

Organisational Wellness Survey

Name of Organisation:

Address: _____

Postcode: _____

Name of Respondent: _____

Title/Function: _____

Phone number: (____) _____ - _____

Email: _____

N.B.

You do not have to answer any question that you do not wish to. Any information you provide will be kept in the strictest confidence and will be held in a secure place. If you have any questions about this survey please contact dawn@accomplishingwellness.co.uk .

Physical Activity

What types of facilities or resources does your organization provide for employees to engage in physical activity?

	Yes	No
1. Does your worksite have a place for employees to go for a walk?		
a. If yes, can employees walk:		
Indoors		
Outdoors		
b. If yes, is this place: (mark x to all that apply)		
Well lit		
Safe from traffic, cars, machinery		
Safe from intruders		
Well ventilated		
Attractive		
2. Does your organisation have organised physical activities for employees?		
3. Does your organisation have access to physical activity facilities for employees?		
4. Does your organisation have access to an indoor exercise facility?		
If yes, what equipment does it provide (mark x to all that apply)		
Aerobic equipment (e.g. bikes, stair climbers, treadmills)		
Running track		
Swimming pool		
Strength training equipment		
Other _____		
5. When is the exercise facility open (mark x to all that apply)		
Before work hours		
During work hours		

After work hours		
6. Is the facility free or discounted to employees?		
7. Can family members of employees use the facility?		
8. Does your organisation subsidise membership to off-site physical activity facilities?		
9. does your organisation have stairs that employees can use for physical activity?		
10. Does your organization provide any incentives or rewards to employees who are physically active?		
11. Does your organization offer a health plan which provides discounts for health club membership?		
12. Does your organisation offer personal training to employees?		

Nutrition

	Yes	No
1. Can employees in your organization obtain food or snacks at the workplace? If no go to question		
2. Where are the food or snacks offered? (mark x to all that apply)		
Cafeteria?		
Break room or staff kitchen		
Vending machines		
Caterer		
Other (describe) _____		
3. If your organisation uses vending machines, what types of food are available through these machines? (make x to all that apply)		
Sweets, crisps, chocolate, biscuits		
Fizzy drinks (coke, lemonade, etc)		
Fresh vegetables		
Fresh fruit		
Salads		
100% fruit juice		
Dried fruit		
Nuts		

Yogurt		
Water		
4. Can your employees obtain any of the following foods in the work place? (mark x to all that apply)		
100% fruit juice		
Cooked vegetables		
Fresh salads		
Fresh fruit		
5. Does your organisation have written policies and guidelines to ensure fruit, vegetables and salads are offered at catered meetings?		
6. Is cold water readily available for employees?		
7. Does your organisation have a place where employees can refrigerate and heat meals?		
8. Does your organisation offer nutrition education programmes to your employees?		
9. Does your organisation offer weight management programmes?		
10. Does your organisation offer discounts for dietary counselling		

Smoking

	Yes	No
Does your organisation have a written smoke-free environment policy?		
Are employees who violate the policy penalised in any way?		
Does your organisation offer stop smoking programmes?		

Other health programmes

In the past 12 months, has your organisation offered any health education classes, workshops, lectures or special events?		
In the past 12 months, has your organisation offered or promoted any of the following health screening services: (mark x to all that apply)		
Cholesterol screening		
Blood sugar screening		
Blood pressure monitoring		
Weight monitoring		

Eye sight		
Heart disease risk		
Osteoporosis risk		
Other _____		
Are your employees allowed to use paid work time to participate in health-related activities?		
If yes, is this for: Activities at work?		
Time off to participate elsewhere?		
If yes, in which activities are employees allowed to use paid work time for participation? (mark x to all that apply)		
Blood pressure screening		
Cholesterol screening		
Nutrition classes		
Physical activity		
Stop smoking classes		
Weight management classes		
Stress management		
Other _____		

Organisation policies

	Yes	No
1. Does your organization have a written flexi-time policy?		
2. Does your organization participate in an Employee Assistance Program (EAP)?		
3. In the past 12 months, has your organization solicited feedback from employees on the types of health programmes and services that would be beneficial to them?		
4. Does your organization have a budget for colleague health promotion?		
5. Is there a designated person, group or committee within your organization who is responsible for employee health promotion?		
6. Does your organization offer family leave for employees to care for sick family members?		

About Your Organization

Yes	No

1. How would you describe the attitude of your organization's leadership toward the promotion of health among your colleagues? Strongly supportive		
Neutral attitude		
Not very supportive		
Not at all supportive		
2. Which of the following statements best describes your organisation's health insurance benefit? We do not offer health insurance to employees		
We offer a health insurance plan, but do not contribute a percentage of the premium		
We offer a health insurance plan and contribute a percentage of the premium but only to executives		
We offer a health insurance plan and co tribute a percentage of the premium to all employees		
3. How many employees work in your business? (include full and part time employees) Fewer than 50		
50 to 249		
250 or more		
4. What percentage of your employees are women? Percent: _____		
5. What percentage of your employees are disabled? Percent: _____		
6. What percentage of your employees are: Percent: _____ full time _____ part time _____ satellite/off-site employees		