot of liquor, or mixed drink.)

Enter number of drinks

Q55. During the past year, how often have you had more than four drinks if you are a male, or more than three drinks if you are a female, on any single day? (One drink = one beer, glass of wine, shot of liquor, or mixed drink.)

- Never
- Once (1 day)
- A few times (2 or 3 days)
- Often (more than 3 days)

Q56. Think of the foods that are a part of your normal diet. How many servings of fruits and vegetables do you eat in a normal day?

(One serving is any of the following: 1 cup raw leafy greens [about the size of a small fist]; 1/2 cup of other vegetables [cooked or raw]; 1 medium piece of fruit [about the size of a baseball]; 1/2 cup chopped, cooked, or canned fruit; or 3/4 cup vegetable or fruit juice.)

- Less than 1 serving
- 1 serving
- 2 servings
- 3 servings
- 4 servings
- 5 or more servings

Q57. How many hours of sleep do you usually get at night? If you are a shift worker, how many hours of sleep do you get a day?

- 6 or fewer hours
- 7 hours
- 8 hours
- 9 or more hours



Q58. In the past 7 days, how often have you felt sleepy while at work?

- Never
- Rarely
- Sometimes
- Usually
- Always

Q59. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?


- Not at all
- Slightly
- Moderately
- Extremely
- Does not apply/do not have condition

Q60. Are you limited in the kind or amount of work you can do because of a physical, mental, or emotional problem?

- Not at all
- Slightly
- Moderately
- Extremely
- Does not apply/do not have problem

Q61. In the past month...

	Never	Almost never (one time a month)	Rarely (once a week or less)	Sometimes (a few times a week)	Often (once a day)	Very often (a few times a day)	Always (every hour)
A. How often did you not concentrate enough on your work?							
B. How often did you find yourself not working as carefully as you should?							
C. How often did you not work at times when you were supposed to be working?							
D. How often did you get less done than other workers?							



Q62. During the past 12 months, did you experience any work-related injuries?

- Yes
- No

Q63. If you experienced any work-related injuries in the past 12 months, did any of them require any first aid or medical treatment, change in job activities, or lost time from work?

- Yes
- No
- Does not apply/was not injured in the past 12 months

The questions in this section ask about your experiences, feelings, and activities outside of work.

Q64. In general, how satisfied are you with your life?

- Not at all satisfied
- Not too satisfied
- Somewhat satisfied
- Very satisfied

Q65. How worried are you right now about not being able to maintain the standard of living you enjoy?

- Not worried at all
- Not too worried
- Moderately worried
- Very worried

Q66. How worried are you right now about not having enough income to pay your normal monthly bills?

- Not worried at all
- Not too worried
- Moderately worried
- Very worried

Q67. How often do you get the social and emotional support you need from friends, family, or others outside of work?

- Never
- Rarely
- Sometimes
- Always



Q68. In general, how often do you take part in any of the following activities outside of work?

	Never	Almost never (A few times a year or less)	Rarely (Once a month or less)	Sometimes (A few times a month)	Often (Once a week)	Very often (A few times a week)	Always (Every day)	Does not apply
A. Voluntary or charitable activities								
B. Domestic caregiving activities (for example, children, elderly or disabled relatives/ friends, but not in a volunteer or charity setting)								
C. Home maintenance tasks (for example, cooking, cleaning, repairs)								
D. Socializing with friends, family, others								
E. Taking training or education courses								
F. Sporting, cultural, or leisure activities								
G. Relaxation or planned solitary activities								

You have completed the NIOSH WellBQ. Thank you for your time!



Optional Items

The questions in this section ask about your current working arrangements, occupation, and the industrial sector in which you are working. If you have more than one job, please answer questions as they apply to your *main* job.

E1. How would you describe your work arrangement in your job?

- I am an independent contractor, an independent consultant, or a freelance worker.
- I am on call and work only when called to work.
- I am paid by a temporary agency.
- I work for a contractor who provides workers and services to others under contract.
- I am a regular, permanent employee.

E2. Is your job full-time or part-time?

- Full-time
- Part-time

E3. How long have you worked in your job?

- Less than 1 year
- 1–5 years
- 6–10 years
- 10–20 years
- More than 20 years



E4. Select the occupation that best describes the kind of work you do in your job.

- Architecture and Engineering
- Arts, Design, Entertainment, Sports, and Media
- Building and Grounds Cleaning and Maintenance
- Business and Financial Operations
- Computer and Mathematical
- Community and Social Service
- Construction and Extraction
- Education Instruction and Library
- Farming, Fishing, and Forestry
- Food Preparation and Serving Related
- Healthcare Practitioners and Technical
- Healthcare Support
- Installation, Maintenance, and Repair
- Legal
- Life, Physical, and Social Science
- Management
- Material Moving
- Military Specific
- Office and Administrative Support
- Personal Care and Service
- Production
- Protective Service
- Sales and Related
- Transportation
- Other (Please specify): _____

E5. Select the kind of industry or business you work in for your job.

- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Administrative and Support and Waste Management
- Agriculture, Forestry, Fishing, and Hunting
- Construction
- Educational Services
- Finance and Insurance
- Health Care and Social Assistance
- Information
- Management of Companies and Enterprises
- Manufacturing
- Military
- Mining, Quarrying, and Oil and Gas Extraction
- Other Services, Except Public Administration
- Public Administration
- Professional, Scientific, and Technical Services
- Real Estate and Rental and Leasing
- Retail Trade
- Transportation and Warehousing
- Utilities
- Wholesale Trade
- Other (Please specify): _____



The questions in this section ask for basic information about yourself.

D1. What is your age?

- 18–29
- 30–44
- 45–64
- 65 and older

D2. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school
- High school/GED
- Some college
- Bachelor's degree or higher

D3. Do you consider yourself to be Hispanic or Latino?

- Yes
- No
- Refused
- Don't know

D4. What race or races do you consider yourself to be? Please select one or more of these categories.

- White
- Black/African American
- American Indian
- Alaska Native
- Native Hawaiian
- Other Pacific Islander
- Asian
- Some other race
- Refused
- Don't know

D5. Are you male or female?

- Male
- Female
- Refused
- Don't know



D6. Do you think of yourself as gay/lesbian or gay; straight, that is, not gay/lesbian; bisexual; something else; or you don't know the answer?

- Gay/lesbian
- Straight, that is, not gay/lesbian
- Bisexual
- Something else
- I don't know the answer
- Refused
- Don't know

D7. What was your entire household income last year, before taxes?

- <\$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

D8. Are you the head of your household?

- Yes
- No

D9. What is your current marital status?

- Married or living with partner
- Widowed
- Divorced
- Separated
- Never married

D10. How many dependents currently live in your household? Please enter the total number in each age category.

- A. Total number of household members age 0 to 5
- B. Total number of household members age 6 to 12
- C. Total number of household members age 13 to 17
- D. Total number of household members age 18 or older