

Opinions about worksite health and wellness promotion:

1 For each statement, please mark the box that best describes your level of agreement or disagreement.

	Strongly Agree	Agree	Slightly Agree	Neutral	Slightly Disagree	Disagree	Strongly Disagree	Not Sure
A. Establishing policies or programs that promote healthy habits would improve our employees' health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Worksites with healthier employees have lower health insurance costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Healthier employees have better morale, fewer sick days, and are more productive employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. This worksite's budget could provide the resources needed to develop and implement programs that would improve our employees' health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and wellness services that are available to your employees:

2 In the community where your worksite is located, are there any health clubs or community centers where your employees can exercise or participate in fitness programs?

	Yes	No	Not Sure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Please indicate whether or not each of these health or wellness-related services is offered to **any** employees at your worksite.

	Yes	No	Not Sure
A. Offer discounted memberships to off-site exercise facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Provide on-site indoor exercise programs or facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Provide on-site outdoor exercise programs or areas such as a walking path or track.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Provide access to fitness testing or assessments - either on- or off-site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Provide a worksite environment that promotes physical fitness by promoting stair use, allowing flexible work schedules, or encouraging other physical activities for employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Have signs that inform employees and visitors of your worksite's smoking policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Provide incentives - such as discounts on health insurance premiums, increased pay or periodic bonuses, or additional paid time off - to employees who participate in physical activities or maintain their physical fitness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Provide incentives for non-tobacco users <u>or</u> those who quit tobacco.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance:

4 Which one of the following best describes the types of employees who are eligible to participate in the health insurance plan offered at your worksite?

5

<input type="checkbox"/> None of the employees (If None, Go to Q. 6)	<input type="checkbox"/> Management only	<input type="checkbox"/> Management and full-time employees only
<input type="checkbox"/> All full-time and part-time employees	<input type="checkbox"/> Not sure/Choose not to answer	<input type="checkbox"/> Other (Please specify) <input style="width: 100px; height: 20px;" type="text"/>

If one or more employees at your worksite are eligible for health insurance, please indicate whether or not each item is covered by your health insurance plan.

	Yes	No	Not Sure
A. Routine check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. General health risk assessments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Classes on nutrition and healthy eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Classes on healthy cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Weight control and/or weight loss services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Diabetes screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Cancer screening services, such as mammograms, prostate exams, or PAP tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Adult immunizations, or shots for flu, pneumonia, or hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Tobacco cessation programs that help people stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foods available to employees at your worksite:

6 Please indicate whether or not each of these food or snack sources is available for **any** employees at your worksite.

	Yes	No	Not Sure
A. Food or beverage vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. A cafeteria or snack bar that serves food.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Outside vendors that sell food or snack items at your worksite during work days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7** If food or snacks are available for employees at your worksite, please indicate whether or not each item (either individually or as a part of a meal) is available for employees at your worksite.
- | | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| A. Fruit or vegetables..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Milk or yogurt..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Snack foods such as candy, chips, or donuts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Coffee or tea..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Wellness-related policies, practices & interests:

- 8** Which one of the following best describes the tobacco policy in your workplace?
- | | | |
|--|--|---|
| <input type="checkbox"/> Tobacco is prohibited inside the building <u>and</u> on the surrounding grounds | <input type="checkbox"/> Tobacco is prohibited inside the building but is allowed on the surrounding grounds | <input type="checkbox"/> Tobacco is allowed <u>both</u> in designated areas inside the building <u>and</u> on the surrounding grounds |
| <input type="checkbox"/> Tobacco is allowed <u>anywhere</u> in the building and on the surrounding grounds | <input type="checkbox"/> Not sure/Choose not to answer | <input type="checkbox"/> Other <input type="text"/> (Please specify) |

- 9** Does your worksite have any policies or practices regarding women who choose to breast feed their babies? Yes No Not Sure
- If No or Not Sure, Go to Q. 11**

- 10** If "Yes" in Q9, does your worksite have any policies or practices that...
- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| A. Allow employees to share jobs or "jobshare"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Allow flexible scheduling for mothers who want to <u>express</u> milk or breast feed their baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Provide a private area where mothers can <u>express</u> breast milk or breast feed their baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Provide an electric pump for expressing breast milk? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Allow mothers to bring their baby to work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 11** Which of the following positions or committees does your worksite currently have? Yes No Not Sure
- A. A wellness committee or wellness coordinator
- B. A human resources director or department

- 12** A "worksite needs assessment" typically involves surveying employees to determine their current health status and interest in worksite wellness programs, as well as assessing your worksite's current health and wellness practices. **What steps has your worksite taken to identify opportunities for improving the health of your employees?.....**
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Have completed a "worksite needs assessment" | <input type="checkbox"/> Are currently conducting a "worksite needs assessment" | <input type="checkbox"/> Have <u>never</u> conducted a "worksite needs assessment" | <input type="checkbox"/> Not Sure choose not to answer |
|---|---|--|--|

- 13** How interested are you in conducting (or updating) a "worksite needs assessment" in the next 2 to 3 years to identify opportunities for improving the health of your employees?
- Very interested Interested Somewhat interested Not very interested Not at all interested Not sure choose not to answer

- 14** A "worksite wellness plan" typically involves determining programming, setting goals to meet employee health needs, and identifying a budget and funding for the plan. **What steps has your worksite taken to specify the action steps you can take to improve the health of your employees?.....**
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Have completed a "worksite wellness plan" | <input type="checkbox"/> Are currently developing a "worksite wellness plan" | <input type="checkbox"/> Have <u>never</u> developed a "worksite wellness plan" | <input type="checkbox"/> Not Sure choose not to answer |
|--|--|---|--|

- 15** How interested are you in developing (or updating) a "worksite wellness plan" in the next 2 to 3 years to specify the action steps you can take to improve the health of your employees?
- Very interested Interested Somewhat interested Not very interested Not at all interested Not sure choose not to answer

Demographic Information:

16 Which one of the following best describes the industry your worksite is in. (If you are unsure of the correct category, mark the "other" response and provide a description of the industry your worksite is in.)

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Manufacturing/Processing | <input type="checkbox"/> Wholesale/retail/sales | <input type="checkbox"/> Services/hospitality | <input type="checkbox"/> Transportation | <input type="checkbox"/> Not sure/choose not to answer |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Agriculture/mining | <input type="checkbox"/> Construction | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Repair/maintenance | <input type="checkbox"/> Other (Please specify) | |

17 For each category below, based on your organization's definition of a full-time employee, please specify the number of people that are currently employed full-time at your worksite.

Total number of ALL full-time employees at your worksite	<input type="text"/>	Total number of MALES full-time employees at your worksite	<input type="text"/>	Total number of FEMALES full-time employees at your worksite	<input type="text"/>
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18 For each category below, please specify the number of all employees (include all full-time, part-time, and seasonal) that are currently employed at your worksite.

Total number of ALL people currently employed at your worksite	<input type="text"/>	Total number of MALES currently employed at your worksite	<input type="text"/>	Total number of FEMALES currently employed at your worksite	<input type="text"/>
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19 Which one of the following job titles best describes your title or position at your worksite? (If you are unsure of the correct category, mark the "other" response and provide a description of your title or position.)

- | | | |
|---|---|---|
| <input type="checkbox"/> CEO/president/owner | <input type="checkbox"/> Vice president or senior manager | <input type="checkbox"/> Human resources director |
| <input type="checkbox"/> Human resources representative | <input type="checkbox"/> Not sure/Choose not to answer | <input type="checkbox"/> Other (Please specify) |

20 Which one of the following best describes your involvement in the management of your worksite's health insurance or human resources?

- | | |
|---|---|
| <input type="checkbox"/> You manage your health insurance and human resources | <input type="checkbox"/> Both you and others manage these areas |
| <input type="checkbox"/> Someone else manages these areas | <input type="checkbox"/> Not sure/Choose not to answer |

21 Do any of the computers at your worksite allow you to access the Internet or send/receive external email?

- | | |
|---|--|
| <input type="checkbox"/> Yes, the computers at our worksite <u>do</u> allow us to access the Internet or external email | <input type="checkbox"/> No, the computers at our worksite <u>do not</u> allow us to access the Internet or external email |
| <input type="checkbox"/> Do not have any computers at our worksite | <input type="checkbox"/> Not sure/Choose not to answer |

22 What type of contact would you prefer from the South Dakota Department of Health's Office of Health Promotion about health and wellness promotion programs for businesses?

- | | |
|---|---|
| <input type="checkbox"/> Have someone contact me | <input type="checkbox"/> Send more information to me by mail, fax, or email |
| <input type="checkbox"/> Prefer not to be contacted or have more information sent | <input type="checkbox"/> Not sure/Choose not to answer |

23 **If you would like to have someone contact you or have more information sent to you, please provide the contact information below so the Office of Health Promotion will know how to contact you.** This survey is confidential, so contact information will never be used to identify your answers by name! The contact information will only be used to provide you with the additional information you requested.

Name: Title:

Email: @

Phone: 6 0 5 - - FAX: 6 0 5 - -

24 Please indicate your age. Under 25 25 to 34 35 to 44 45 to 54 55 to 64 65 and over Not sure/Choose not to answer

25 Please indicate your gender Male Female

Thank you for your cooperation in completing this survey!