WORKSITE WELLNESS NEEDS ASSESSMENT

Name of employer group: ________________________________________________________________

Address: _____________________________ City: _______________________ State: ______ Zip: ______________

Name of representative: _____________________________________________ Title/function: ____________________

Phone number: ( ___ ___ ___) ___ ___ ___ - ___ ___ ___ ___ e-mail: __________________________

Tell us about your organization

How would you describe the attitude of your organization’s leadership toward the promotion of health within your workplace? (Circle one)
(Strongly supportive) (Somewhat supportive) (Neutral attitude) (Not very supportive) (Not at all supportive)

1. In the past 12 months, has your organization offered employees any health education classes, workshops, lectures or special events? [ ] Yes [ ] No

2. In the past 12 months, has your company offered any health screening services? (‘X’ all that apply)
   - Blood pressure screening
   - Cholesterol screening
   - Blood sugar screening
   - Other (describe): __________________________________________

3. If yes, in which activities are employees allowed to use paid work time for participation? (‘X’ all that apply)
   - Physical activity
   - Blood pressure screening
   - Cholesterol screening
   - Nutrition classes
   - Classes to quit smoking
   - Weight control programs
   - Stress management

4. Does your organization participate in an employee assistance program (EAP)? [ ] Yes [ ] No

5. Does your organization offer nutrition education and weight management programs to employees? [ ] Yes [ ] No

6. In the past 12 months, has your organization solicited feedback from employees on the types of health programs and services that would be beneficial to them? [ ] Yes [ ] No

7. Does your organization have a budget for health promotion and wellness? [ ] Yes [ ] No

8. Is there a designated person, group or committee within your organization who is responsible for employee health promotion? [ ] Yes [ ] No
Physical activity
What types of facilities or resources does your organization provide for employees to engage in physical activity? Please tell us if your organization offers the following resources by placing an ‘X’ in the “Yes” or “No” box.

9. Does your organization have organized physical activities for employees? □ Yes □ No
10. Does your organization have access to physical activity facilities for employees? □ Yes □ No
11. Does your worksite have a place for employees to go for a walk? □ Yes □ No

Nutrition
What types of resources does your organization provide for employees to engage in healthy nutritional habits? Please tell us if your organization offers the following resources by placing an ‘X’ in the “Yes” or “No” box.

12. Can employees in your organization obtain food or snacks at the workplace? If no, please skip to question #15. □ Yes □ No
13. Where are the foods or snacks offered? (‘X’ all that apply)
   Cafeteria □
   Break room or company kitchen □
   Canteen truck/snack bar □
   Vending machines □

14. If your organization has vending machines, what types of food are available through the machines? (‘X’ all that apply)
   Soda □
   Fresh fruit □
   Candy, chips or cookies □
   100 percent fruit juice □
   Granola bars or trail mix □
   Water □
   One percent or skim milk □
   Yogurt □

15. Does your organization have written policies or guidelines to ensure that fruit, vegetables and salads are offered at catered meetings? □ Yes □ No
16. Does your organization offer nutrition education and weight management programs to your employees? □ Yes □ No

Thank you for completing the ODS Alaska Well Worksite Wellness Needs Assessment. Return to ODSWell@odscompanies.com.