

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.

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: _____