

# Wellness Works Clark County:

A Worksite Wellness Assessment Tool Adapted from *The CDC Worksite Health ScoreCard*





**Worksite Wellness Clark County:**  
**A Worksite Wellness Assessment Tool Adapted from**  
***The CDC Worksite Health ScoreCard.***

**1. CONTACT INFORMATION**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**2. EMPLOYEE CHARACTERISTICS**

**2a. Number of employees**

☐ < 100      ☐ 100–249      ☐ 250–749      ☐ ≥750

**2b. Sex**

% Male \_\_\_\_\_

% Female \_\_\_\_\_

**2c. Age group**

% <18 years of age \_\_\_\_\_

% 18–34 years of age \_\_\_\_\_

% 35–44 years of age \_\_\_\_\_

% 45–64 years of age \_\_\_\_\_

% ≥65 years of age \_\_\_\_\_

**2d. Average Age**

Years of age \_\_\_\_\_

**2e. Racial/ethnic group**

% Non-Hispanic White \_\_\_\_\_

% Non-Hispanic Black/African American \_\_\_\_\_

% Hispanic/Latino \_\_\_\_\_

% Asian/Asian American \_\_\_\_\_

% American Indian/Alaska Native \_\_\_\_\_

% Native Hawaiian/Pacific Islander \_\_\_\_\_

% Other \_\_\_\_\_

**2f. Work status**

% Full-time \_\_\_\_\_

% Part-time \_\_\_\_\_

% Temporary \_\_\_\_\_

**2g. Job type**

% Salaried \_\_\_\_\_

% Hourly \_\_\_\_\_

## 2h. Education level

% Less than high school	_____
% High school graduate/GED	_____
% Some college/technical school	_____
% College graduate	_____
% Post-graduate/advanced degree	_____

## 3. Your Organization's Business Type

- ☐ For-profit
- ☐ Nonprofit/government
- ☐ Nonprofit/other

## 4. Your Organization's Industry Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting     | <input type="checkbox"/> Information  |
| <input type="checkbox"/> Mining, Quarrying, and Oil and Gas Extraction  | <input type="checkbox"/> Construction   |
| <input type="checkbox"/> Retail/Wholesale Trade                         | <input type="checkbox"/> Educational Services   |
| <input type="checkbox"/> Accommodation & Food Services                  | <input type="checkbox"/> Manufacturing  |
| <input type="checkbox"/> Professional, Scientific, & Technical Services | <input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services |
| <input type="checkbox"/> Transportation, Warehousing, & Utilities       | <input type="checkbox"/> Arts, Entertainment, and Recreation                                |
| <input type="checkbox"/> Health Care & Social Assistance                | <input type="checkbox"/> Other Services (except Public Administration):<br>_____            |
| <input type="checkbox"/> Real Estate & Rental & Leasing                 |   |
| <input type="checkbox"/> Finance and Insurance                          | <input type="checkbox"/> Public Administration  |

## 5. Health insurance coverage provided to employees?

- ☐ Yes
- ☐ No

**6. Elements of worksite health promotion programs offered at your organization:**

*(check all that apply)*

- ☐ Health education (e.g., skills development and behavior change classes; awareness building brochures, posters)
- ☐ Links to related employee services (e.g., referral to employee assistance programs [EAPs])
- ☐ Supportive physical and social environment for health improvement (e.g., tobacco-free policies, subsidized gym memberships)
- ☐ Integration of health promotion into your organization's culture (e.g., health promotion being part of business' mission statement)
- ☐ Employee screenings with adequate treatment and follow up (e.g., Health Risk Assessments (HRAs) and biometric screenings)

# Wellness Works Clark County:

## A Worksite Wellness Assessment Tool Adapted from The CDC Worksite Health ScoreCard

### Organizational Supports



<b>Organizational Supports</b> <i>During the past 12 months, did your worksite:</i>	<b>Yes</b>	<b>No</b>	<b>Score</b>
1. Conduct an employee needs and interests assessment for planning health promotion activities? <i>Answer "yes" if, for example, your organization administers focus groups or employee satisfaction surveys to assess your employee health promotion program(s). Answer "no" if your organization administers general surveys that do not assess your employee health promotion program(s).</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
2. Conduct employee health risk appraisals/assessments through vendors, on-site staff, or health plans and provide individual feedback plus health education? <i>Answer "yes" if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
3. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? <i>Answer "yes" if, for example, all levels of management participate in activities, communications are sent to employees from senior leaders, the worksite supports performance objectives related to healthy workforce, or program ownership is shared with all staff levels.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
4. Use and combine incentives with other strategies to increase participation in health promotion programs? <i>Answer "yes" if, for example, your organization offers incentives such as gift certificates, cash, paid time off, product or service discounts, reduced health insurance premiums, employee recognition, or prizes.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
5. Use competitions when combined with additional interventions to support employees making behavior changes? <i>Answer "yes" if, for example, your organization offers walking or weight loss competitions.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	

<b>Organizational Supports</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
6. Promote and market health promotion programs to employees? <i>Answer “yes” if, for example, your worksite’s health promotion program has a brand name or logo, uses multiple channels of communication, or sends frequent messages.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
7. Use examples of employees role modeling appropriate health behaviors or employee health-related “success stories” in the marketing materials?	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
8. Tailor some health promotion programs and education materials to: 1)the language, literacy levels, culture, or 2)readiness to change of various segments of the workforce? <i>Answer “no” if you do not perceive a need for your organization to tailor its health promotion programs and education materials to any specific group(s).</i>	<input type="checkbox"/> (1 pts.) <input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
9. Have an active health promotion committee? <i>Answer “yes” if your health promotion committee exists and has been involved in planning and implementing programs.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
10. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program? <i>Answer “yes” if implementing the employee health promotion program(s) at your worksite is included in a paid staff member’s job description or performance expectations.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
11. Have a champion(s) who is a strong advocate for the health promotion program? <i>Answer “yes” if there is someone at your worksite who actively promotes programs to improve worksite health promotion.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
12. Have an annual budget or receive dedicated funding for health promotion programs?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
13. Set annual organizational objectives for health promotion?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
14. Include references to improving or maintaining employee health in the business objectives or organizational mission statement? <i>Answer “no” if your organization’s business objectives or mission statement only reference occupational health and safety, without reference to improving the workforce’s health.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	

<i>Organizational Supports</i> <i>During the past 12 months, did your worksite:</i>	<i>Yes</i>	<i>No</i>	<i>Score</i>
15. Conduct ongoing evaluations of health promotion programming that use <i>multiple</i> data sources? <i>Answer “yes” if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.</i>	<input type="checkbox"/> (2 pt.)	<input type="checkbox"/> (0 pts.)	
16. Make any health promotion programs available to family members?	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
17. Provide flexible work scheduling policies? <i>Answer “yes” if, for example, policies allow for flextime schedules and work at home.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
18. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts? <i>Answer “yes” if, for example, your organization supports participation in community events and school-based efforts, such as corporate walks, collaborate with state and local advocacy groups, health and regulatory organizations, and coalitions on paid time.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
Your Worksite’s Organizational Supports Section Score:			
Maximum Organizational Supports Section Score:			33

## Tobacco Control



<b><i>Tobacco Control</i></b> <b><i>During the past 12 months, did your worksite:</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Score</i></b>
19. Have a written policy banning tobacco use at your worksite? <i>Answer "yes" if your worksite adheres to a statewide, countywide, or citywide policy banning tobacco use in the workplace.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
20. Actively enforce a written policy banning tobacco use? <i>Answer "yes" if, for example, your worksite posts signs, does not have ashtrays, or communicates this written policy banning tobacco use through various channels at your worksite.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
21. Display signs (including 'no smoking' signs) with information about your tobacco-use policy?	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
22. Refer tobacco users to a state or other tobacco cessation telephone quit line? <i>Answer "yes" if, for example, your worksite refers tobacco users to 1-800-QUIT NOW or smokefree.gov.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
23. Provide health insurance coverage with no or low out-of-pocket costs for prescription tobacco cessation medications including nicotine replacement? <i>Answer "yes" if, for example, your organization provides coverage for inhalers, nasal sprays, bupropion (e.g., Zyban) and varenicline (e.g., Chantix).</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
24. Provide health insurance coverage with no or low out-of-pocket costs for FDA-approved over-the-counter nicotine replacement products? <i>Answer "yes" if, for example, your organization provides coverage for nicotine replacement gum, patches, or lozenges.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
25. Provide or promote free or subsidized tobacco cessation counseling onsite? Provide or promote free or subsidized tobacco cessation counseling offsite or online?	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	

<b><i>Tobacco Control</i></b> <b><i>During the past 12 months, did your worksite:</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Score</i></b>
26. Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
27. Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in a cessation class or actively quitting? <i>Answer "yes" if, for example, your organization provides discounts on health insurance, or other benefits for non-smokers and tobacco users who are actively trying to quit.</i>	<input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	
28. Do not allow sale of tobacco products on company property? <i>Answer "yes" if, for example, your worksite does not sell tobacco products on company property in vending machines or through on-site vendors.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Tobacco Control Section Score:</b>			
<b>Maximum Tobacco Control Section Score:</b>			<b>20</b>

## Nutrition



<b>Nutrition</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
29. Provide places to purchase food and beverages? <i>Answer "yes" if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.</i> <i>IF NO, PLEASE SKIP TO QUESTION 36.</i>	<input type="checkbox"/> (0 pts.)	<input type="checkbox"/> (0 pts.)	question not scored
30. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars? <i>Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free or low-sodium snacks available in cafeterias or snack bars.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
31. Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines? <i>Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items and trans fat-free/low-sodium snacks available in vending machines.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
32. Make most (more than 50%) of the food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items? <i>Answer "yes" if the healthy foods are items such as skim milk, 1% milk, water, unsweetened flavored water, diet drinks, 100% fruit juice, low-fat and low-sodium snacks, or fresh fruit. (See Dietary Guidelines for Americans, 2010 or GSA/HHS Health and Sustainability Guidelines for Federal Concessions and Vending Operations.)</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
33. Provide nutritional information (beyond standard nutrition information on labels) on sodium, calories, trans fats, or saturated fats for foods and beverages sold in worksite cafeterias, snack bars, or other purchase points?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
34. Identify healthier food and beverage choices with signs or symbols?♥ <i>Answer "yes" if, for example, your worksite puts a heart next to a healthy item near vending machines, cafeterias, snack bars, or other purchase points.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	

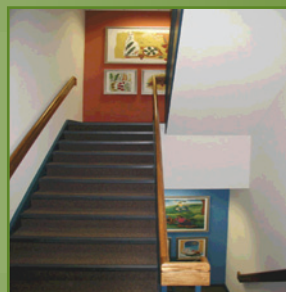
<b>Nutrition</b>				
<b>During the past 12 months, did your worksite:</b>		<b>Yes</b>	<b>No</b>	<b>Score</b>
35.	Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
36.	Have a written policy or formal communication which makes healthier food and beverage choices available during meetings when food is served? <i>Answer "yes" if, for example, the policy or formal communication makes vegetables, fruits, 100% fruit juices, whole grain items or trans fat-free/low-sodium snacks available during meetings.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
37.	Provide employees with food preparation and storage facilities? <i>Answer "yes" if your worksite provides a microwave oven, sink, refrigerator and/or kitchen.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
38.	Offer or promote an on-site or nearby farmers' market where fresh fruits and vegetables are sold?	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
39.	Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating? <i>Answer "yes" if these health promotion materials address the benefits of healthy eating as a single health topic or if the benefits of healthy eating are included with other health topics.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
40.	Provide a series of educational seminars, workshops, or classes on nutrition onsite? Provide a series of educational seminars, workshops or classes on nutrition offsite or online? <i>Answer "yes" if these sessions address nutrition as a single health topic or if nutrition is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	
41.	Provide free or subsidized self-management programs for healthy eating onsite? Provide free or subsidized self-management programs for healthy eating offsite or online? <i>Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans and programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Nutrition Section Score:</b>				
<b>Maximum Nutrition Section Score:</b>				<b>23</b>

## Lactation Support



<b>Lactation Support</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
42. Have a written policy on breastfeeding for employees? <i>Answer "yes" if the policy is included as a component of other employee policies or is a separate policy related to breastfeeding.</i>	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
43. Provide a private space (other than a restroom) that may be used by an employee to express breast milk?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
44. Provide access to a breast pump at the worksite?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
45. Provide flexible paid or unpaid break times to allow mothers to pump breast milk?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
46. Provide free or subsidized breastfeeding support groups or educational classes onsite? Provide free or subsidized breastfeeding support groups or educational classes offsite or online? <i>Answer "yes" if these sessions address breastfeeding as a single health topic or if breastfeeding is included with other health topics. These sessions can be provided in-person or online; onsite or offsite; in group or individual settings; through vendors, on-site staff, health insurance plans/programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	
47. Offer paid maternity leave, separate from any accrued sick leave, annual leave, or vacation time?	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Lactation Support Section Score:</b>			
<b>Maximum Lactation Support Section Score:</b>			<b>15</b>

## Physical Activity



<b>Physical Activity</b> <b>During the past 12 months, did your worksite:</b>	<b>Yes</b>	<b>No</b>	<b>Score</b>
48. Provide an exercise facility on-site?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
49. Subsidize or discount the cost of on-site or offsite exercise facilities?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
50. Provide environmental supports for recreation or physical activity? <i>1) your worksite provides trails or a track for walking/jogging?</i> <i>2) maps of suitable walking routes?</i> <i>3) bicycle racks?</i> <i>4) open space designated for recreation or exercise (gym, basketball court, etc.)?</i> <i>5) a shower and changing facility?</i> <i>6) Standing desks, workstations or balance ball chairs?</i>	(1 pt ea) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> (0 pts.)	
51. Post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs? <i>Answer "no" if your worksite is located in a one-story building.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
52. Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility)? <i>Answer "yes" if, for example, your worksite provides walking or stretching programs, group exercise, or weight training.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
53. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of physical activity? <i>Answer "yes" if these health promotion materials address the benefits of physical activity as a single health topic or if the benefits of physical activity are included with other health topics.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
54. Provide a series of educational seminars, workshops, or classes on physical activity on-site? Provide a series of educational seminars, workshops, or classes on physical activity offsite or online? <i>Answer "yes" if these sessions address physical activity as a single health topic or if physical activity is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	

<b><i>Physical Activity</i></b> <b><i>During the past 12 months, did your worksite:</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Score</i></b>
55. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
56. Provide free or subsidized self-management programs for physical activity onsite? Provide free or subsidizes self-management programs for physical activity offsite or online? <i>Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pts.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Physical Activity Section Score:</b>			
<b>Maximum Physical Activity Section Score:</b>			<b>28</b>

## Weight Management



<b>Weight Management</b> <b>During the past 12 months, did your worksite:</b>		<b>Yes</b>	<b>No</b>	<b>Score</b>
57. Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond self-report) followed by directed feedback and clinical referral when appropriate?		<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	
58. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of overweight or obesity? <i>Answer "yes" if these health promotion materials address the risks of overweight or obesity as a single health topic or if the risks of overweight or obesity are included with other health topics.</i>		<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
59. Provide a series of educational seminars, workshops, or classes on weight management onsite? Provide a series of educational seminars, workshops, or classes on weight management offsite or online? <i>Answer "yes" if these sessions address weight management as a single health topic or if weight management is included with other health topics. These sessions can be provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>		<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
60. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese onsite? Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese offsite or online? <i>Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>		<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
61. Provide free or subsidized self-management programs for weight management onsite? Provide free or subsidized self-management programs for weight management offsite or online? <i>Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>		<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Weight Management Section Score:</b>				
<b>Maximum Weight Management Section Score:</b>				<b>12</b>

## Stress Management



<b><i>Stress Management</i></b> <b><i>During the past 12 months, did your worksite:</i></b>	<b><i>Yes</i></b>	<b><i>No</i></b>	<b><i>Score</i></b>
62. Provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises?	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
63. Sponsor or organize social events throughout the year? <i>Answer "yes" if, for example, your worksite sponsors or organizes team building events, company picnics, holiday parties, or employee sports teams.</i>	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
64. Provide stress management programs onsite? Provide stress management programs offsite or online? <i>Answer "yes" if these programs address stress management as a single health topic or if stress management is included with other health topics. Answer "yes" if these programs are provided in-person or online; on-site or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	<input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
65. Provide work-life balance/ life-skills programs? <i>1) your worksite provides elder care or child care. 2)tuition reimbursement. 3) other programs that are offered through vendors such as employee assistance programs.</i>	<input type="checkbox"/> (3 pts.) <input type="checkbox"/> (2 pts.) <input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	
66. Provide training for managers on identifying and reducing workplace stress-related issues? <i>Answer "yes" if, for example, your worksite provides training on performance reviews, communication, personnel management, assertiveness, time management, or conflict resolution.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
67. Provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress? <i>Answer "yes" if, for example, your worksite provides opportunities for employees to participate in decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.</i>	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	
<b>Your Worksite's Stress Management Section Score:</b>			
<b>Maximum Stress Management Section Score:</b>			<b>17</b>

## Wellness Works Clark County

You may use the following table to summarize your topic section scores.

SUMMARY SCORE TABLE		
Section:	Total Points Possible:	Your Worksite's Score:
Organizational Supports	33	
Tobacco Control	20	
Nutrition	23	
Lactation Support	15	
Physical Activity	28	
Weight Management	12	
Stress Management	17	
<b>TOTAL</b>	<b>148</b>	

Annual Worksite Health Improvement Plan Template

Objective: \_\_\_\_\_

SMART Goal #1 (SMART= Specific, Measurable, Attainable, Realistic, Time-Sensitive): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

Annual Worksite Health Improvement Plan Template

Objective: \_\_\_\_\_

SMART Goal #2 (SMART= Specific, Measurable, Attainable, Realistic, Time-Sensitive): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

# Annual Worksite Health Improvement Plan Template

Objective: \_\_\_\_\_

SMART Goal #3 (SMART= Specific, Measurable, Attainable, Realistic, Time-Sensitive): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Intervention Strategies (What)	Process (How, When, Who)	Communications	Evaluation

