

Healthy Workplace Assessment Survey

How healthy is your workplace? Choose the answer that best describes your work environment. While there are no right or wrong answers, thinking about, and answering these questions can help you point your workplace wellness program in the right direction.

Smoking

1. Is there a *written* smoke-free work environment policy?
 Yes No

If yes, what is the extent of the ban?

- A partial ban on smoking (i.e. designated areas are smoke-free)
 Smoking allowed on the grounds but not in the building
 A total ban throughout the premises

2. Is the policy posted or distributed to all employees?
 Yes No

3. Are there any types of incentives for non-smokers or those who quit smoking?
 Yes No

If yes, explain _____

4. Does your organization offer on-site smoking cessation programs or self-help materials?
 Yes No

5. Does your organization allow tobacco sales on site (i.e. vending machines, vendors)?
 Yes No

6. Does your organization provide anti-smoking educational materials/messages to the general employee population?
 Yes No

Nutrition

7. Does your organization have vending machines for employees?
 Yes No

If yes,

Do vending machines provide labels indicating “healthy” foods?

Yes No

8. Has your organization ever contacted your vending company to request an increase in the number of “healthier” food selections?

Yes No

9. Does your organization have a cafeteria?

Yes No

If yes,

Does the cafeteria provide labels indicating “healthy” foods?

Yes No

10. If your organization provides snacks at business functions/meetings are there nutritious choices?

Yes No

Physical Activity

11. Does your organization provide a shower and changing facility for employees who want to exercise during off hours?

Yes No

12. Does your organization have an exercise facility on site?

Yes No

If yes,

Do you subsidize membership fees?

Yes No

What percentage?

Is there credentialed staff to supervise activities?

Yes No

Is the facility open before and after work?

Yes No

Are employees required to complete an

orientation to the exercise equipment

Yes No

13. Does your organization offer a corporate discount for employees to join a local exercise facility?

Yes No

14. Does your organization sponsor sports teams or events (corporate challenges) for employees?

Yes No

15. Does your organization provide any type of incentives for engaging in physical activity?

- Yes No

If yes, indicate incentives:

16. Does your organization sponsor/organize a walking club?

- Yes No

17. Does your organization offer on-site weight management programs?

- Yes No

18. Does your organization offer any onsite physical activity classes (i.e. aerobics, yoga)?

- Yes No

Stress

19. Does your organization provide an employee assistance program (EAP)?

- Yes No

20. Does your organization offer on-site stress management programs (i.e. videos/lectures pertaining to relaxation training, assertiveness, communication, time management)?

- Yes No

21. Does your organization provide a non-smoking employee lounge, courtyard, or walking trail where employees can take a break?

- Yes No

22. Does your organization offer other onsite convenience services (e.g. postal services, dry cleaning, and day care)?

- Yes No

23. Does your organization allow flexible work scheduling policies (flextime/work at home)?

- Yes No

Screenings

24. Does your organization provide on-site blood pressure screenings?

- Yes No

25. Does your organization provide on-site cholesterol screenings?

- Yes No

26. Does your organization provide health risk assessments?

- Yes No

27. Does your organization have onsite medical staff?

- Yes No