



**Worksite Wellness Assessment Sample Questions**

#	Wellness Component	Yes	In Process	N/A	No	Potential Priority
1	Do you have a formal commitment from key stakeholders such as senior management, Human Resource managers, safety officers, staff members, etc.?					
2	Does the worksite have a representative committee that meets to oversee worksite wellness programs?					
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 promote and encourage employee participation in tobacco cessation?					
5	Does the worksite promote and encourage employee participation in physical activity?					
6	Does the worksite promote and encourage employee participation in nutrition?					
7	Does the worksite promote and encourage employee participation in stress management?					
8	Does the worksite offer programs for health promotion such as breastfeeding?					
9	Does the worksite support physical activity during duty time (flex-time)?					
10	Does the worksite provide bike racks in safe and convenient locations?					
11	Does the worksite offer healthful food alternatives at meetings, company functions and health events?					
12	Does the worksite promote healthy choices by modifying vending contracts to increase healthy options					
13	Does the worksite make water available and promote drinking water throughout the day?					
14	Does the worksite provide or contract for an Employee Assistance Program?					
15	Does the worksite train supervisors to understand mental health issues and better assist employees?					
16	Does the worksite policy prohibit tobacco use anywhere on the property?					
17	Does the worksite promote the Illinois Tobacco Quit Line?					
18	Does the worksite have a written plan for emergency response to medical events at their facility?					
19	Does the worksite provide prompts to promote physical activity near each stairwell or elevator & other key locations?					
20	Does the worksite offer wellness programming to family members of employees?					
<b>Totals (# of Yes, No, and In Process)</b>						

### Potential Priorities

**Instructions:** Rate each of the “No” and “Potential Priority” recommendations identified in the Worksite Wellness Assessment Sample on the following aspects: importance, cost, time, and commitment. Rate each on a scale of 1-5 using the chart below. Higher scores indicate priority items to implement.

Recommendations	Importance	Cost	Time	Commitment	Reach	Points Ranking

### Action Plan Worksheet

Recommendations: Strategies to Implement	Activities	Materials, Resources, and Personnel	Time Frame	Evaluation Method	Comments
Describe the strategies selected from the recommendation table	List the activities required to meet the recommendation	List the individuals who will do the work & the resources and tools they need to get the job done	When will implementation begin? How long will it take to finish?	How will you measure your success and/or misfortunes?	
1.					
2.					
3.					
4.					

