



# **Workplace Health in America Survey Instrument**

# HEALTH INSURANCE

**HI1. In general, do you offer full, partial or no payment of premiums for personal health insurance for full-time employees?**

*Full insurance coverage offered*

*Partial insurance coverage offered*

*No insurance coverage offered*

*Don't know*

*Refused*

**[If HI1 is NO, DK, REF, Skip to HI3]**

**HI2. Over the past 12 months, were full time employees asked to pay a larger proportion, smaller proportion or the same proportion of personal health insurance premiums compared to the previous 12 months (just premiums and not deductibles or co-pays)?**

*Larger*

*Smaller*

*About the same*

*Don't know*

*Refused*

**HI3. Does your organization offer personal health insurance for your part-time employees?**

*Yes*

*No*

*Don't know*

*Refused*

**HI4. Does your organization offer family coverage with your health insurance?**

*Yes*

*No*

*Don't know*

*Refused*

# HEALTH RISK ASSESSMENTS

**HRA1. In the past 12 months, were employees at this worksite location offered a health risk assessment or HRA?**

*Yes*

*No*

*Don't know*

***Refused [IF HRA1 is NO, DK, REF, skip to CP1]***

**HRA1.a. Who offered the HRA?**

*The employer*

*The health insurance plan*

*A different third party vendor (i.e., not a health insurance provider)*

*Don't know*

*Refused*

**HRA1.b. Approximately what percentage of employees completed the HRA? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*76 – 100%*

*Don't know*

*Refused*

**HRA1.c. Were employees who completed the HRA: (Select all that apply)**

*Given their results*

*Given their results and provided feedback and education for identified health risks or conditions*

*Both*

*Neither of the above*

*Don't know*

*Refused*

# PROMOTING HEALTH AT WORK

Does your worksite currently offer:	Yes	No	Don't know	Refused
CP1. Health education programs....which focus on skill development and lifestyle behavior change along with information dissemination and awareness building, preferably tailored to employees' interests and needs?				
CP2. Supportive social and physical environment.....which includes an organization's expectations regarding healthy behaviors, and implementation of policies that promote health and reduce risk of disease? For example: signage that promotes using the stairs, policies to restrict smoking, or increasing access to healthy foods at work.				
CP3. Integration of the health promotion program into your organization's structure which includes allocating dedicated resources, budget, and/or aligning with your business plan?				
CP4. Linkage to related programs like employee assistance programs (EAPs) and programs to help employees balance work and family?				
CP5. Worksite health screening programs, ideally linked to medical care to ensure follow-up and appropriate treatment as necessary?				

## HISTORY OF HEALTH PROMOTION

Now we want to ask more detailed information about how HEALTH PROMOTION/WELLNESS PROGRAMS are organized at this worksite location. For the purpose of the next question, think VERY BROADLY about any educational materials, activities, classes, screenings, services, environmental supports, or policies that encourage employees to be healthy.

**HP1. Thinking about this worksite location, did your organization offer any type of health promotion/wellness program for employees in the past 12 months?**

*Yes*

*No*

*Don't know*

*Refused [If NO – skip to Work-Life questions WL1.]*

**HP2. How long has your health promotion/wellness program been in place?**

*Less than 1 year*

*1 to 2 years*

*3 to 5 years*

*6 to 9 years*

*10 years or more*

*Don't know*

*Refused*

**HP3. Is your health promotion/wellness program primarily managed by... (please choose one )**

*Staff employed by our organization*

*Staff employed by our health insurance provider*

*Staff employed by a vendor/some other third party provider (not the health insurance provider)*

*Don't know*

*Refused*

**HP4. Is there at least one person who is assigned responsibility for the health promotion/wellness program offered at this worksite location?**

*Yes*

*No*

*Don't know*

*Refused*

**HP5. Does this worksite currently have a committee that addresses employee health promotion/wellness or safety? (Please choose one):**

*Yes, there is one committee, includes **both** health promotion/wellness and safety*

*Yes, there is one committee, includes health promotion/wellness but **NOT** safety*

*Yes, there is one committee, includes safety but **NOT** health promotion/wellness*

*Yes, there are two separate committees, one for health promotion/wellness **and** one for safety*

*NO, we have no committee addressing health promotion or safety*

*Don't know*

*Refused [IF NO, DK, REF, Skip to HP6.]*

**HP5.a. To what extent does this committee adequately represent a wide variety of workers (e.g., employees from different departments, shifts, and a wide array of health interests?)**

*1= not representative at all*

*2=somewhat representative*

*3=mostly representative*

*4=entirely representative*

*Don't know*

*Refused*

**HP6. Does this organization include references to improving or maintaining employee health and/or safety in the business objectives or organizational mission statement?**

*Yes*

*No*

*Don't know*

*Refused*

HP7. Thinking about your health promotion/wellness program at this worksite location overall, would you say it...	Yes	No	Don't know	Refused
HP7.a. Has senior leadership visibly committed to employee health and safe work environments?				
HP7.b. Has middle management visibly committed to employee health and safe work environments?				
HP7.c. Has a champion(s) who is a strong advocate for the health promotion program?				
HP7.d. Has an annual employee health promotion plan? <i>[If HP7.d. is NO, DK, REF, skip to HP7.e.]</i>				
HP7.d.1 Does the plan include specific measurable goals and objectives to reach?				
HP7.d.2 Does the plan include communication strategies that promote and market the program to employees to ensure high visibility of the program?				
HP7.d.3 Does the plan include clear responsibility for who will implement each component of the plan?				
HP7.e. Uses data to help decision-makers decide what to offer? <i>[If HP7.e. is NO, DK, REF, skip to HP7.f.]</i>				
HP7.e.1. Do you use any type of organizational level assessment tool to benchmark changes, plan and/or evaluate health-related organizational level changes that you may make over time? (for example, CDC Worksite Health ScoreCard, HERO, Work Healthy America Tool)				
HP7.f. Uses data to evaluate program success? <i>[IF HP7.f is NO, DK, REF, skip to HP7.g.]</i>				
What types of data are used to evaluate program success?				
HP7.f.1. Employee participation?				
HP7.f.2. Employee feedback about the program?				
HP7.f.3. Employee morale or job satisfaction?				
HP7.f.4. Changes in employee health risk behaviors?				
HP7.f.5. Changes in employee disease rates or conditions?				
HP7.f.6. Costs for employee health care claims?				
HP7.f.7. Number or amount of worker compensation claims?				
HP7.f.8. Absenteeism?				
HP7.f.9. Employee productivity or presenteeism?				
HP7.f.10. Employee turnover?				
HP7.f.11. Return on investment?				

**HP7.g. How much is available in dollars, annually, to spend on employee health promotion/wellness at this worksite location? [Note: It is fine to include salaries of employees who have responsibility for employee health as part of his/her job responsibility.]**

*No annual budget*

*Less than \$1000*

*\$1001 – \$5000*

*\$5001 – \$10,000*

*\$10,001 – \$15,000*

*\$15,001 – \$20,000*

*\$20,001 – \$50,000*

*\$50,001 – \$100,000*

*\$100,001 – \$500,000*

*Over \$500,000*

*Don't know*

*Refused*

***[If they did not choose DK or Ref, ask HP8]***

**HP8. During the next 12 months (compared with the past 12 months), what do you expect that your organization's financial investment will be in employee health promotion? (Please choose one.)**

*We will spend more*

*We will spend less*

*We will spend about the same amount*

*Don't know*

*Refused*

# HEALTH PROMOTION PROGRAMS, HEALTH SCREENINGS, DISEASE MANAGEMENT

Next we will cover health education programs, environmental supports and policies and benefits related to specific health behaviors. Specifically, “programs” refer to any educational opportunity that seeks to improve knowledge, skills and/or change behaviors in ways that promote employee health or prevent disease using any of a variety of methods including print and online materials, contests, classes and/or other activities. We will take one health behavior at a time and ask a series of questions about programs, then some specific strategies for environmental supports and policies/benefits that employers may offer.

## HPR1 Physical Activity/Fitness/Sedentary Behavior

**HPR1.1. In the past 12 months, did you offer any programs to address physical activity/fitness/sedentary behavior for your employees?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF, skip to HPR1.2.a]*

**HPR1.1a. What TYPE of physical activity programs have you offered in the past 12 months?**

*Awareness or Informational (e.g. this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR1.1.b. Who typically offers these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR1.1.c. Thinking about all physical activity/fitness/sedentary behavior programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

In the past 12 months, did your worksite...	Yes	No	Don't know	Refused
HPR1.2.a. Provide an exercise facility onsite?				
HPR1.2.b. Subsidize or discount the cost of onsite and/or offsite exercise facilities?				
HPR1.2.c. Provide environmental supports for physical activity or recreation such as walking trails or tracks, maps of measured walking/jogging routes, bicycle racks, shower and changing room, open space for recreation, weight room?				
HPR1.2.d. Post signs at elevators, stairwell entrances/exits and other key locations that encourage employees to use the stairs?				
HPR1.2.e. Provide organized individual or group physical activity programs for employees (other than use of an exercise facility?) (e.g., walking or stretching , group exercise classes or weight training)				
HPR1.2.f. Provide or subsidize physical fitness assessments, follow-up counseling, and exercise recommendations either onsite or through a community exercise facility?				
HPR1.2.g. Provide free or subsidized lifestyle self-management programs that include advice on physical activity?				
HPR1.2.h. Provide a pedometer or FITBit or other physical activity tracking device for free or discounted rate to employees?				
HPR1.2.i. Provide the option of using active work stations? (e.g. standing desk, treadmill desk, height adjustable workstation, pedal devices fitted underneath the desk)				
HPR1.2.j. Offer employees paid time to be physically active during work hours, including fitness breaks, walking meetings or other options?				
HPR1.2.k. Encourage active transportation to and from work by providing things such as bike parking, shower access, pre-tax contributions for public transportation or providing parallel benefits to those who bike, walk or take transit to work as those who drive?				

## HPR2 Nutrition/Healthy Eating

HPR2.1. In the past 12 months, did you offer any programs to address nutrition and/or healthy eating for employees?

Yes

No

Don't know

Refused [If NO, DK, REF, skip to HPR2.2.a]

**HPR2.1.a. What TYPE of nutrition/healthy eating programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR2.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR2.1.c. Thinking about all nutrition/healthy eating programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

In the past 12 months, did your worksite...	Yes	No	Don't know	Refused
<b>HPR2.2.a. Provide employees with food preparation and storage facilities such as microwave oven, sink, refrigerator and/or kitchen?</b>				
<b>HPR2.2.b. A written policy or formal communication which makes healthier food and beverages available during meetings when food is served?</b>				
<b>HPR2.2.c. Offer or promote an onsite or nearby farmers' market where fresh fruits and vegetables are sold?</b>				
<b>HPR2.2.d. Provide free or subsidized lifestyle self-management programs that include advice or tools on healthy eating?</b>				
<b>HPR2.3. Does your worksite location have...</b>				
<i>HPR2.3.a. A cafeteria or snack bar onsite?</i>				
<i>HPR2.3.b. Vending machines that serve food?</i>				
<i>HPR2.3.c. Vending machines that serve beverages?</i>				
<i>HPR2.3.d. Food trucks that come to your worksite every day?</i>				

**[IF YES to one of HPR2.3 a-d, ask HPR2.4.a. – e., otherwise skip to HPR3.1.]**

HPR2.4. Does your worksite location...	Yes	No	Don't know	Refused
HPR2.4.a. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias, vending, snack bars or food trucks?				
HPR2.4.b. Make most (more than 50%) of the food and beverage choices available in cafeterias/snack bars, vending, catering trucks be healthy food items?				
HPR2.4.c. Provide nutritional information (beyond standard info on labels) on sodium, calories, trans-fats, or saturated fats for foods and beverages sold in worksite cafeterias, snack bars, vending or food trucks?				
HPR2.4.d. Identify healthier food and beverage choices with signs or symbols?				
HPR2.4.e. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars or food trucks?				

### HPR3 Obesity/Weight Management

**HPR3.1. In the past 12 months, did you offer any programs to address obesity/weight management for employees?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR3.1. then SKIP to HPR3.2.]*

**HPR3.1.a. What TYPE of obesity/weight management programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR3.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR3.1.c. Thinking about all obesity/weight management programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

**HPR3.2. In the past 12 months, did your worksite provide full or partial coverage for bariatric surgery (i.e., weight loss surgery), such as gastric bypass?**

*Yes*

*No*

*Don't know*

*Refused*

## **HPR4 Tobacco Use**

**HPR4.1. In the past 12 months, did you offer any programs to help employees stop using tobacco products?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR4.1 then SKIP to HPR4.2.a]*

**HPR4.1.a. What TYPE of tobacco use programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR4.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR4.1.c. Thinking about all tobacco use programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

1 – 25%

26 – 50%

51 – 75%

More than 75%

Don't know

Refused

In the past 12 months, did your worksite...	Yes	No	Don't know	Refused
<b>HPR4.2.a. Refer tobacco users to a state or other tobacco cessation telephone quit line?</b>				
<b>HPR4.2.b. Provide or cover free or subsidized tobacco cessation counseling (including individual, group, and telephone counseling)?</b>				
<b>HPR4.2.c. Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter and/or prescription tobacco cessation medications including nicotine replacement?</b>				
<b>HPR4.2.d. Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling?</b>				
<b>HPR4.2.e. Help remove barriers to accessing tobacco cessation treatments, such as copayments, requirements for prior authorization, and limitations on the number and duration of treatments?</b>				
<b>HPR4.2.f. Display signs (including 'no smoking' signs)?</b>				
<b>HPR4.2.g. Have a written policy to restrict smoking? [if NO, DK, REF, skip to HPR.5.1.]</b>				

In the past 12 months, did you offer any of the following specific strategies for eliminating use of tobacco products or minimizing exposure to secondhand smoke at work?	Yes	No	Don't know	Refused/ Does not apply
HPR4.2.g.1. Does the written policy ban all tobacco use at your worksite?				
HPR4.2.g.2. Does the written policy ban use of smokeless tobacco, e-cigarettes and other tobacco products?				
HPR4.2.g.3. Actively enforce a written policy banning tobacco use?				
HPR4.2.g.4. Have a policy that does not allow use of tobacco products in company vehicles? (Include option for Does not apply)				
HPR4.2.g.5. Prohibit sale of tobacco products on company property (for example, your worksite does not sell tobacco products on company property in vending machines or through onsite vendors)?				

**HPR4.2.g.6. Which of these best describes your smoking policy for INDOOR PUBLIC OR COMMON AREAS, such as lobbies, rest rooms, and lunch rooms?**

*Not allowed in ANY public areas*

*Allowed in some public areas*

*Allowed in ALL public areas*

*Not applicable*

*Don't know*

*Refused*

**HPR4.2.g.7. Which of these best describes your smoking policy for WORK AREAS?**

*Not allowed in ANY work areas*

*Allowed in some work areas*

*Allowed in ALL work areas*

*Not applicable*

*Don't know*

*Refused*

**HP5 Excessive Alcohol Use/Drug Abuse**

**HPR5.1. In the past 12 months, did you offer any programs to address excessive alcohol use and/or drug abuse?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR5.1. then SKIP to HPR6.1.]*

**HPR5.1.a. What TYPE of excessive alcohol use/drug abuse programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR5.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

## HPR6 Lactation Support

**HPR6.1. In the past 12 months, did you offer any lactation support programs for employees?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR6.1. then SKIP to HPR7.1.]*

**HPR6.1.a. What TYPE of lactation support programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR6.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR6.1.c. Thinking about all support programs for breastfeeding or pregnant employees that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

## HPR7 Musculoskeletal Disorders/Arthritis/Back Pain

**HPR7.1. In the past 12 months, did you offer any programs to educate about prevention of musculoskeletal disorders, arthritis or back pain?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR7.1. then SKIP to HPR8.1.]*

**HPR7.1.a. What TYPE of musculoskeletal disorder, arthritis, or back pain programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR7.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR7.1.c. Thinking about all musculoskeletal disease, arthritis or back pain programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

**HPR8 Stress Management**

**HPR8.1. In the past 12 months, did you offer any programs to address stress management for employees?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR8.1. then SKIP to HPR9.1.]*

**HPR8.1.a. What TYPE of stress management programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR8.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan and/or vendor*

*Don't know*

*Refused*

**HPR8.1.c. Thinking about all stress management programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

*Refused*

**HPR9 Sleep**

**HPR9.1. In the past 12 months, did you offer any programs to promote healthy sleep and reduce fatigue for employees?**

*Yes*

*No*

*Don't know*

*Refused [If NO, DK, REF to HPR9.1. then SKIP to HS1.1.]*

**HPR9.1.a. What TYPE of healthy sleep programs have you offered in the past 12 months?**

*Awareness or Informational (e.g., this includes print or online materials, posters, flyers, brochures, educational materials, one-time presentations)*

*Skill-building – (e.g., this includes onsite, online classes or offsite classes in the community; one on one coaching; contests or competitions)*

*Both awareness/information and skill-building*

*Don't know*

*Refused*

**HPR9.1.b. Who typically offered these programs to employees?**

*Offered mostly by the employer*

*Offered mostly by the health plan*

*Offered mostly by a outsourced vendor, not the health plan*

*Offered mostly by combined efforts of employer, health plan, and/or vendor*

*Don't know*

*Refused*

**HPR9.1.c. Thinking about all the healthy sleep programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? (Please feel free to provide an estimate, even if you are not sure of the true percentage.)**

1 – 25%

26 – 50%

51 – 75%

More than 75%

Don't know

Refused

## HEALTH SCREENINGS

Now let's talk about health screening tests that may be offered to employees at this worksite location. Health screenings are offered to employees to help detect health problems to get employees referred for proper treatment.

In the past 12 months, were any of the following screenings made available to your employees?	a. Screened (Y/N/DK/REF) [If Screened is YES, answer question in column b.]	b. Are high risk employees referred to health professional for treatment and provided follow-up education? (Y/N/DK/REF)
HS1.1. Blood pressure [If NO to HS1.1.a., skip to HS1.2.]		
HS1.1.1. Were blood pressure monitoring devices available with instructions for employees to conduct their own self assessments?		
HS1.2. Blood cholesterol.		
HS1.3. Diabetes or prediabetes.		
HS1.4. Obesity (e.g., body composition measurement, such as height and weight, BMI scores, or body fat assessments [not self-report]).		
HS1.5. Breast cancer using mammography.		
HS1.6. Colorectal cancer using a colonoscopy or a kit to measure blood in the stool.		
HS1.7. Cervical cancer using a PAP test or test for human papillomavirus (HPV).		
HS1.8. Depression.		
HS1.9. Arthritis or other musculoskeletal problems.		

**HS2.a. Thinking about all of the screenings offered to employees at this worksite, were they usually offered to employees...**

*Onsite*

*Offsite*

*Both*

*Don't know*

*Refused*

**HS2.b. Think about all of the health screenings offered to employees at this worksite. Would you estimate the usual employee participation as:**

*1 – 25%*

*26 – 50%*

*51 – 75%*

*More than 75%*

*Don't know*

**HS3. During the past 12 months, were flu shots made available to your employees?**

*Yes, onsite*

*Yes, offsite*

*Yes, onsite and offsite*

*No*

*Don't know*

*Refused*

# DISEASE OR RISK MANAGEMENT

***Disease or risk management information or programs:*** These programs are offered for employees who already have a particular disease or health condition and can include specific information, education, and/or services to better manage the condition. These programs may be offered to employees either through your health plan, a third-party vendor, or directly by the employer.

During the past 12 months, were any disease or risk management information or programs related to the following topics made available to your employees? (please include programs provided by the employer, health plan or third party vendor)	Select all that apply			Nothing offered for this topic	Don't Know/ Refused
	Information, such as brochures, videos, posters, pamphlets, newsletters	Educational seminars, workshops, or classes on preventing and controlling the condition	One-on-one counseling /coaching and follow-up monitoring		
DM1.1. Asthma					
DM1.2. Cardiovascular disease					
DM1.3. Cancer or cancer survivorship					
DM1.4. Diabetes or pre-diabetes					
DM1.5. Depression					
DM1.6. High risk pregnancy					
DM1.7. Hypertension or high blood pressure					
DM1.8. High blood cholesterol					
DM1.9. Obesity					
DM1.10. Migraine/headache					

**DM2.a. Thinking about all of the disease management programs offered to employees at this worksite, were they usually offered...**

*Onsite in-person*

*By phone counseling*

*Online program*

*Multiple ways*

*Don't know*

*Refused*

**DM2.b. Did your organization provide any training for managers/supervisors about disease management topics? (e.g., training on how to recognize the disease, productivity/safety issues, and/or company/community resources for managing this disease?)**

*Yes*

*No*

*Don't know*

*Refused*

**DM3. During the past 12 months, have you had an onsite health clinic available for employees at this worksite location?**

*Yes*

*No*

*Don't know*

*Refused*

## INCENTIVES

Next we will ask about incentives you may offer to employees. In this section, you can think of incentives broadly – including incentives that are used to reward participation or behavior change, or, penalize employees for not improving health behaviors.

**KP2. During the past 12 months, have you offered any incentives related to the health promotion/wellness programs you have offered to your employees?**

*Yes, we have offered incentives*

*No, we have not offered incentives, but we plan to in the next 12 months*

*No, we have not offered incentives and have no plans to offer them in the next 12 months*

*Don't know*

*Refused [IF NO, DK, REF – Skip to WL1.]*

<b>KP3. How did you use any type of incentive supporting your employee health promotion/wellness program in the past 12 months? Did you offer incentives that were...</b>	Yes	No	Don't know	Refused
<b>KP3.1. Tied primarily to participation or attendance in a health programs?</b>				
<b>KP3.2. Tied primarily achieving a particular health standard?</b>				
<b>KP3.3. Tied to both participation and achieving a health standard?</b>				

**[IF YES TO ANY KP3. Ask KP4.**

**If NO to ALL KP3, skip to KP5].**

**KP4. We understand that many factors influence whether employees achieve certain health goals, but if you were to focus solely on the use of incentives, how effective were the incentives you offered for achieving their intended outcome?**

*Not at all effective*

*Somewhat effective*

*Effective*

*Extremely effective*

*Don't know*

*Refused*

<b>KP5. What type of incentives did you use in the past 12 months at this worksite location?</b>	Yes	No	Don't know	Refused
<b>KP5.a. Premium discounts.</b>				
<b>KP5.b. Copay differences.</b>				
<b>KP5.d. Cash rewards.</b>				
<b>KP5.e. Add money to flexible spending accounts.</b>				
<b>KP5.f. Additional paid time off.</b>				
<b>KP5.g. Gifts or prizes.</b>				
<b>KP5.h. Other (Please specify _____).</b>				

# WORK-LIFE PROGRAMMING, POLICIES AND BENEFITS

**WL1. During the last 12 months, did this organization or your health plan offer an employee assistance program (EAP) to employees and/or their families?**

*Yes, for employees*

*Yes, for employees and their families*

*No*

*Don't know*

*Refused*

**WL2. During the past 12 months, did your worksite provide training to prevent bullying or violence in the workplace?**

*Yes*

*No*

*Don't know*

*Refused*

**WL3. During the past 12 months, did this worksite location provide employees with any of the following:**

*(Select all that apply)*

*Paid sick hours or days*

*Paid personal hours or days*

*Paid vacation hours or days*

*None*

*Other (please specify) \_\_\_\_\_*

*Don't know*

*Refused*

During the past 12 months, did this worksite location...	Yes	No	Don't know	Refused
<b>WL4. Offer employees flexible work schedules (Note: flexible schedules can include allowing employees to choose their own starting and quitting times within a range of hours, working compressed work weeks, teleworking, and job sharing)?</b>				
<b>WL5. Allow employees to work from home?</b>				
<b>WL6. Offer disability leave or disability insurance?</b>				
<b>WL7. Offer paid family leave for new parents? (Note, this includes paternity, maternity and adoption leaves)</b>				
<b>WL8. Allow employees to take unpaid parental leave?</b>				
<b>WL9. Help employees cover any costs of child care for their children by directly reimbursing for costs or by providing a flexible spending account?</b>				
<b>WL10. Offer onsite or offsite child care for employees?</b>				
<b>WL11. Help employees cover any costs of eldercare?</b>				
<b>WL12. Offer onsite or offsite eldercare for employees?</b>				

# PROGRAM BARRIERS

B1. Thinking across all types of employee health promotion/wellness programs, please rate the following on the extent to which each has been a barrier or challenge to this worksite in offering these programs?	1=Not at all challenging to 5= Extremely challenging						
	1-Not at all Challenging	2-Slightly Challenging	3-Somewhat Challenging	4-Challenging	5-Extremely Challenging	Don't know	Refused
B1.1. Lack of employee interest.							
B1.2. Employee distrust of employer-sponsored programs.							
B1.3. Cost (e.g., lack of funds).							
B1.4. Lack of trained and experienced staff.							
B1.5. Conflicting or competing business demands.							
B1.6. Concern about confidentiality/privacy.							
B1.7. Demonstrating program results.							
B1.8. Lack of qualified vendors.							
B1.9. Lack of senior management support.							
B1.10. Lack of middle management or supervisor support.							
B1.11. Changes in the regulatory environment/legal concerns (e.g., HIPAA, ADA).							
B1.12. Lack of physical space at work.							

# OCCUPATIONAL SAFETY AND HEALTH

The next questions will ask about safety-related programs at this worksite location.

**OSH1. Is there at least one dedicated person who is responsible for the safety of employees at this worksite location?**

Yes

No

Don't know

Refused [If NO, DK, REF – skip to OSH3]

**OSH2. Does the person who is responsible for employee safety also have responsibility for promoting health/wellness at this worksite location?**

Yes

No

Don't know

Refused



# WORKFORCE DEMOGRAPHICS

For each question below, please estimate the percentage using 0 – 100%. Please estimate if you do not have precise percentages.

Considering ALL (full and part-time) employees at this worksite location, what percentage...	Percentage	Don't know	Refused
WD1.1 Are younger than age 30?			
WD1.2 Are age 60 years or older?			
WD2. Are female?			
WD3. Are hourly/non-exempt workers?			
WD4. Work something OTHER THAN a typical daytime shift (e.g., 9a.m.—5p.m., 7a.m.—3p.m.) or during normal business hours?			
WD5. Regularly work remotely or offsite?			
WD6. Are under collective bargaining or unionized?			
WD7. What is the average annual percentage of turnover at this worksite location?			

## Supplemental Survey Items

The following section is optional, but please answer these questions to provide a little more information about specific things your worksite may be providing to employees.

In the past 12 months, did your worksite...	Yes	No	Don't know	Refused
SUP1. Participate in a community coalition that is addressing excessive alcohol use, drug abuse, or both?*				
SUP2. Offer excessive alcohol use or drug abuse support programs?*				
SUP3. Provide a formal, written policy for addressing employee use of alcohol at the worksite/on the job?*				
SUP4. Provide a formal, written policy addressing employee use of drugs at the worksite/on the job?*				
SUP5. Provide a formal, written policy addressing employee use of medical marijuana at the worksite/on the job?*				
<i>[if they have an EAP]</i> SUP6. Offer screening, referrals and/or brief interventions for excessive alcohol use through your EAP?				
<i>[if they have an EAP]</i> SUP7. Offer screening and referrals to specialized treatment programs for alcohol dependence through your EAP?				
<i>[if they have an EAP]</i> SUP8. Offer screening, referrals and/or brief interventions for substance abuse through your EAP?				
<i>[if they have an EAP]</i> SUP9. Offer screening, referrals and/or brief interventions for stress, anxiety and/or depression through your EAP?				
<i>[if they have an EAP]</i> SUP10. Offer screening, referrals and/or brief interventions to identify, prevent and/or treat domestic violence through your EAP?				
SUP11. Provide training for workers about the importance of getting sufficient sleep for their safety, health, and well-being both on and off the job?*				
SUP12. Provide training for workers to help them cope with shift work and long work hours?*				
SUP13. Provide training for managers on the safety and health risks associated with employee fatigue and poor sleep?*				
SUP14. Provide training for managers to improve the organization of work so as to reduce employee risk for poor sleep and fatigue?*				
SUP15. Improve design of work schedules, including policies for the number of consecutive days or hours allowed to be worked, or the type of shifts in place?*				
SUP16. Offer breaks during the work shift or work day?*				
SUP17. Have dedicated space that is quiet where employees can engage in relaxation activities, such as meditation, yoga, prayer, or naps?*				

<b>SUP18. Organize social events throughout the year (e.g., worksite sponsors or organizes team building events, company picnics or employee sports teams)?*</b>				
<b>SUP19. Provide training for managers on identifying and reducing stress-related issues (e.g., training on conducting equitable performance reviews, communication, personnel management, assertiveness, time management, job redesign, or conflict resolution)?*</b>				
<b>SUP20. Provide opportunities for employee to participate in organizational decisions (e.g., procedures, scheduling, and workload) that affect job stress?*</b>				
<b>SUP21. Provide safe places and/or opportunities that encourage social connectedness for employees at work (e.g., places that allow people to interact and build supportive relationships and meaningful connections)?*</b>				
<b>SUP22. Provide training for managers and workers on identifying or recognizing work conditions that might increase risk of musculoskeletal disease, arthritis, or back pain?*</b>				
<b>SUP23. Provide intervention strategies for controlling ergonomic hazards with engineering or administrative controls?*</b>				
<b>SUP24. Provide ergonomic assessments and reasonable accommodations?*</b>				
<b>SUP25. Educate employees about worker compensation and disability benefits?*</b>				
<b>SUP26. Provide policies to ensure that employees return to work safely and avoid re-injury?*</b>				
<b>SUP27. Have a written policy on breastfeeding for employees?*</b>				
<b>SUP28. Provide a private space (other than a restroom) that may be used by an employee to pump breast milk?*</b>				
<b>SUP29. Provide access to a breast pump at the worksite?*</b>				
<b>SUP30. Provide flexible times to allow mothers to pump breast milk at this worksite location?*</b>				
<b>SUP31. Provide free or subsidized breastfeeding support groups or educational classes?*</b>				

\*These items will only be asked of respondents who indicated in question HP1 that they have a health promotion program.

Does this worksite location...	Yes	No	Don't know	Refused
SUP32. Have senior leadership who demonstrates commitment to both safe work design and worker well-being?				
SUP33. Plan initiatives that jointly protect worker health, safety and well-being?				
SUP34. Have efforts to protect and promote worker health that include training of supervisors?				
SUP35. Have communication and programming that protects worker health is included with efforts to promote employee well-being?				
SUP36. Employ individuals who work outdoors? <i>[If NO, DK, REF, skip to SUP]</i>				
Does this worksite offer any of the following that relate to sun protection/skin cancer prevention?				
SUP37. Educational information about sun protection to workers through instruction, posters, or brochures?				
SUP38. Environmental approaches to encourage sun protection (e.g., provide sunscreen or shade)?				
SUP39. Policies to support sun protection practices (e.g., require sun protective behavior)?				

We have a few questions about the groups or organizations you may typically partner with to offer employee health promotion/wellness programs.

During the past 12 months, did you partner with any of the following to offer health programs for your employees?	Yes	No	Don't know	Refused
SUP40. State/local public health department.				
SUP41. Workers compensation provider.				
SUP42. Health related organization (e.g. Am Heart Association, Am Cancer Society).				
SUP43. Hospital.				
SUP44. Community organization like the YMCA or YWCA.				
SUP45. Business group (Wellness Council, Chamber of Commerce or other business group).				
SUP46. Other (please specify)_____.				