

# 1. Background Information

This form is for SHH Worksite Wellness -Small Business Intervention Sites Only at END of Project Period (POST)

\* 1. Please select name of business site.

\* 2. Please enter today's date or date of interview:

\* 3. Please select if the interview occurred at the **BEGINNING** of the Workplace Wellness Project or at the **END** of the project.

Beginning of Workplace Wellness Project (PRE)

End of Workplace Wellness Project (POST)

\* 4. What is your / respondents' current position? (Select one)

Owner

Director / Administrator

Asst. to Director / Administrator

Personnel Manager

Benefits Manager

Health and Safety Officer

Food Service Manager

Other Manager / Officer

Labor Representative / Steward

Clerical / Administrative Asst.

Supervisor

Front Line Staff

Other (please specify)

\*5. Which business sector describes this worksite? (select one)

Manufacturing

Construction

Sales

Education

Service

Government

Health Care

Other: Other (please specify)

## 2. INTERVIEW

\* 1. Please describe what you do in your job:

\* 2. On average, how many hours do you work each week (7 days)?

\* 3. Do you work at any other jobs, on a regular basis each week? (select one)

YES

NO

\* 4. Do you have health insurance coverage for yourself? (select one)

YES

NO

Please explain -either type of insurance and coverage or the reasons for not having any health insurance coverage.

\* 5. Do all of your family members, those living with you most of the time, have health insurance? (select one)

Yes

No

Please explain -either type of insurance and coverage or the reasons for not having any health insurance coverage.

\* 6. Do you have a Primary Care Physician? (select one)

YES

NO, if No please explain below: Please explain why you do not have a primary care physician.

**\* 7. How ready are you to make a change towards a healthier lifestyle? (select one)**

I am Not ready to make a change

I am Somewhat ready to make a change

I am Very Ready to make a change

I Do Not Know

**\* 8. Explain what you do to take care of your own health -what are things that you do to take care of your own health?**

### 3. Workplace Wellness

**\* 1. Did you have any contact with staff from the Somerset Heart Health Coalition? (select one)**

YES If the answer is yes please answer section 4.

NO If no, thank you for completing the survey!

### 4. Workplace Wellness

**\* 1. Please describe the kinds of things that the Somerset Heart Health Staff did for you and or your business / employees.**

**\* 2. What would you have liked to receive MORE OF or MORE help with during the Project?**

**\* 3. What could the Somerset Heart Health staff done better to support you in the Project?**

**\* 4. Would you recommend this type of project to other small business owners / employees?**

Yes

No

**Please explain your answer:**

**5. On a scale of 1 to 10, with 10 being Excellent and 1 being Poor -how would you rate the support and services that you received from the Somerset Heart Health staff?**

## **5. END OF SURVEY**

Thank you for your participation!

