

Work-Site Survey
Policies and Programs Related to Cardiovascular Health

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Respondent: _____ Title/Function: _____

Phone number: (_____) _____ - _____

A. Physical Activity

What types of facilities or resources does your organization provide for employees to engage in physical activity? Please tell us if your organization offers the following resources by placing an 'X' in the "Yes" or "No" box.

	<u>Yes</u>	<u>No</u>
1. Does your company have a place for employees to go for a walk?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, can employees walk: <input type="checkbox"/> Indoors ('X' all that apply) <input type="checkbox"/> Outdoors		
b. if yes, is this place		
Well lit	<input type="checkbox"/>	<input type="checkbox"/>
Safe from traffic, cars and machinery	<input type="checkbox"/>	<input type="checkbox"/>
Secure from intruders	<input type="checkbox"/>	<input type="checkbox"/>
Well ventilated	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have organized physical activities for employees?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization have showers available for employee use?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have <u>outdoor</u> physical activity facilities for employees (such as basketball courts, walking trail)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization have an <u>indoor</u> exercise facility?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what equipment does it provide: <input type="checkbox"/> Aerobic equipment (e.g. bikes, stair climbers, treadmills) ('X' all that apply) <input type="checkbox"/> Running track <input type="checkbox"/> Swimming pool <input type="checkbox"/> Strength training equipment <input type="checkbox"/> Other _____		
b. When is the exercise facility open? ('X' all that apply)		
<input type="checkbox"/> before work hours		
<input type="checkbox"/> after work hours		
<input type="checkbox"/> during work hours		
c. Is the facility free or discounted to employees?	<input type="checkbox"/>	<input type="checkbox"/>
d. Can family members of employees use the facility?.....	<input type="checkbox"/>	<input type="checkbox"/>

- e. Is the facility open for all shifts?
6. Does your organization subsidize memberships to off-site physical activity facilities? .
7. Does your organization have stairs that employees can use for physical activity?.....
8. Does your organization provide any incentives or rewards to employees who are physically active?
9. Does your organization offer a health plan which provides discounts for health club membership?

B. Nutrition

Yes **No**

10. Can employees in your organization obtain food or snacks at the workplace?.....
If no, please skip to question #12.

11. Where are the food or snacks offered? ('X' all that apply)

- Cafeteria
- Break room or company kitchen
- Canteen truck
- Vending machines
- Caterer
- Other (describe): _____

12. Can your employees obtain any of the following foods in the work place? ('X' all that apply)

- Fresh fruit
- 100% fruit juice
- Cooked vegetables
- Fresh salads
- Fat free or low fat salad dressing
- 1% or skim milk
- Fat free or low fat yogurt

Yes **No**

13. Is free food available in the work place?.....
If no, please skip to question #13

14. Are any of the following foods available free? ('X' all that apply)

- Fresh fruit
- 100% fruit juice
- Cooked vegetables
- Fresh salads
- Fat free or low fat salad dressing
- 1% or skim milk
- Fat free or low fat yogurt

15. Does the cafeteria or canteen truck display offer nutritional analysis of the foods it provides, for example information on calories, fat or sugar content?

16. Does your organization have written policies or guidelines to ensure that fruit, vegetables and salads are offered at catered meetings?.....

17. Does your organization have a place where employees can refrigerate and heat meals?

18. Does your organization have vending machines?
 If yes, what types of food are available through the machines? ('X' all that apply)

- Candy, chips, or cookies
- Soda
- Pretzels
- Fresh vegetables
- Salads
- 100% fruit juice
- Fruit
- Granola bars or trail mix
- Yogurt
- 1% or skim milk
- Water

Yes **No**

18. Does your organization offer nutrition education programs to your employees?

19. Does your organization offer weight control programs?

20. Does your organization offer reimbursement or discounts for dietary counseling, whether through health insurance or direct subsidy?

C. Smoking

Yes **No**

21. Does your organization have a written smoke-free environment policy?

22. Are employees who violate the policy penalized in any way?

23. Where is smoking prohibited? ('X' all that apply)

- In offices
- Throughout the office buildings
- Throughout the grounds
- In company vehicles

24. Where is smoking permitted? ('X' all that apply)

- In offices
- In designated areas of office buildings
- Outside of office buildings
- In company vehicles

25. Do you offer programs to help employees quit smoking?

26. Does your organization offer reimbursement or discounts to employees who enroll in programs to quit smoking, whether through health insurance or direct subsidy?

D. Other Health Programs

Yes **No**

27. In the past 12 months, has your organization offered employees any health education classes, workshops, lectures, or special events?

28. In the past 12 months, has your company offered any of the following health screening services: ('X' all that apply)

- Blood pressure screening
- Cholesterol screening
- Blood sugar screening

Other -describe _____

29. Are your employees allowed to use paid work time to participate in health-related activities?

a. If yes, is this for activities at work
 time off to participate elsewhere?

b. If yes, what activities are employees allowed to use paid work time to participate in ('X' all that apply)

- Blood pressure screening
- Cholesterol or blood sugar screenings
- Nutrition classes
- Physical activity
- Classes to quit smoking
- Weight control programs
- Stress management

Yes **No**

30. Does your organization have a written flextime policy?.....

31. Does your organization participate in an Employee Assistance Program (EAP)?

32. 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?

33. Does your organization have a budget for health promotion?.....

34. Is there a designated person, group or committee within your organization who is responsible for employee health promotion?

35. Does your organization offer family leave for employees to care for sick family members?

E. About Your Organization

36. How would you describe the attitude of your organization's executive management toward the promotion of cardiovascular health among your employees?

- Strongly supportive
- Somewhat supportive
- Neutral attitude
- Not very supportive
- Not at all supportive

37. 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 percentage of the premium
- We offer a health insurance plan, and contribute a percentage of the premium

38. How many employees work in your organization? (include full and part time employees)

- Less than 50
- 50 to 99
- 100 to 149
- 150 to 199
- 200 to 249

39. What percentage of your employees (both full and part time) are in the following racial/ethnic categories?
Your best estimate is fine.

- Percent*
- _____ White, not of Hispanic origin
 - _____ Black, not of Hispanic origin
 - _____ Hispanic
 - _____ Asian or Pacific Islander
 - _____ American Indian or Alaskan Native
 - _____ Multi-racial

40. What percentage of your employees are women? *Percent:* _____

41. What percentage of your employees are disabled? *Percent:* _____

42. What percentage of your employees are: *Percent:* _____ Full-time
_____ Part-time
_____ Satellite employees

Yes **No**

43. Does your organization work more than one shift per day?

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

Thank you very much for participating.