

## 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 has it been 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” food choices?

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” food choices?

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,**

a. Do you subsidize membership fees?

Yes  No

What percentage? \_\_\_\_\_

b. Is there credentialed staff to supervise activities?

Yes  No

c. Is the facility open before and after work?

Yes  No

d. Are employees required to complete an

Yes  No

orientation to the exercise equipment?

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:**

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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 training, good communication skills, 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