

2022 SURREY SCHOOLS EMPLOYEE WELLNESS SURVEY



Surrey School District Employee Wellness Survey

The purpose of this survey is to find out how you are doing, to learn about strategies and resources that helped you in your wellness journey and to determine what will be helpful for you moving forward. This survey is **anonymous**, and your answers will be compiled with others' answers so nothing that could identify you through your answers will be included. Your views and answers are really important to us and will guide our future initiatives and planning. A collated report with overall results will be shared in the future.

This Employee Wellness Survey contains a series of questions that will help us understand different aspects of wellness among employees of the Surrey School District. We have included a few background questions to help us understand the connections between employee wellness and the lived experiences, identities, and contexts of employees across the district. Please provide a response to questions you feel comfortable with. We realize that some questions may feel intrusive. We hope you are comfortable enough to answer but understand if you prefer not to say.

We also realize that you've likely participated in past surveys on wellness, especially through 2020 – 2021. The information we obtained from these surveys was very useful. This survey is a little more in depth and will be used to benchmark our efforts. We plan to survey again in a couple of years and compare the results. This will help us measure initiatives for success.

Topics within this survey include:

- Workplace Role and Meaning (e.g., work autonomy, meaningful work, work exhaustion and resiliency, and work-life balance)
- Workplace Development and Commitment (e.g., awareness and use of development and training opportunities, mutual commitment, and work quality and competency)
- Workplace Relationships (e.g., relationships with colleagues, supportive workplace, and identity-safe workplace including experiences of discrimination)
- Personal Life Experiences and Satisfaction (e.g., use of leisure time, physical health conditions, emotional state, life satisfaction, and financial experiences and preparedness)
- Physical wellness (e.g., physical health conditions, vitality, and exhaustion)

This survey is very important as the results will provide insight and recommendations on where to further allocate specific resources with the end goal to positively influence the overall wellness of Surrey School District employees.

Your participation in this survey is completely anonymous and **voluntary**. Your decision to participate will have no influence on your current employment and other position(s) within the Surrey School District. The entire survey will take approximately 20 to 30 minutes to complete. There is no rush to finish the survey in one sitting. Your progress is automatically saved, so you may exit and return to complete the survey before the **survey closes on December 2nd, 2022 (11:59pm)**.

1. What is your employee group?

CUPE – Caretakers and Maintenance

CUPE - Clerical

CUPE – Information Technology

CUPE – School and Community Support

CUPE – Student Support

EPEG/Exempt – Directors of Instruction, Assistant Superintendents, Managers and Other Exempt Employees

SPVPA – Principals, Vice Principals, and District Principals

STA – Teachers and TTOCs

Workplace Role and Meaning

We would like to ask you about Workplace Role and Meaning because we know employees thrive when: (a) they can exercise an appropriate level of control over their work; (b) their role and workplace activities are personally meaningful and purposeful; (c) their career does not cause them to feel emotionally drained, and (d) when work and personal life obligations are adequately prioritized.

2. In your current job position, how often have you felt you had influence or control with regard to the following workplace activities?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure
	1	2	3	4	5	
a. Planning or selecting my work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The way in which I perform or complete my work tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The pace at which I work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In your current job position, how often have you felt you had influence or control with regard to the following classroom activities?¹

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure	Not applicable
	1	2	3	4	5		
a. Selecting textbooks and other instructional materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selecting content, topics, and skills to be taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Selecting teaching techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assessing and grading student work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Implementing student code of conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹Skip logic: Employees who indicate they are Teachers/TTOCs will be given this additional survey item.

4. Over the last THREE MONTHS, how often have you felt the following statements were true?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure	Not applicable
	1	2	3	4	5		
a. I feel emotionally exhausted from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I experience more good days than bad days at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. After a bad day at work, I can rebound and do well the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In your current job position, how often have you felt the following statements to be true while in your workplace?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure
	1	2	3	4	5	
a. My job activities feel meaningful to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that my work has a positive impact on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel a great sense of accomplishment at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. Over the last THREE MONTHS, how often have you felt the following statements related to work-life balance were true for you?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure
	1	2	3	4	5	
a. My work often seems to interfere with my home or personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have difficulty maintaining friendships due to my work schedule or work demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I often put issues in my personal life 'on hold' because of work demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. What is your highest completed education level?

- Some high school
- High school degree or equivalent
- Some college/university
- Bachelor's Degree (e.g., B.A., B.Sc.)
- Post-Baccalaureate degree
- Master's Degree (e.g., M.A., M.Sc., Ph.D)
- Not listed above (please specify) Click or tap here to enter text.
- Prefer not to say

8. Where did you receive your teacher training?²

- Simon Fraser University
- University of British Columbia
- University of the Fraser Valley
- Not listed above (please specify) Click or tap here to enter text.
- Prefer not to say

²Skip logic: Employees who indicate they are Teachers/TTOCs will be given this additional survey item.

Workplace Development and Commitment

We would like to ask you about Workplace Development and Commitment because we know that employees thrive when: (a) they are satisfied with the quality of their work and skills in the workplace; (b) they have professional development and career path advancement opportunities for developing workplace skills; and (c) when they feel their organization is committed to them and values them as an employee.

9. Please rate your level of agreement with the following statements regarding district-provided training opportunities:

	Do not agree 1	Agree a little 2	Somewhat agree 3	Mostly agree 4	Completely agree 5	Prefer not to say / Unsure
a. I am aware of various on-the-job education, training, or professional development opportunities that exist within the school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are opportunities for me to develop new skills within the school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are opportunities for me to develop my current job-related skills within the school district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate your level of agreement with the following statements related to your feelings about the school district:

	Do not agree	Agree a little	Somewhat agree	Mostly agree	Completely agree	Prefer not to say / Unsure
	1	2	3	4	5	
a. This district has shown that it is committed to keeping me as an employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This school district is where I plan to spend most of my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am paid fairly for my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Over the last THREE MONTHS, how often have you felt the following statements related to work performance and satisfaction were true for you?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure
	1	2	3	4	5	
a. I feel satisfied with the quality of my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel competent in achieving the standards or performance requirements for my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How prepared do you feel you are in handling the following teaching activities?³

	Not all prepared	A little prepared	Somewhat prepared	Mostly prepared	Completely prepared	Prefer not to say / Unsure
	1	2	3	4	5	
a. Handle a range of classroom management or discipline situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a variety of instructional methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teach my subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effectively use technology (e.g., laptops, iPads, desktops, etc.) in my classroom instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess student academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use data from student assessments to inform my instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Differentiate my instruction based on the needs of learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Integrate equitable practices in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Intervene to address, prevent, or stop bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Create opportunities to discuss and learn about various forms of discrimination (e.g., racism, sexism, ableism, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³Skip logic: Employees who indicate they are Teachers/TTOCs will be given this additional survey item.

Workplace Relationships

We would like to ask you about Workplace Relationships because we know that employees thrive when: (a) work environments are safe for employees to be their authentic self; (b) positive and healthy relationships with colleagues are established; and (c) supportive workplace practices are implemented to enhance a sense of belonging and inclusivity.

13. Over the last THREE MONTHS, how often have you felt the following statements relating to your relationships and interactions with colleagues and co-workers at your IMMEDIATE workplace in the Surrey School District were true?

	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	Prefer not to say / Unsure
a. We can be open and honest with each other, even when we disagree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We acknowledge and appreciate each other's work and efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We have trust in each other to do our jobs well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Please rate your level of agreement with the following statements regarding equitable practices in your workplace:

	Do not agree 0	Agree a little 1	Somewhat agree 2	Mostly agree 3	Completely agree 4	Prefer not to say / Unsure
a. Overall, the school district is a safe and supportive workplace for everyone, regardless of their background or identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In my immediate workplace, people are supportive of their colleagues regardless of their background and/or identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In my immediate workplace, I feel supported in celebrating or engaging in cultural traditions (e.g., holidays, religious observances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Over the last THREE MONTHS, how often have you personally experienced discrimination including unfair, negative, or adverse treatment in your workplace within the school district based on one or more aspects of your background or identity?

	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4	Prefer not to say / Unsure	Not Applicable
a. Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Disability/ Exceptionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ethnicity/Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Language skills/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Religion/Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

16. Over the last THREE MONTHS, how often have you observed or heard acts of discrimination including unfair, negative, or adverse treatment towards others in your workplace with the school district based on one or more aspects of their background or identity?

	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4	Prefer not to say / Unsure	Not Applicable
a. Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Disability/ Exceptionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ethnicity/Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Language skills/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Religion/Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. What language(s) is/are most often spoken in your home?

Arabic

Cantonese

English

French

Hindi

Indigenous language (please specify)

Korean

Mandarin

Punjabi

Spanish

Tagalog

Urdu

Vietnamese

Not listed above (please specify) [Click or tap here to enter text.](#)

18. Although we all live in Canada, people will sometimes identify themselves by the ethnic backgrounds or cultural groups to which their parents, grandparents, or ancestors belong. How do you identify your ethnic background(s)? Please select all that apply

Indigenous	First Nations	<input type="checkbox"/>
	Métis	<input type="checkbox"/>
	Inuit	<input type="checkbox"/>
	I am unsure of which Indigenous Peoples	<input type="checkbox"/>
Africa	Central Africa	<input type="checkbox"/>
	West Africa	<input type="checkbox"/>
	East Africa	<input type="checkbox"/>
	North	<input type="checkbox"/>
	South	<input type="checkbox"/>
	I am unsure of the region within Africa	<input type="checkbox"/>
Asia	Central Asia	<input type="checkbox"/>
	East	<input type="checkbox"/>
	South	<input type="checkbox"/>
	Southeast	<input type="checkbox"/>
	Western Asia	<input type="checkbox"/>
	I am unsure of the region within Asia	<input type="checkbox"/>
Europe	Western Europe	<input type="checkbox"/>
	Northern Europe	<input type="checkbox"/>
	Southern Europe	<input type="checkbox"/>
	Eastern Europe	<input type="checkbox"/>
	I am unsure of the region within Europe	<input type="checkbox"/>

Latin America	Caribbean	<input type="checkbox"/>
	Central America	<input type="checkbox"/>
	Mexico	<input type="checkbox"/>
	South America	<input type="checkbox"/>
	I am unsure of the region within Latin America	
Pacific Islands and Oceania	(e.g., Australia, Fiji, New Zealand, etc.)	<input type="checkbox"/>
	I am unsure of the region within the Pacific Islands and Oceania	<input type="checkbox"/>
Not listed above (please specify)	Click or tap here to enter text.	Not listed above (please specify)
Prefer not to answer / Unsure		<input type="checkbox"/>

19. How would you describe your religious affiliation or spirituality?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion, but spiritual

No religion and/or secular perspectives

Not listed above (please specify) Click or tap here to enter text.

I prefer not to say

20. What is your gender identity?

I identify as a man

I identify as a woman

I identify as non-binary (either I identify as a woman AND a man, and/or I identify as NEITHER a woman nor a man)

I identify as two-spirited

I identify as something else not listed here (please specify) Click or tap here to enter text.

I am unsure

I prefer not to say

21. Do you identify as transgender (meaning your gender identity does not align with the gender assigned to you at birth)?

Yes

No

I prefer not to say

22. How do you define your sexual orientation?

- Asexual/Aromantic
- Bisexual
- Gay/Lesbian
- Heterosexual/Straight
- Unsure/questioning
- Not listed above (please specify) Click or tap here to enter text.
- I prefer not to say

23. What is your age?

- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75+ years
- Prefer not to say

24. How do you describe your disability/ability status? We are interested in this identification regardless of whether you typically request accommodations for this disability (Please select all that apply).

Learning disability

Long-term medical illness

Mental health disorder

Mobility impairment

Sensory impairment

Developmental disability

I do not identify with a disability or impairment

Not listed above (please specify) Click or tap here to enter text.

I prefer not to say

Personal Life Experiences and Satisfaction

We would like to ask you questions about your Personal Life Experiences and Satisfaction because we understand that employees thrive when they: (a) have a positive and healthy mental state; (b) have an overall sense of happiness and fulfillment in their life; (c) are able to engage in leisure activities and spend time with family and friends; (d) are in good physical health; and (e) are financially well and prepared to handle costs of living.

25. Over the last THREE MONTHS, how often have you felt the following to be true?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure	Not applicable
	1	2	3	4	5		
a. I feel more happiness than sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel more encouraged than discouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel more relaxed than anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Over the last THREE MONTHS, how often have you engaged in the following activities outside of work?

	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	Prefer not to say / Unsure	Not Applicable
a. I have spent quality time with my family, friends, and/or other social support network members/groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have spent time away from work engaging in self-care, and/or pursuing or engaging in activities that interest me (e.g., hobbies, travel, community activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My work often seems to interfere with my home or personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please rate your level of agreement on the following statements regarding your life satisfaction:

	Do not agree	Agree a little	Somewhat agree	Mostly agree	Completely agree	Prefer not to say / Unsure
	1	2	3	4	5	
a. I am satisfied with the life I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am optimistic about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel that my life has purpose and meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Over the last THREE MONTHS, how often have you felt the following was true of your physical health?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Prefer not to say / Unsure
	1	2	3	4	5	
a. I get an adequate amount of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get an adequate amount of exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have a healthy food diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Over the last THREE MONTHS, how often have you experienced difficulties with the following financial situation?

	None of the time 0	A little of the time 1	Some of the time 2	Most of the time 3	All of the time 4	Prefer not to say / Unsure	Not Applicable
a. Paying monthly bills and other living costs on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Financially supporting someone else (e.g., children, significant other, family member, and/or other adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Currently, how prepared do you feel you are to face the following financial situation?

	Not at all prepared 0	A little prepared 1	Somewhat prepared 2	Mostly prepared 3	Completely prepared 4	Prefer not to say / Unsure
a. Being unable to work and earn income for up to 3 months due to illness, injury, or any other personal situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How long have you been an employee of the Surrey School district?

0-1 year

2-5 years

6-10 years

11-15 years

16 or more years

33. Please choose the grade level(s) of students with whom you worked in the past 3 months most or all of the time. (Please select all that apply)

- | | |
|--------------------------------------|--------------------------|
| Pre-K | <input type="checkbox"/> |
| Kindergarten | <input type="checkbox"/> |
| Grade 1 | <input type="checkbox"/> |
| Grade 2 | <input type="checkbox"/> |
| Grade 3 | <input type="checkbox"/> |
| Grade 4 | <input type="checkbox"/> |
| Grade 5 | <input type="checkbox"/> |
| Grade 6 | <input type="checkbox"/> |
| Grade 7 | <input type="checkbox"/> |
| Grade 8 | <input type="checkbox"/> |
| Grade 9 | <input type="checkbox"/> |
| Grade 10 | <input type="checkbox"/> |
| Grade 11 | <input type="checkbox"/> |
| Grade 12 | <input type="checkbox"/> |
| Adult students/learners | <input type="checkbox"/> |
| I do not work directly with students | <input type="checkbox"/> |



34. Do you work at one school/site or multiple?

One school/site	<input type="checkbox"/>
More than one school/site	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

35. Look at the map to identify the region of the Surrey School District you work in most and select the region from the options listed in the table below.

City Centre	<input type="checkbox"/>
Cloverdale and Clayton	<input type="checkbox"/>
Guildford	<input type="checkbox"/>
Newton and Fleetwood	<input type="checkbox"/>
Panorama and Sullivan	<input type="checkbox"/>
South Surrey and White Rock	<input type="checkbox"/>
District Education Centre (DEC)	<input type="checkbox"/>
Resource and Education Centre (REC)	<input type="checkbox"/>
Prefer not to say / Unsure	<input type="checkbox"/>

36. Based on your selected region, [name of region], please select your primary worksite/location from the map below. [Please select one site where you work most of the time]

37. What is your current employment status with the school district?

Full-time

Part-time or Job Share

Spareboard or TTOC

Not listed above (please specify)

Click or tap here to enter text.

Prefer not to say

38. What is the annual wage (before taxes) of your current job with Surrey School District?

Less than \$15,000

\$15,000 to \$34,999

\$35,000 to \$49,999

\$50,000 to \$74,999

\$75,000 to \$99,999

\$100,000 to \$124,999

\$125,000 to \$149,999

\$150,000 to \$179,999

\$180,000+

Prefer not to say

39. Do you currently have paid employment outside of the school district? Select all that apply

No

Yes, full time

Yes, part-time

Yes, contract-based or term assignments

Yes. auxiliary/casual with another employer

Prefer not to say

Survey Completion

Thank you for completing this survey.

If you like to enter your name into the draw, please click **here**

As we continue to better understand and improve resources and supports for employee wellness, we will be conducting **Focus Group Discussions** and/or **Conversation Cafes** to listen to the stories and experiences you have had working with our school district. If you would like to participate in these sessions, please click on the following link, which will exit you from this survey, to ensure your anonymity, and open a new form to enter your contact details.

Please provide your email address so we can notify you about the dates and times for the **Focus Group Discussions** and/or **Conversation Cafes** whenever they are finalized.

First name Click or tap here to enter text.

Last name Click or tap here to enter text.

Email address: Click or tap here to enter text.



About the survey domains

The Surrey School’s Employee Wellness Survey is intended to collect data across four scales related to the wellness of employees. Below is an overview of the scales, sub-scales, and question items⁴

Scales	Sub-scales	Questions
1. Workplace Role & Meaning	Work Autonomy Work Autonomy in the Classroom (Teacher version) Work Exhaustion and Resiliency Meaningful Work Work-Life Balance	2a – 2c 3a – 3e 4a – 4c 5a – 5c 6a – 6c
2. Workplace Development & Commitment	Development and Training Opportunities Mutual Commitment Work Quality and Competency Work Quality and Competency (Teacher version)	9a – 9c 10a – 10c 11a – 11b 12a – 12j
3. Workplace Relationships	Relationships with Colleagues Equitable Workplace Identity Safe Workplace – Experienced and Observed Discrimination	13a – 13c 14a – 14c 15a – 15g and 16a – 16g
4. Personal Life Experiences & Satisfaction	Emotional State Use of Leisure Time Life Satisfaction Physical Health Conditions Financial Experiences	25a – 25c 26a – 26c 27a – 27c 28a – 28c 30a – 30b, 31

⁴ CFI, TLI, RMSEA and Model Fit: (1) Workplace Role and Meaning = .983, .975, .051, Good Fit; (2) Workplace Development and Commitment = .994, .990, .036, Good Fit; (3) Workplace Relationships = .995, .992, .033, Good Fit; and (4) Personal Life Experiences and Satisfaction = .958, .945, .056, Good Fit.

5. Employment Information

Employee group
Length of time with the district
Grade levels taught
Geographic location in the district
Current employment status
Current annual wage
Other employment

1
32
33
34 – 36
37
38
39

6. Demographics

Education level
Teacher training (Teacher version)
Language spoken
Ethnicity
Religious affiliation
Gender identity
Transgender identity
Sexual orientation
Age
Disability/ability status

7
8
17
18
19
20
21
22
23
24