

Work Environment Assessment

Please answer all questions based on the last 12 months within your organization.

WORKSITE DEMOGRAPHICS

Please indicate which corresponds to your organizations primary industry?

- Manufacturing
- Labor
- Consumer/Retail
- Schools
- Health Care/Hospitals
- Higher Education/Non-Profit Entity
- Government/Regulated Industry
- Other: _____

About what percent of the workforce is unionized?

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%

How many full-time employees does your organization have? _____

How many part-time or seasonal employees does your organization have?

Are part-time/seasonal employees eligible for medical benefits? _____

What is the average employee age? _____

What is the gender ratio? % Male _____ % Female _____

Does your organization have any language or other cultural barriers that would prohibit wellness? Yes No

If yes,
What are the primary languages spoken?

Does your organization provide translation services? Yes No

What is your peak season?

- Winter
- Spring
- Summer
- Fall

If more than one location, please break down employee count by location.

Location #1 _____ Employees _____
Location #2 _____ Employees _____
Location #3 _____ Employees _____

Does your organization have shift work?

Shift start time _____ Break _____ Shift end time _____
Shift start time _____ Break _____ Shift end time _____
Shift start time _____ Break _____ Shift end time _____

Does your organization provide flexible work scheduling policies (flextime/work at home)?

- Yes No

SMOKING

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

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

Are there any types of incentives for non-smokers or those who quit smoking?

- Yes No

If yes, explain _____

Does your organization offer on-site smoking cessation programs or self-help materials?

Yes No

Does your organization allow tobacco sales on site (i.e. vending machines, vendors)?

Yes No

Does your organization provide anti-smoking educational materials/messages to the general employee population?

Yes No

If yes, do you promote AmeriHealth's Healthy Lifestyles Smoking Cessation reimbursement program?

Yes No

NUTRITION

Does your organization have vending machines for employees?

Yes No

If yes,

Do vending machines provide labels indicating "healthy" foods?

Yes No

Has your organization ever contacted your vending company to request an increase in the number of "healthier" food selections? Yes No

Does your organization have a cafeteria? Yes No

If yes,

Does the cafeteria provide labels indicating "healthy" foods?

Yes No

Does your organization subsidize or provide free food options for employee meetings? Yes No

If yes,

Provide nutritious food options (apples, juices, popcorn, etc..)

Provide non-nutritious food options (donuts, cakes, soda, etc..)

PHYSICAL ACTIVITY

Does your organization provide a shower and changing facility for employees who want to exercise during off hours? Yes No

Does your organization have an exercise facility on site? Yes No

If yes,

Do you subsidize membership fees? Yes No

What percentage? _____

Are there credentialed staff to supervise activities? Yes No

Is the facility open before and after work? Yes No

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

Yes No

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

Yes No

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

Yes No

If yes, indicate incentives:

Does your organization sponsor/organize a walking club?

Yes No

Does your organization offer on-site weight management programs?

Yes No

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

Yes No

Does your organization promote AmeriHealth's Healthy Lifestyles Weight Management/Fitness reimbursement programs? Yes No

STRESS

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

Yes No

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

Yes No

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

Yes No

SCREENINGS

Does your organization provide on-site blood pressure screenings?

Yes No

Does your organization provide on-site blood screenings (cholesterol, glucose)?

Yes No

Does your organization provide health risk assessments? Yes No

ADMINISTRATIVE

Does your organization have a wellness committee? Yes No

If yes,

Does it meet at least quarterly? Yes No

Does it include one senior manager? Yes No

Does it have a written mission statement? Yes No

Does it have a budget? Yes No

Is it a standing committee? Yes No

Does your organization have an individual responsible for the delivery/oversight of a health promotion/wellness program?

Yes No

Does your organization have onsite medical staff?

Yes No

Does your organization provide general health improvement messages to the employee population through posters, brochures, newsletters, videos, lectures, etc..?

Yes No

If yes, how? _____

Does senior management support worksite health promotion through an annual message to employees (memo, personal address, newsletter article)?

Yes No

Does your organizations worksite program have a theme, logo, or name?

- Yes No

Does your organization have a conference room to conduct programs?

- Yes No

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

- Yes No

Other important information about your organization:
