

## ASSESSING YOUR WORKSITE FOR WELLNESS

It is important to assess your worksite to determine what is already happening and what more can be done. The tool on the following pages should be completed by a worksite's wellness committee.

**WORKSITE:** \_\_\_\_\_

**DATE CONDUCTED:** \_\_\_\_\_

**NAMES OF EMPLOYEES PRESENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Module 1: Infrastructure

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Infrastructure</b>						
1	Do you have a formal commitment from key stakeholders such as senior management, Human Resource managers, safety officers, staff members, etc.? If so, who are they?					
2	Does the worksite have a representative committee that meets to oversee worksite wellness programs? Who is on the committee? When do they meet?					
3	Does the worksite have a worksite wellness plan in place that addresses the purpose, nature, duration, resources required, participants involved, and expected results of a worksite wellness program?					
4	Does the worksite have a mission statement, clearly defined goals and an action plan to implement the program?					
5	Does the worksite have dedicated staff time to implement a wellness program? If so: Who and contact information					
6	Is there a worksite budget for employee health promotion that includes some funds for programming and/or promotion?					
<b>Infrastructure totals (# of Yes, In Progress and No items)</b>						

## Module 2: Program Components

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Program Components</b>						
7	Does the worksite offer programs for health promotion such as physical activity, nutrition, breastfeeding, stress management and tobacco cessation?					
8	Does the worksite promote and encourage employee participation in its physical activity/fitness, nutrition, education/weight management and stress management programs?					
9	Does the worksite provide or arrange for health counseling, employee assistance programs or support mechanisms to modify behavior?					
10	Does the worksite provide incentives to encourage participation in worksite wellness activities?					
11	Does the worksite offer or provide healthcare coverage for employees and their families for screening, prevention of and rehabilitation from chronic disease?					
12	Does the worksite offer wellness programming to family members of employees?					
<b>Component area totals (# of Yes, In Progress, and No items)</b>						

### Module 3: Health Screening Management

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Health Screening and Management</b>						
13	Does the worksite offer health risk assessments on a regular basis?					
14	Does the worksite offer or provide easy access to free or reasonably priced health screenings?					
15	Does the worksite use health risk assessments and other screening as a tool for planning their wellness program?					
	<b>Screening area totals (# of Yes, In Progress and No items)</b>					

### Module 4: Physical Activity

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Physical Activity</b>						
16	Does the worksite offer wellness programming to family members of employees?					
17	Does the worksite support physical activity during duty time (flex-time)?					
18	Are employees provided with breaks during working hours and are employees encouraged to be active during break time?					
19	Does the worksite allow for “walk & talk” meetings instead of conference room meetings?					
20	Can all employees use the worksite’s indoor/outdoor physical activity facilities outside of work hours?					
21	Does the worksite provide free, discounted, or employer subsidized memberships to fitness centers?					
22	Does the worksite map out on-site trails or nearby walking routes or encourage employees to map their own biking or walking route to and from work?					
23	Does the worksite provide bike racks in safe and convenient locations?					
24	Does the worksite provide prompts to promote physical activity near each stairwell or elevator & other key locations?					
25	Does the worksite provide outdoor exercise areas, playing fields, or walking trails for employee use?					
26	Does the worksite provide showers or changing facilities?					
27	Does the worksite provide an on-site exercise facility?					
28	Does the worksite provide or contract for fitness assessments such as cardiovascular fitness, % body fat, strength tests, etc?					
29	Does the worksite offer company sponsored fitness oriented programs or clubs for employees other than at an exercise facility?					

30	Does the worksite provide on-site physical activity classes such as aerobics, kick-boxing, dancing, etc?					
31	Does the worksite hold long-term (several weeks) physical activity campaigns?					
<b>Activity area totals (# of Yes, In Process, and No items)</b>						

## Module 5: Nutrition

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Nutrition</b>						
31	Does the worksite promote healthy choices by modifying vending contracts to increase healthy options or use competitive pricing to make healthier foods more economical?					
32	Does the worksite on-site cafeteria follow nutritional standards that align with Dietary Guidelines for Americans and follow healthy cooking practices?					
33	Does the worksite provide protected time and dedicated space away from the work area for breaks and lunch?					
34	Does the worksite advertise or mark healthy options so that they stand out and limit advertising of less nutrition foods?					
35	Does the worksite provide nutritional labeling of foods?					
36	Does the worksite provide appropriate portion sizes or options for smaller portion sizes?					
37	Does the worksite promote the consumption of healthy foods in catering/cafeteria policies through motivational sign, posters, etc?					
38	Does the worksite make water available and promote drinking water throughout the day?					
39	Does the worksite offer healthful food alternatives at meetings, company functions and health events?					
40	Does the worksite provide on-site gardening?					
41	Does the worksite make kitchen equipment available for employee food storage and cooking?					
42	Does the worksite offer local fruits and vegetables at the worksite?					

43	Does the worksite offer appealing, low-cost, healthful food options, such as vegetables and fruit, juices, whole grains, lean meats and low-fat dairy products in vending machines, snack bars, and break rooms?					
<b>#</b>	<b>Wellness Component</b>	<b>Yes</b>	<b>In Process</b>	<b>N/A</b>	<b>No</b>	<b>Potential Priority</b>
44	Does the worksite provide interactive food opportunities such as taste testing and food preparation?					
45	Does the worksite have activities or long-term campaigns that focus on healthy eating and weight management?					
46	Does the worksite provide an appropriate place for breastfeeding/pumping (Mother's Room)?					
47	Does the worksite provide refrigerated space for breast milk storage?					
48	Does the worksite provide flex-time opportunities for breastfeeding employees to pump or breastfeed during the workday?					
49	Does the worksite insurance coverage include employee benefits that cover lactation visits and breast pumps?					
<b>Nutrition area totals (# of Yes, In Process and No items)</b>						



## Module 6: Mental Health

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Mental Health</b>						
50	Does the worksite provide flexible scheduling to attend or participate in mental health activities offered at work or to allow for medical appointments related to mental health?					
51	Does the worksite train supervisors to understand mental health issues and better assist employees?					
52	Does the worksite insurance coverage include mental health as part of the employee benefits?					
53	Does the worksite provide or contract for an Employee Assistance Program?					
54	Does the worksite provide stress reduction through “quiet rooms”, relaxation classes or proper lighting and sound reduction measures?					
<b>Mental Health area totals (# of Yes, In Process and No items)</b>						

## Module 7: Tobacco Use

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Tobacco Use</b>						
55	Does the worksite policy prohibit tobacco use anywhere on the property?					
56	Does the worksite promote the Illinois Tobacco Quit Line?					
57	Does the worksite policy support participation in smoking cessation activities during duty time (flex-time)?					
58	Does the worksite provide cessation medications through health insurance?					
59	Does the worksite provide counseling through an individual, group, or telephone counseling program on-site or through a health plan?					

## Module 8: Emergency Medical Response Plan

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Emergency Medical Response Plan</b>						
60	Does the worksite have a written plan for emergency response to medical events at their facility?					
61	Does the worksite provide emergency training in CPR or AEDs for response to cardiac events in the facility?					
62	Does the worksite have trained medical responders or equipment such as a defibrillator on-site?					
<b>Response area totals (# of Yes, In Process and No items)</b>						

### Module 9: Assessment and Evaluation

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
<b>Assessment and Evaluation</b>						
63	Has your worksite completed an employee wellness interest survey within the past year?					
64	Has your worksite completed a worksite wellness assessment within the past year?					
65	Does your worksite have a formal evaluation process in place to evaluate its worksite wellness program?					
66	Does your worksite do an annual wellness program review and report significant results to management?					
	<b>Evaluation area totals (# of Yes, In Process and No items)</b>					

## Worksite Wellness Assessment– Results Summary

Totals for Categories	Yes	In Process	No	N/A	Potential Priority
<b>Infrastructure</b>					
<b>Program Components</b>					
<b>Health Screening and Disease Prevention</b>					
<b>Physical Activity</b>					
<b>Nutrition</b>					
<b>Mental Health</b>					
<b>Tobacco Use</b>					
<b>Emergency Medical Response Plan</b>					
<b>Assessment and Evaluation</b>					
<b>Worksite total</b>					