

Worksite Health Access Survey

A. Physical Activity

1. What types of facilities or resources does your organization provide for employees to engage in physical activity?

2. Does your worksite have a place for employees to go for a walk? Yes No
 - a. If yes, can employees walk: Indoors or Outdoors
 - b. If yes, is this place: *(check all that apply)*
 - Well lit
 - Safe from traffic, cars and machinery
 - Secure from intruders
 - Well ventilated
 - Attractive

3. Does your organization have organized physical activities for employees? Yes No

4. Does your organization have access to physical activity facilities? Yes No

5. Does your organization have access to an indoor exercise facility? Yes No
If yes, what equipment does it provide: *(check all that apply)*
 - Aerobic equipment (e.g. bikes, stair climbers, treadmills)
 - Running track
 - Swimming pool
 - Strength training equipment
 - Other _____

6. When is the exercise facility open? *(check all that apply)*
 - Before work hours
 - After work hours
 - During work hours

Is the facility free or discounted to employees? Free Discounted

Can family members of employees use the facility? Yes No

7. Does your organization subsidize memberships to off-site physical activity facilities? Yes No

8. Does your organization encourage the use of stairs for physical activity? Yes No

9. Does your organization provide any incentives or rewards to employees who are physically active? Yes No

10. Does your organization offer a health plan which provides discounts for health club membership? Yes No

B. Nutrition

11. Can employees in your organization obtain food or snacks at the workplace? Yes No
If no, please skip to question #14.

12. Where are the food or snacks offered? *(check all that apply)*
 - Cafeteria
 - Break room or company kitchen
 - Canteen truck/snack bar
 - Vending machines
 - Caterer
 - Other: (describe) _____

13. If your organization has vending machines, what types of food are available through the machines? (*check all that apply*)
- Candy, chips, or cookies
 - Soda
 - Pretzels
 - Fresh vegetables/ Salads
 - 100 % fruit juice
 - Fresh fruit/ Dried fruit
 - Granola bars or trail mix
 - Yogurt/One % or skim milk
 - Water
14. Can your employees obtain any of the following foods in the work place? (*check all that apply*)
- Fresh fruit
 - 100 % fruit juice
 - Cooked vegetables
 - Fresh salads
 - Fat free or low fat salad dressing
 - One % or skim milk
 - Fat free or low fat yogurt
15. Does your organization have written policies or guidelines to ensure that fruit, vegetables and salads are offered at catered meetings? Yes No
16. Does your organization have a place where employees can refrigerate and heat meals? Yes No
17. Does your organization offer nutrition education programs to your employees? Yes No
18. Does your organization offer weight control programs? Yes No
19. Does your organization offer reimbursement or discounts for dietary counseling, whether through health insurance or direct subsidy? Yes No

C. Smoking

20. Does your organization have a written smoke-free environment policy? Yes No
 a. If no, go to 24.
21. Are employees who violate the policy penalized in any way? Yes No
22. Where is smoking prohibited? (*check all that apply*)
- In offices
 - Throughout the office buildings
 - Throughout the grounds
 - In company vehicles
23. Where is smoking permitted? (*check all that apply*)
- In designated areas of office buildings
 - Outside of office buildings
 - In company vehicles
24. Do you offer programs to help employees quit smoking? Yes No
25. Does your organization offer reimbursement or discounts to employees who enroll in programs to quit smoking, whether through health insurance or direct subsidy? Yes No

D. Other Health Programs

26. In the past 12 months, has your organization offered employees any health education classes, workshops, lectures or special events? Yes No

27. In the past 12 months, has your company offered any of the following health screening services: *(check all that apply)*
- Blood pressure screening
 - Cholesterol screening
 - Blood sugar screening
28. Are your employees allowed to use paid work time to participate in health-related activities? Yes No
- a. If yes, is this for: Activities at work? Time off to participate elsewhere?
- b. If yes, in which activities are employees allowed to use paid work time for participation? *(check all that apply)*
- Blood pressure screening
 - Cholesterol or blood sugar screenings
 - Nutrition classes
 - Physical activity
 - Classes to quit smoking
 - Weight control programs
 - Stress management
29. Does your organization have a written flextime policy? Yes No
30. Does your organization participate in an Employee Assistance Program (EAP)? Yes No
31. In the past 12 months, has your organization solicited feedback from employees on the types of health programs and services that would be beneficial to them? Yes No
32. Does your organization have a budget for colleague health promotion? Yes No
32. Is there a designated person, group or committee within your organization who is responsible for employee health promotion? Yes No
34. Does your organization offer family leave for employees to care for sick family members? Yes No

E. About Your Organization

35. How would you describe the attitude of your organization's leadership toward the promotion of health among your colleagues?
- Strongly supportive
 - Somewhat supportive
 - Neutral attitude
 - Not very supportive
 - Not at all supportive
36. Which of the following statements best describes your organization's health insurance benefit?
- We do not offer health insurance to employees
 - We offer a health insurance plan, but do not contribute a %age of the premium
 - We offer a health insurance plan and contribute a %age of the premium
37. Does your organization work more than one shift per day? Yes No
- a. If yes, do employees on all shifts have equal access to the following resources? *(check all that apply)*
- Physical activity programs
 - Fresh fruits, vegetables and low fat foods
 - Health screenings
 - Nutrition education programs
 - Weight loss programs
 - Tobacco cessation programs
 - Safety

Thank you very much for participating.