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*Note.* This supplemental file was submitted by the author as an extra resource should the reader want more information and have been posted online due to space limitations at <https://www.neha.org/jeh-supplementals>. The *Journal of Environmental Health* did not copy edit this text, nor was it peer reviewed.

## Survey Text Entered into Microsoft Forms

### Survey for Workers in Food & Beverage Facilities

This survey is for people who work in a food or beverage service setting (coffee shops, bars, delis, restaurants, etc.). The information we gather from this survey will help us understand restaurant worker's preferences for receiving food safety information, how they view food safety inspections, and their perceptions of employee illness behaviors. The survey will take about 10 minutes to complete. The information we collect is anonymous, confidential, and will not be tied to your name or email address.

1. This survey is for people who work in a food or beverage service setting (coffee shops, bars, delis, restaurants, etc.). Do you work in one of these settings?  
 Yes (continue survey)  No (thank you for your time)
2. What are your primary work duties at this job? [Check only one]  
 Cooking  Food preparation  Front of the house service  Bartending/Coffee service  
 Dishwashing  Management  Other: \_\_\_\_\_
3. How many years have you worked in food service? [Check only one]  
 Less than 1 year  1-5 years  6-10 years  11-15 years  More than 15 years
4. Have you ever been a Certified Food Protection Manager (such as by passing an ANSI accredited program such as ServSafe, Prometric, National Registry of Food Safety Professionals, 360Training, or AboveTraining)?  
 Yes  No *If yes, is the certification still valid?*  Yes  No
5. How long have you been employed at your current restaurant? [Check only one]  
 Less than 1 year  1-5 years  6-10 years  11-15 years  More than 15 years
6. Where do you get your food safety information from? (Check all that apply)

Electronic newsletters  Blogs  Social Media  Websites  Magazines  Classes and trainings  Coworkers  Supervisor  CFPM course  Health Inspector  Health Department website  I don't receive information about food safety  Other: (open ended)

**7.** What is your preferred method to receive food safety information? (Choose your top 3)

- Email (newsletters, updates)
- Web content (blogs, websites)
- Social media
- Virtual trainings or presentations
- In-person trainings or presentations (course/classroom)
- Mail flyers
- Conversations with health inspector
- My Supervisor or colleagues

**8.** In the past 12 months have you utilized any of the following resources to obtain food safety information? (Check all that apply)

- Minnesota Department of Health Website
- Local Health Department Website
- Minnesota Department of Agriculture Website
- Minnesota Department of Health Gov Delivers (via email)
- Asked your inspector a question in person
- Emailed your inspector or inspecting agency
- Called your inspector or inspecting agency
- I have not used any of the above in the past 12 months
- Other: (open ended)

**9.** What food safety topics do you wish you had more information on? (Check all that apply)

- Foodborne illness prevention
- Food Code requirements
- Food safety for new food trends
- Equipment requirements
- Food recalls or consumer warnings

General food safety

Other: \_\_\_\_\_

**10.** In general, how beneficial are Health Department inspections to your operation?

Very beneficial  Somewhat beneficial  Not at all beneficial  Unsure

**11.** Are there any things you would want to change about your inspection process by the Health Department?

Yes  No  I'm not involved with health inspections

If yes, what would you change? (Open Ended)

**12.** Please rate your overall satisfaction of interactions with your health inspector:

Very satisfied  Somewhat satisfied  Neither satisfied nor dissatisfied  Somewhat dissatisfied  Very dissatisfied  I don't interact with my inspector (skip to 14)

**13.** Has your relationship changed with your inspector over the last 2 years due to COVID-19?

Yes  No  Unsure  If yes, how has your relationship changed? (Open ended)

**14.** Do you feel that you have enough training to effectively provide safe food to your patrons?

Yes  No  Unsure

**15.** What would make you more effective in your role of assuring safe food practices are followed in the workplace?

Additional trainings provided by your management  Additional trainings provided by the health department  More communication from the health department on requirements and food code updates  Paid sick leave so I don't work while ill  Food safety factsheets  Food safety videos  Other: (open ended)

**16.** In the past 3 months, have you experienced vomiting or diarrhea?

Yes  No  Unsure

b. If yes, did you tell your supervisor that you were experiencing vomiting or diarrhea before reporting to work?

Yes  No

c. If no, why didn't you tell your Supervisor that you were sick with vomiting or diarrhea?  
(Check all that apply)

I felt it was too personal  I wasn't working the days I was symptomatic

- I wasn't contagious     I was worried there would be consequences from management  
 I didn't want to lose my shift     I didn't know I was supposed to     Unsure  
 Other: \_\_\_\_\_

**17.** Does your restaurant management require workers to report when they are ill with vomiting or diarrhea?

- Yes     No     Unsure

**18.** If a worker says they are ill with vomiting or diarrhea, how does management respond?

- Do nothing  
 Put worker in non-food area     Send worker home     Assign worker to other activities     Unsure     Other:

**19.** Does management at your restaurant maintain an illness log to record employee illness?

- Yes     No     Unsure

a. If No, doesn't management maintain an illness log to record employee illness?

- Unaware of log requirement     Management has a log but doesn't maintain it     Management is aware of log requirement but there are too many other things to keep track of  
 Unsure     Other:

**20.** What would you do if a customer called and said they became sick after eating at your restaurant? (check all that apply)

- Notify management     Notify Health Inspector     Take down name and number of the caller  
 Contact restaurant corporate office     Do nothing with it     Investigate internally     Unsure  
 Other: (open ended)

**21.** Please indicate which of the following categories best describes your age:

- 15-20 years     21-30     31-40 years     41-50 years     51-60 years     61+ years

**22.** What is your primary language (the language that you speak best)?

- |                                  |  |                                 |   |
|----------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese (any dialect) | <input type="checkbox"/> Korean | <input type="checkbox"/> German               |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese              | <input type="checkbox"/> Hmong  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Somali | <input type="checkbox"/> Prefer not to answer |

**23.** If you have any additional comments that you would like to provide, please enter them here: