APPENDIX

WORKSITE HEALTH PROMOTION ENVIRONMENTAL ASSESSMENT TOOL

SECTION I: TO BE COMPLETED BY THE SITE CONTACT

Instructions: Please complete Section I prior to the site visit by the research team. If you are unable to answer any question, please write "N/AP" if the information is not applicable or "N/AV" if the information is not available.

SITE CHARACTERISTICS:

Date: _____ Person completing assessment: _____

Worksite: _____

Building/Address: _____

City/State/Zip: _____

Site Contact: _____

Phone: _____ Site description: Rural ___ Suburban ___ Urban ___

Briefly describe the business of the site (e.g., what types of products are manufactured; what services are provided; what business units are located at the site; are there unions at the site; anticipated changes at the site):

A. SIZE OF WORKFORCE

A1. How many employees work at the site? _____

A2. Shift work: What is your estimate of the percentage of workers who work on each shift?
Day shift: _____ Evening shift: _____ Night shift: _____ Rotating shifts: _____

B. EMPLOYEE CHARACTERISTICS

B1. Percent male: ___

B2. Percent female: ___

B3. Average age: ___

B4. Percent hourly wage earners: ___

B5. Race/ethnicity (indicate percent):

White:	_____
Black/African American:	_____
Hispanic:	_____
American Indian/Alaskan Native:	_____
Native Hawaiian/Asian/Pacific Islander:	_____
Other:	_____

B6. Job type (indicate percent):

Production/manufacturing:	_____
Administrative/clerical:	_____
Managerial/technical:	_____
Maintenance:	_____
Other:	_____

B7. Estimate the percent of employees who spend more than half of their work time off site (e.g., truck drivers, delivery personnel, sales and marketing staff; telecommuters):_____

B8. Estimate of the percent of employees travel to and from work using:

Private cars	_____
Feet (walk)	_____
Bicycles	_____
Public transportation	_____
Van pools, company vehicles	_____

C. SITE CHARACTERISTICS

C1. Approximate size of site: _____ acres

Total Dow land: _____acres

C2. Number of buildings (separate structures): _____

C3. Please complete the following table by indicating the name of six (6) main buildings located at this site and providing the requested information regarding each building.

Name of Building	Number of Employees	Number of Floors	Distance from nearest employee parking lot (in yards)	Are bicycle racks or bicycle lockers available?	Number of Minutes needed to walk to next nearest building

C4. Are any of the buildings connected by walkways: Yes _____ No ___

C5. If yes, are walkways covered? Yes ___ No ___

C6. What is the total distance of sidewalks or other pedestrian walkways within site property?
_____ miles _____ % lighted at night

C7. What is the approximate distance from the site (in miles) to nearest?

Town, downtown or city: _____
Restaurants or fast food outlets: _____
Convenience stores: _____
Super market or grocery store: _____
Park or other natural area: _____
Athletic fields or other sports facilities
(including swimming facilities): _____

D. WORK RULES

D1. In general, do employees "punch in" a time clock when they enter or leave work?
___ Yes ___ No ___ Only certain employee groups; specify: _____

D2. How long are employee breaks and meal periods (for typical work shift)?
# of breaks _____ duration of break (in minutes) _____
duration of meal period (in minutes) _____

D3. Are employees permitted to leave company property during their work shift?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D4. Do employees have access to their lockers during the workday?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D5. Do employees have access to vending machines on site during the workday?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D6. Do employees have access to cafeterias and/or other food services on site during the workday?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D7. On average, what percentage of employees purchase lunch in company sponsored cafeterias or food services?
_____ percent _____ Not applicable

D8. Does the site provide employees with food preparation facilities such as a microwave oven, sink, and/or kitchen?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D9. Does the site provide employees with a refrigerator?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

D10. Does the site provide shower facilities?
___ Yes ___ No ___ Only under certain circumstances; specify:
_____

CURRENT HEALTH PROMOTION PROGRAMS OFFERED AT THIS SITE

Below is a list of health promotion programs offered by some employers. Check the box next to each program listed where you <u>currently offer</u> this benefit at your worksite.	
	Physical Activity
	Distribute educational information on physical activity through print, web, video, audio media (e.g., brochures in common areas, links from company website, video or audio library)
	Lay out walking routes and trails (onsite or offsite in surrounding community)
	Post signs at elevators and entrances/exits that encourage employees to use the stairs
	Provide bicycles free of charge for traveling between buildings and sites
	Distribute free pedometers
	Offer onsite fitness center or fitness room
	Offer exercise classes
	Offer financial incentives to use fitness center and/or exercise classes
	Offer time off for physical activity during work hours
	Install fitness equipment at the workstation (e.g., cardio equipment, hand weights/dumb bells, stretching mats, exercise balls)
	Install sport-specific exercise areas (e.g., basketball, volleyball, racquet ball or tennis courts)
	Offer sports team sponsorship or organized physical activities
	Publish a newsletter or column for physical activity related information (print or computer-based: providing information on programs, feature articles, high-risk targeted messaging, etc.)
	Install posters/bulletin boards designated for physical activity information
	Develop policy statement supporting physical activity
	Other:
	Other:
	Other:
	Other:

	Diet/Nutrition
	Distribute educational information on diet/nutrition using print, web, video, audio media (e.g., brochures in common areas, links from company website, video or audio library)
	Offer individual consultation with health educator/nutritionist
	Develop policies that require healthy food choices at business related functions (e.g., policy to provide healthy foods at seminars, work meetings, receptions, contract with food/beverage vendors for which a healthy business menu has been developed and customized for the worksite)
	Develop policies that require healthy food preparation practices in cafeteria (e.g., steaming, low fat/salt substitutes, limited frying)
	Provide healthy cafeteria food options (low/reduced fat, low/no sugar, fiber-rich, whole grain, low sodium, low calorie, etc.)
	Provide nutritional labeling on unpackaged/unlabeled cafeteria foods (e.g., cold/hot bar foods, sandwiches, salads)
	Develop identification system for marking more nutritious food/beverage items in cafeteria (e.g., "healthy heart" tags identifying healthier food/beverage options for employees)
	Offer full and half-size portions of food/beverage items in cafeteria (e.g., ½ sandwich and ½ c. soup, ½ size cans/bottles of soda and juice, mini-size bag of nuts/trail mix)
	Offer healthy vending machine snack food options (low fat, lower-sugar, fiber-rich foods; e.g., whole wheat pretzels, whole grain crackers, low fat granola)
	Offer healthy vending machine cold food options (low/reduced fat, low/no sugar, fiber-rich foods; e.g., fresh and canned in own juice fruit, fresh vegetables, salads with low/reduced fat dressing, low fat/low-sugar yogurt, reduced-fat cheese, low fat/whole grain bagels)
	Offer healthy vending machine beverage options (bottled water, sugar-free flavored seltzer water, 100% juices, low fat milk)
	Develop identification system for marking more nutritious food/beverage items in vending machines (e.g., "healthy heart" tags identifying healthier food/beverage options for employees)
	Install water coolers (e.g., next to vending machines, in break/lunch room, lounges)
	Have a newsletter or column for diet/nutrition related information (print or computer-based; providing information on programs, feature articles, high-risk targeted messaging, etc.)
	Install posters/bulletin boards designated for diet/nutrition information
	Other
	Other:
	Other:
	Other:

	Prevention & Management of Obesity/Overweight
	Distribute educational information on preventing/managing overweight and obesity using print, web, video, audio media (e.g., brochures in common areas, links from company website, video or audio library)
	Offer on-site self-paced weight management groups (e.g., Weight Watchers, Weight 4 Me)
	Provide reimbursement for healthy lifestyle activities
	Offer prizes, awards, and recognition to employees or managers who can demonstrate significant health improvements
	Make referral to community resources
	Offer overweight/obesity seminars, lunch 'n learns
	Provide management training on the importance of employee health promotion
	Have a program theme or logo for health improvement and weight management
	Provide regular messages from senior managers supporting health promotion
	Provide managers with performance objectives related to worksite health improvement
	Install scales in bathrooms
	Encourage use of community weight management programs through subsidies/reimbursement
	Offer time off for weight management programs during work hours
	Other:
	Other:
	Other:
	Other:
	Other:

Other Health Promotion Programs Offered at the Site	
	Smoking cessation
	Stress management/dealing with emotional health
	Alcohol/drug education, EAP
	Motor vehicle and home safety
	Other:
	Other:
	Other:
	Other:
	Other:

CURRENT HEALTH PROMOTION POLICIES

Does the worksite have a written policy statement supporting employee physical fitness?
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

Does the worksite have a written policy statement requiring healthy food options be served at business activities (e.g., meetings, receptions, etc.)
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

Does the worksite have a written policy statement on healthy food preparation in cafeterias?
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

PHYSICAL ACTIVITY & FITNESS FACILITY

Does the worksite provide an exercise facility onsite (in the building or on the grounds)?
___ Yes ___ No

If yes,

Is the fitness facility staffed with credentialed instructors or trainers?
___ Yes ___ No

Does the worksite provide any of the following activities and how often are they offered?

Activity	Offered (Y/N)	Mark how frequent the activity is offered		
		Daily	Weekly	Monthly
Aerobics classes				
Running groups				
Walking classes				
Spinning classes				
Yoga classes				
Tai Chi classes				
Self Defense classes				
Fitness classes				
Personal training				
Swimming classes				
Water aerobics				
Dancing classes				
Racquetball classes				
Other activities, please specify _____ _____ _____				

Does the worksite offer any of the following?

___ Sports teams sponsored by the worksite
___ Organized physical activities during work time
___ Physical activity during work hours
___ Flex time to accommodate physical activity not during work hours (e.g., before, after, or during unpaid lunch time)

Does the worksite subsidize a membership to an offsite exercise facility?
___ Yes ___ No

If yes,

How much of the cost is subsidized?
___ 100%
___ 50% - 99%
___ 10%- 49%

Does an employee have to do something to be eligible for the subsidy?
___ Yes ___ No

If yes,

What does the employee have to do? (Please describe)
_____
_____
_____

SECTION II: TO BE COMPLETED BY THE RESEARCH TEAM

Observer: _____

When conducting a tour of the site, name and title of person at worksite assisting with the assessment:

Name: _____

Title: _____

IMPORTANT: Please specify next to each assessment area the specific location, building or location within a building where the assessment is taking place.

PARKING/BIKE ASSESSMENT

What is the distance from the main buildings to the main parking area?

_____ (specify in feet/miles)

Number of signs in parking area encouraging drivers to park farther from building entrances:
Tally: _____ Total No. = _____

Number of bike rack spaces on grounds:
Tally: _____ Total No. = _____

Number of bikes parked in spaces on grounds:
Tally: _____ Total No. = _____

STAIRCASE USE/ELEVATOR ASSESSMENT (Mark √ if "yes" or present or "N/A" if not applicable)

Total number of floors used in the building _____

Do stairs exist in the building that employees could use on a daily basis?
____Yes ____No

Total number of elevators:_____
Total number of stairwells:_____
Total number of entrances:_____

Sign encouraging use of stairs at building entrance or at elevators

____Entrance/Elevator 1 ____Entrance/Elevator 2 ____Entrance/Elevator 3

____Entrance/Elevator 4 ____Entrance/Elevator 5 ____Entrance/Elevator 6

	Stairwell #					
	1	**2**	**3**	**4**	**5**	**6**
Staircase not enclosed in stairwell						
Able to see stairs from entrance						
Door marked "stairs" (not just exit)						
Door is unlocked on most floors						
No warnings or cautions on door						
Floor number labeled inside of stairway						
No restricted exit (locked from inside)						
Signs encouraging use of stairs						

CHANGING FACILITY

Does the worksite provide a shower/changing facility for employees who want to engage in physical activity while at work?

___ Yes ___ No

If yes, is the facility easily accessible to most employees within a 10 minute walk from the work area or workstation?

___ Yes ___ No

SIGNS AND BULLETIN BOARDS

For the following assessment, identify six representative areas at the site.

Physical Activity:
Number of signs/posters/notices at the worksite encouraging physical activity, exercise classes, and sport activities. Include onsite, offsite, work-sponsored, and sponsored by another organization.

Area 1:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Area 2:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Area 3:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Area 4:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Area 5:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Area 6:
Total signs tally: _____ Total No. = _____
Signs with physical activity message tally: _____ PA Message No. = _____

Nutrition:
Number of signs/posters/notices about dietary information, weight loss, encouraging or promoting programs about dietary fat reduction or more fruits and vegetables.

Area 1:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

Area 2:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

Area 3:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

Area 4:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

Area 5:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

Area 6:
Total signs tally: _____ Total No. = _____
Signs with nutrition message tally: _____ Nutrition Msg No. = _____

WRITTEN POLICIES

Does the worksite have a written policy statement supporting employee physical fitness?
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

Does the worksite have a written policy statement requiring healthy food options be served at business activities (e.g., meetings, receptions, etc.)
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

Does the worksite have a written policy statement on healthy food preparation in cafeterias?
____ Yes ____ No

If yes, what is that policy? _____
_____
_____

Is the policy posted or otherwise communicated to employees?
____ Yes ____ No

PHYSICAL ACTIVITY & FITNESS FACILITY

Does the worksite provide an exercise facility onsite (in the building or on the grounds)?
___ Yes ___ No

If yes,

Is the fitness facility staffed with credentialed instructors or trainers?
___ Yes ___ No

What is the size of the workout area?

Workout Room 1 ____ feet X ____ feet

Workout Room 2 ____ feet X ____ feet

Workout Room 3 ____ feet X ____ feet

What are the hours of operation?

Workout Room 1 ____ to ____

Workout Room 2 ____ to ____

Workout Room 3 ____ to ____

Do the hours of operation allow employees to access the facility before, during, and/or after work? (Check all that apply)

_____ before work
_____ during work
_____ after work

Does the fitness facility offer any of the following equipment in the workout area? Please mark and specify the number of each in the space provided.

___ Treadmills (No. = ___)
___ Bikes (No. = ___)
___ Rowing Machines (No. = ___)
___ Stepper Machines (No. = ___)
___ Elliptical Machines (No. = ___)
___ Free Weights (No. = ___)
___ Resistance Equipment (No. = ___)
___ Other Machines (No. = ___)

Does the fitness facility offer any of the following types of workout areas?

___ Outdoor exercise areas or playing fields (specify ____ ft x ____ft)
___ Area inside facility for aerobics, dance, stretching, or other activity
___ Racquetball courts
___ Track or walking/running paths
___ Basketball courts (indoor or outdoor)
___ Volleyball courts (indoor or outdoor)
___ Tennis courts (indoor or outdoor)
___ Other (specify _____)

Has a walking path or route been implemented?

___Yes
___No

Is the walking path/route marked?

___Yes
___No

Is the length communicated on the signs?

___Yes
___No

How many signs are there? _____

Where are the signs located? _____

Does the worksite provide any of the following activities and how often are they offered?

Activity	Offered (Y/N)	Mark how frequent the activity is offered		
		Daily	Weekly	Monthly
Aerobics classes				
Running groups				
Walking classes				
Spinning classes				
Yoga classes				
Tai Chi classes				
Self Defense classes				
Fitness classes				
Personal training				
Swimming classes				
Water aerobics				
Dancing classes				
Racquetball classes				
Other activities, please specify _____ _____ _____				

Does the worksite offer any of the following?

___ Sports teams sponsored by the worksite
___ Organized physical activities during work time
___ Physical activity during work hours
___ Flex time to accommodate physical activity not during work hours (e.g., before, after, or during unpaid lunch time)

Does the worksite subsidize a membership to an offsite exercise facility?
___ Yes ___ No

If yes,

How much of the cost is subsidized?
___ 100%
___ 50% - 99%
___ 10%- 49%

Does an employee have to do something to be eligible for the subsidy?
___ Yes ___ No

If yes, what does the employee have to do? (Please describe)

_____

VENDING MACHINE ASSESSMENT

Does the worksite have vending machines for employees to access beverages and/or food during work hours?
___ Yes ___ No

If yes, complete the following beverage and snack/meal vending machine assessment(s) below:

Beverage Machines

From observation of the beverage vending machines, for each machine, please indicate the location (worksite or grounds), type (soft drink or hot drink), total number of slots, and if healthy beverage items are marked or priced differently than less healthy options, then mark the number of healthy beverage options available.

	Beverage Vending Machine #					
	1	**2**	**3**	**4**	**5**	**6**
Location (W= worksite, G= grounds)						
Type (SD = soft drink, HD = hot drink)						
Total number of slots						
Total number of healthy items						
Are healthy items priced lower than less healthy items (Y/N)						
Beverage options (indicate number)						
100% juice						
Bottled water						
Diet soft drinks (sugar free, sweetened artificially with no calorie sweetener)						
1%, skim, or low fat chocolate milk						
Other beverage (specify _____)						

Snack/Meal Machines

From observation of the snack/meal vending machines, for each machine, please indicate the location (worksite or grounds), type (snack or meal), total number of slots, and if healthy food items are marked or priced differently than less healthy items, then mark the food options available.

	Snack/Meal Vending Machine #					
	1	2	3	4	5	6
Location (W= worksite, G= grounds)						
Type (S= snack, M= hot/cold meals)						
Total number of slots						
Total number of healthy items						
Are healthy items priced lower than less healthy items (Y/N)						
Food options (indicate number)						
"Lite" popcorn						
Pretzels						
Low Fat or Non-Fat Yogurt						
Fresh Fruit						
Chicken, Turkey, Ham or Lean Roast Beef sandwiches (w/out mayonnaise or cheese)						
Sandwiches made with whole grain bread						
Low calorie/Low fat pre-packaged meals						
Bagels with "Lite" cream cheese						
Tossed salad with reduced or nonfat dressing						
Tuna (water packed) with "Lite" mayonnaise						
Baked chips						
Low fat cereal						
Low fat granola bars						
Raisins and dried fruit						
Trail mix						
Other, specify _____						

CAFETERIA ASSESSMENT

From observation of the cafeterias, for each cafeteria, please indicate if nutritional information is clearly labeled and positioned, healthy food items are marked or priced differently than less healthy items, then mark the types of food options available.

No cafeteria at site: _____

	Cafeteria #					
	1	**2**	**3**	**4**	**5**	**6**
Is nutritional information clearly labeled and positioned (Y/N)						
Are healthy items priced lower than less healthy items (Y/N)						
Are healthy food items priced less than less healthy items (Y/N)						
Food menu offers the following options (Y/N)						
Food in smaller or half-sized portions						
Baked and broiled foods (e.g., fish, chicken)						
Low fat nutritious side items (e.g., steamed vegetables, salads, fruit)						
Low fat snack items (e.g., pretzels, baked chips, dried fruit)						
Low fat dairy products (e.g., yogurt, milk, cheese)						
Chicken, turkey, ham or lean roast beef sandwiches (w/out mayonnaise or cheese)						
Tuna (water packed) with "lite" mayonnaise						
Sandwiches made with whole grain bread						
Low calorie/low fat pre-packaged or microwavable meals						
Low fat breakfast foods (e.g., cereal, granola bars, bagels with lite cream cheese)						
Other, specify _____						