

NC HEALTHSMART WORKSITE WELLNESS Policy & Environment Survey

- Directions:**
- This survey is completed by the worksite wellness committee members only.
 - Please circle your answer to each of the questions.
 - Choose N/A on any question that does not apply to your worksite.

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| 1. Does your worksite have any written policy or policies recommending the use of healthier foods for holiday celebrations or staff meetings? | Yes | No | Not Sure | N/A |
| 2. If Yes, are employees told about the healthy foods policy or policies during orientation? | Yes | No | Not Sure | N/A |
| 3. Does your worksite have a refrigerator designated for food for employees to use? | Yes | No | Not Sure | N/A |
| 4. Does your worksite have any equipment and sink access available for employees to use to prepare and eat meals? | Yes | No | Not Sure | N/A |
| 5. Does your worksite have any vending machines? | Yes | No | Not Sure | N/A |
| 6. If Yes, do the vending machine(s) offer at least 5 healthy choices? Healthy choices include fresh fruits, whole grain chips, or baked chips, etc. | Yes | No | Not Sure | N/A |
| 7. Does your worksite have a cafeteria? | Yes | No | Not Sure | N/A |
| 8. If Yes, Does your cafeteria offer at least 5 healthy choices like 100% juice products, fresh fruits, or whole grain products? | Yes | No | Not Sure | N/A |
| 9. Has information on healthy food choices been provided to employees in the past year? How? _____ | Yes | No | Not Sure | N/A |
| 10. Does your worksite have any written policy or policies encouraging physical activity during the workday? | Yes | No | Not Sure | N/A |
| 11. Does your worksite have stairs? | Yes | No | Not Sure | N/A |
| 12. If yes, are the stairs safe, clean and well-lit? | Yes | No | Not Sure | N/A |
| 13. Does your worksite have a safe place for walking or other activities on-site or near-by? Name of near-by facility _____ | Yes | No | Not Sure | N/A |
| 14. Does your worksite sponsor any physical activities, teams or clubs? Name of activity: _____ | Yes | No | Not Sure | N/A |
| 15. Does your worksite sponsor any community-based activities, teams or clubs? Name of activity: _____ | Yes | No | Not Sure | N/A |

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| 16. Has information on physical activity been provided to employees in the past year? How provided? _____ | Yes | No | Not Sure | N/A |
| 17. Does your worksite have any written policy or policies supporting and encouraging communication that is open, two-way and respectful of employee diversity? | Yes | No | Not Sure | N/A |
| 18. Does your worksite have any place for employees to reduce the physical and mental stress of the workday? | Yes | No | Not Sure | N/A |
| 19. Has any activity or activities been provided for dealing with significant changes in the worksite in the past 2 years? A significant change may be a change in management, high staff turnover or loss, or changes in work conditions? What was done? _____ | Yes | No | Not Sure | N/A |
| 20. Has any program(s) or material(s) for managing stress been provided at your worksite in the past year? This might be a class for supervisors, relaxation, communication, or time management. What was provided? _____ | Yes | No | Not Sure | N/A |
| 21. Does your worksite have any written policy or policies that prohibit or restrict smoking at the worksite? | Yes | No | Not Sure | N/A |
| 21a. If Yes, is smoking permitted outside on worksite grounds? | Yes | No | Not Sure | N/A |
| 21b. If Yes, is smoking permitted anywhere in worksite buildings? | Yes | No | Not Sure | N/A |
| 22. If Yes to 21 a or b, are signs posted for smoking or non-smoking areas? | Yes | No | Not Sure | N/A |
| 23. Are tobacco vending machines or vendors restricted or prohibited at the worksite? | Yes | No | Not Sure | N/A |
| 24. Has any information on health effects of tobacco been provided to employees in the past year? How? _____ | Yes | No | Not Sure | N/A |
| 25. Have smoking or tobacco cessation programs been offered on-site during the last year? What? _____ | Yes | No | Not Sure | N/A |

Please return this survey to: _____

By this date: _____