

1. SOMERSET HEART HEALTH WORKSITE WELLNESS SURVEY

Worksites that have policies and environments supporting employee health have one thing in common: health promotion is an integral part of the business. The purpose of this questionnaire is to understand your perceptions about wellness or health promotion activities in the workplace. Somerset Heart Health is studying how small businesses can be involved with wellness promotion in the workplace. Completion of this questionnaire is voluntary and it is confidential; meaning that no individual will be identified in any of the results reported from the study. The information used from the results of this study will help to develop wellness programming with small businesses. This study may serve as a model for other communities in Maine.

If you have any questions about this survey, please contact: Bill Primmerman, Somerset Heart Health, at Redington-Fairview Hospital, phone: 474-7473.

*** 1. Enter your Company / Business / Organization Name below.**

*** 2. Please provide the zip code of the location for this Company / Organization:**

*** 3. What is your role in this business / company? (Select one)**

I am the Owner, Manager and or Supervisor at this Business

I am an EMPLOYEE -I do not supervise any staff

2. Business Site Information

To be completed by owner/manager -someone with overall knowledge of the business.

1. What is your current position (select one):

CEO / President / Owner

Other Manager/Officer Director / Administrator (except

Personnel)

Labor Representative/Steward Asst. to Director/Administrator

Clerical/Administrative Assistant Personnel Manager

Supervisor Benefits Manager

Front Line Staff Health and Safety Officer

Food Service Manager Other (please specify)

Other

2. Which business sector describes your worksite? (select one)

Manufacturing

Service

Construction

Government

Sales

Other: Other (please specify)

Education

3. Has management / owner(s) received training on the importance of health promotion in the last 12 months? (select one)

NO

YES.

If YES, please specify the type of training:

4. Indicate the Current Number of Owners and Employees at this Business

Number of Full-Time Owners and Employees (full-time means works 36 hours or more per week and regularly receive a pay-check w/in each month during the year)

Number of Part-Time Employees (part-time means works less than 36 hours per week and is not regularly employed during the year)

5. Of the total number of people listed above, part and full time owner/employees, please report how many people are covered by health insurance under the company health plan.

Number of People Insured Under Company Health Plan

6. Please indicate the number of owner/employees in the business (full and part time) in each of the following age groups.

Younger than 20 Years

21 to 40 Years

41 -50 Years

51 -65 Years

65 Years and Older

7. Please indicate the number of male and female employees (full and part time).

Male

Female

3. Worksite Wellness Information

To be completed by all members of the business -owners/managers and front line staff.

1. Does this business have written policies or statements that make reference to improving/maintaining employee health? (select one)

YES

NO

NOT SURE

2. Does this business have an employee wellness program? (select one)

YES

NO

NOT SURE

3. Does this business set annual objectives for employee wellness? (select one)

YES

NO

NOT SURE

4. In the past 12 months, has this business provided an opportunity for owners/managers and or employees to complete a health risk appraisal? [Health risk appraisals are confidential, self reports done to determine how healthy you are or if you are at risk of certain health problems.] (select one)

YES

NO

NOT SURE

5. In the past 12 months, has this business conducted a survey about Worksite Wellness? (select one)

YES

NO

NOT SURE

6. Today, does the business and or health insurance plan cover/offer:

Employee Assistance Program (EAP)

Preventive Health Screenings (i.e., diabetes, mammography, immunizations, blood pressure, cholesterol, etc.)

Smoking Cessation (Classes or Quit and Win Program)

Weight Management (classes or programs)

Nutrition/Healthy Eating

Classes Subsidized

Fitness Classes

Other (please specify)

Is the company in a setting that includes:

Easy Access to a Fitness Center

Easy Access to Recreational

Facilities Cafeteria / Lunch or Break Room with Healthy Food Options Vending Machines with Healthy Food Options

Bulletin Boards for Employees with Health Promotion Messages

Easy Access to Information about Wellness (News Letter, Signs, Posters, Flyers, Brochures)

Separate Smoking Area that Limits Exposure to Second-hand Smoke

Bike Facilities -easy to bike to work, ease of storage

Neighborhood has Sidewalks/Area -easy to use for walking

Neighborhood has Bike Lanes

Neighborhood has Fitness Facilities within Close Distance to Workplace

8. Does the business/company currently have the following:

A Wellness Committee

Written Policies for Tobacco Smoke-Free Work Environment

Written Policies for Substance Abuse-Alcohol and Other Drug Use Policy

Company Sponsored Incentives to Exercise Opportunities that are Organized,

On-site During Work Time Exercise Opportunities that are Organized

Off-site, non-work-time Company Sponsored Educational Activities Promoting Healthy Living

(e.g., diet, nutrition, injury prevention, stress management, etc.)

4. SUPPORTING WELLNESS PROGRAMS

1. Please rate how much you agree or disagree with the following statements

	Totally Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Disagree
People will choose to change their behavior if they are informed, motivated and supported.					
I think establishing a worksite wellness program is critical to the success of our business/organization.					
Healthy people do their best and are more productive on and off the job					
I would personally participate in a worksite wellness program					
A wellness program will not help our business grow.					
My work environment has an impact on my health, my behaviors and my choices.					
The people I associate with have an impact on my choices.					

2. Which of the following health related topics interests you the MOST? Select your top three interest areas.

Weight Management

Smoking Cessation Information

Understanding Health Insurance

Blood Pressure

Financial Planning

Medical Self-Care

Diabetes

Substance Use and or Abuse

Starting a Walking Program

Managing Depression

Talking with your Doctor

3. Which of the following wellness activities would you most likely participate in if offered at your workplace or supported by your workplace: (select all that apply)

Recreational Sports

Health Screenings

Community Fitness Contests

Smoking Cessation Programs

Nutrition Classes

Financial/Retirement Planning

Medical Self-Care Programs

4. Where do you most often take part in wellness activities (select one):

In or near my home

In my neighborhood

At work

In the town/city where my work is located

Other (Please Specify)

5. I know the following health information about myself (select all that apply)

Family Health History for health risks (i.e. diabetes, heart disease...)

Cholesterol

Height

Triglycerides

Weight

Blood Glucose

Hemoglobin A1c

6. In which one of the following categories would you place yourself (select one)

I do not think I need to be concerned about my health

I have been thinking about changing some of my health behaviors

I have made some health behavior changes but I think I could make more to improve my health

I am very healthy and do not need to think about any health behavior changes

5. Next Steps to Worksite Wellness

1. Please list what you believe are the top three most important things that your worksite is doing now to create an environment to help employees achieve better health:

1.

2.

3.

2. Please list the top three things you think those at your worksite can do in the next one to two years to make your worksite healthier:

1.

2.

3.

END OF SURVEY -THANK YOU FOR YOUR TIME!