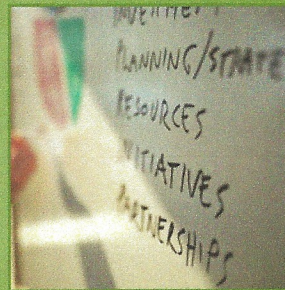


The CDC Worksite Health ScoreCard:

An Assessment Tool to Prevent Heart Disease, Stroke, and Related Conditions Worksheet

xy2 Inc.

Organizational Supports

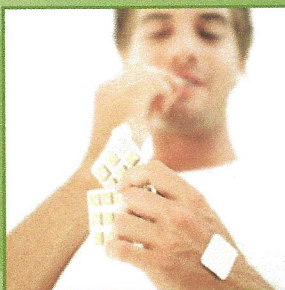


Organizational Supports <i>During the past 12 months, did your worksite:</i>	Yes	No	Score
1. Conduct an employee needs and interests assessment for planning health promotion activities? <i>Answer "yes" if, for example, your organization administers focus groups or employee satisfaction surveys to assess 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>	☒ (1 pts.)	☐ (0 pts.)	1
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>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☒ (2 pts.)	☐ (0 pts.)	2
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>	☐ (2 pts.)	☒ (0 pts.)	0
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>	☐ (2 pts.)	☒ (0 pts.)	0

Organizational Supports During the past 12 months, did your worksite:	Yes	No	Score
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>	☒ (1 pt.)	☐ (0 pts.)	1
7. Use examples of employees role modeling appropriate health behaviors or employee health-related "success stories" in the marketing materials?	☐ (1 pt.)	☒ (0 pts.)	0
8. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or 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>	☒ (3 pts.)	☐ (0 pts.)	3
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>	☒ (2 pts.)	☐ (0 pts.)	2
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>	☒ (2 pts.)	☐ (0 pts.)	2
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>	☒ (2 pts.)	☐ (0 pts.)	2
12. Have an annual budget or receive dedicated funding for health promotion programs?	☒ (2 pts.)	☐ (0 pts.)	2
13. Set annual organizational objectives for health promotion?	☒ (2 pts.)	☐ (0 pts.)	2
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>	☒ (1 pt.)	☐ (0 pts.)	1

<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 multiple 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>	☐ (2 pt.)	☒ (0 pts.)	0
16. Make any health promotion programs available to family members?	☐ (1 pt.)	☒ (0 pts.)	0
17. Provide flexible work scheduling policies? <i>Answer "yes" if, for example, policies allow for flextime schedules and work at home.</i>	☐ (2 pts.)	☒ (0 pts.)	0
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.</i>	☐ (2 pts.)	☒ (0 pts.)	0
Your Worksite's Organizational Supports Section Score:			18
Maximum Organizational Supports Section Score:			33

Tobacco Control



Tobacco Control During the past 12 months, did your worksite:	Yes	No	Score
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>	☒ (3 pts.)	☐ (0 pts.)	3
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>	☐ (1 pt.)	☒ (0 pts.)	0
21. Display signs (including 'no smoking' signs) with information about your tobacco-use policy?	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☒ (3 pts.)	☐ (0 pts.)	3
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>	☒ (2 pts.)	☐ (0 pts.)	2
25. Provide or promote free or subsidized tobacco cessation counseling? <i>Answer "yes" if these programs are provided on- or off-site; in group or individual settings; through vendors, on-site staff, health insurance plans or programs, community groups, or other practitioners.</i>	☒ (2 pts.)	☐ (0 pts.)	2

Tobacco Control		Yes	No	Score
<i>During the past 12 months, did your worksite:</i>				
26. Inform employees about health insurance coverage or programs that include tobacco cessation medication and counseling?	☒ (2 pts.)	☐ (0 pts.)		2
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>	☐ (1 pts.)	☒ (0 pts.)		0
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>	☒ (1 pt.)	☐ (0 pts.)		1
Your Worksite's Tobacco Control Section Score:				13
Maximum Tobacco Control Section Score:				19

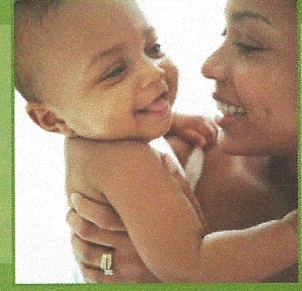
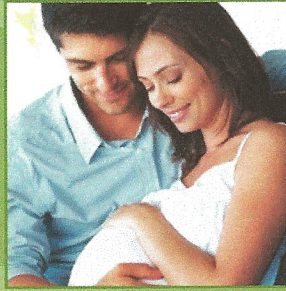
Nutrition



Nutrition During the past 12 months, did your worksite:	Yes	No	Score
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>	☒ (0 pts.)	☐ (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>	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
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?	☐ (2 pts.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0

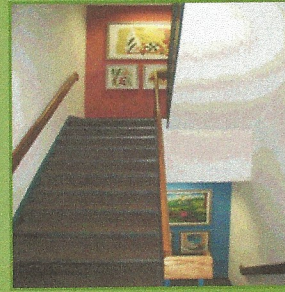
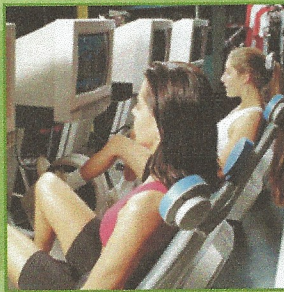
Nutrition During the past 12 months, did your worksite:	Yes	No	Score
35. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points?	☐ (3 pts.)	☒ (0 pts.)	0
36. Have a written policy or formal communication which makes 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>	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
38. Offer or promote an on-site or nearby farmers' market where fresh fruits and vegetables are sold?	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
40. Provide a series of educational seminars, workshops, or classes on nutrition? <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>	☐ (2 pts.)	☒ (0 pts.)	0
41. Provide free or subsidized self-management programs for healthy eating? <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>	☐ (2 pts.)	☒ (0 pts.)	0
Your Worksite's Nutrition Section Score:			0
Maximum Nutrition Section Score:			21

Lactation Support



Lactation Support During the past 12 months, did your worksite:		Yes	No	Score
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>	☒ (2 pts.)	☐ (0 pts.)	2	
43. Provide a private space (other than a restroom) that may be used by an employee to express breast milk?	☒ (3 pts.)	☐ (0 pts.)	3	
44. Provide access to a breast pump at the worksite?	☒ (3 pts.)	☐ (0 pts.)	3	
45. Provide flexible paid or unpaid break times to allow mothers to pump breast milk?	☐ (2 pts.)	☒ (0 pts.)	0	
46. Provide free or subsidized breastfeeding support groups or educational classes? <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>	☐ (3 pts.)	☒ (0 pts.)	0	
47. Offer paid maternity leave, separate from any accrued sick leave, annual leave, or vacation time?	☐ (2 pts.)	☒ (0 pts.)	0	
Your Worksite's Lactation Support Section Score:				8
Maximum Lactation Support Section Score:				15

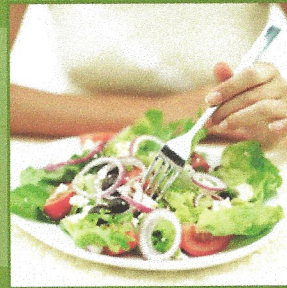
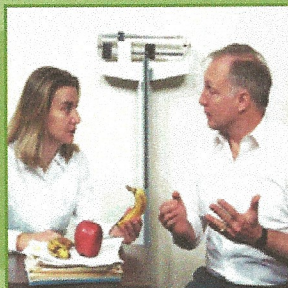
Physical Activity



<i>Physical Activity</i> During the past 12 months, did your worksite:	Yes	No	Score
48. Provide an exercise facility on-site?	☐ (3 pts.)	☒ (0 pts.)	0
49. Subsidize or discount the cost of on-site or offsite exercise facilities?	☒ (3 pts.)	☐ (0 pts.)	3
50. Provide environmental supports for recreation or physical activity? <i>Answer "yes" if, for example, your worksite provides trails or a track for walking/jogging, maps of suitable walking routes, bicycle racks, a basketball court, open space designated for recreation or exercise, a shower and changing facility.</i>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
54. Provide a series of educational seminars, workshops, or classes on physical activity? <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>	☐ (2 pts.)	☒ (0 pts.)	0

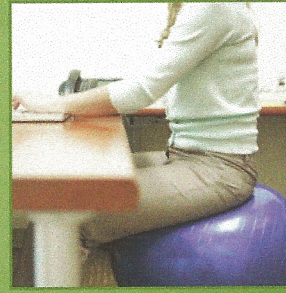
Physical Activity During the past 12 months, did your worksite:	Yes	No	Score
55. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either on-site or through a community exercise facility?	☐ (3 pts.)	☒ (0 pts.)	0
56. Provide free or subsidized self-management programs for physical activity? <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>	☐ (3 pts.)	☒ (0 pts.)	0
Your Worksite's Physical Activity Section Score:			3
Maximum Physical Activity Section Score:			24

Weight Management



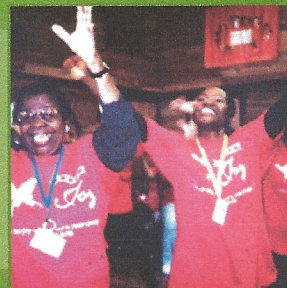
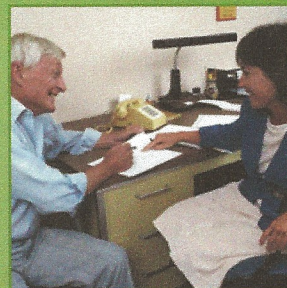
<i>Weight Management</i> <i>During the past 12 months, did your worksite:</i>	<i>Yes</i>	<i>No</i>	<i>Score</i>
57. Provide free or subsidized body composition measurement, such as height and weight, Body Mass Index (BMI) scores, or other body fat assessments (beyond self-report) followed by directed feedback and clinical referral when appropriate?	☐ (2 pts.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
59. Provide a series of educational seminars, workshops, or classes on weight management? <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>	☐ (3 pts.)	☒ (0 pts.)	0
60. Provide free or subsidized one-on-one or group lifestyle counseling for employees who are overweight or obese? <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>	☒ (3 pts.)	☐ (0 pts.)	3
61. Provide free or subsidized self-management programs for weight management? <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>	☒ (3 pts.)	☐ (0 pts.)	3
Your Worksite's Weight Management Section Score:			6
Maximum Weight Management Section Score:			12

Stress Management



Stress Management During the past 12 months, did your worksite:	Yes	No	Score
62. Provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises?	☐ (1 pt.)	☒ (0 pts.)	0
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>	☐ (1 pt.)	☒ (0 pts.)	0
64. Provide stress management programs? <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>	☒ (3 pts.)	☐ (0 pts.)	3
65. Provide work-life balance/ life-skills programs? <i>Answer "yes" if, for example, your worksite provides elder care, child care, referrals, tuition reimbursement, or other programs that are offered through vendors, on-site staff, or employee assistance programs.</i>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
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>	☐ (3 pts.)	☒ (0 pts.)	0
Your Worksite's Stress Management Section Score:			3
Maximum Stress Management Section Score:			14

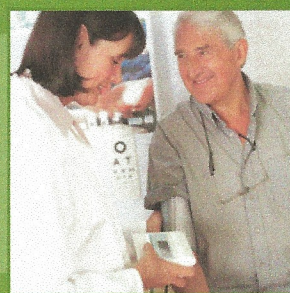
Depression



Depression During the past 12 months, did your worksite:	Yes	No	Score
68. Provide free or subsidized clinical screening for depression (beyond self-report) followed-by directed feedback and clinical referral when appropriate? <i>Answer "yes" if these services are provided directly through your organization or indirectly through a health insurance plan.</i>	☐ (3 pts.)	☒ (0 pts.)	0
69. Provide access to online or paper self-assessment depression screening tools?	☒ (2 pts.)	☐ (0 pts.)	2
70. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address depression? <i>Answer "yes" if these health promotion materials address depression as a single health topic or if depression is included with other health topics.</i>	☐ (2 pts.)	☒ (0 pts.)	0
71. Provide a series of educational seminars, workshops, or classes on preventing and treating depression? <i>Answer "yes" if these sessions address depression as a single health topic or if depression 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>	☒ (3 pts.)	☐ (0 pts.)	3
72. Provide one-on-one or group lifestyle counseling for employees with depression? <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>	☐ (3 pts.)	☒ (0 pts.)	0
73. Provide training for managers on depression in the workplace? <i>Answer "yes" if, for example, your worksite provides managers with training on how to recognize depression, productivity or safety issues, and company or community resources for managing depression.</i>	☐ (2 pts.)	☒ (0 pts.)	0

Depression				
During the past 12 months, did your worksite:		Yes	No	Score
74.	Provide health insurance coverage with no or low out-of-pocket costs for depression medications and mental health counseling?	☐ (3 pts.)	☒ (0 pts.)	0
Your Worksite's Depression Section Score:				5
Maximum Depression Section Score:				18

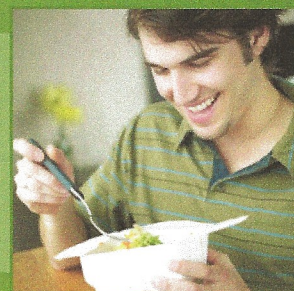
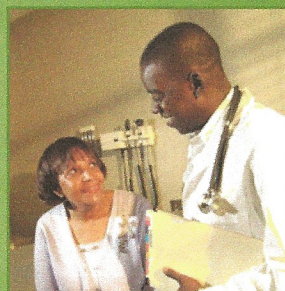
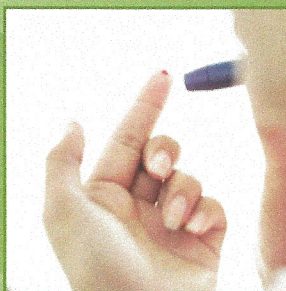
High Blood Pressure



<i>High Blood Pressure</i> During the past 12 months, did your worksite:	Yes	No	Score
75. Provide free or subsidized blood pressure screening (beyond self-report) followed by directed feedback and clinical referral when appropriate?	☐ (3 pts.)	☒ (0 pts.)	0
76. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high blood pressure? <i>Answer "yes" if these health promotion materials address the risks of high blood pressure as a single health topic or if the risks of high blood pressure are included with other health topics.</i>	☐ (1 pt.)	☒ (0 pts.)	0
77. Provide a series of educational seminars, workshops, or classes on preventing and controlling high blood pressure? <i>Answer "yes" if these sessions address preventing or controlling high blood pressure as a single health topic or if preventing and controlling high blood pressure are 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>	☒ (3 pts.)	☐ (0 pts.)	3
78. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or pre-hypertension? <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>	☐ (3 pts.)	☒ (0 pts.)	0
79. Provide free or subsidized self-management programs for blood pressure control and prevention? <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>	☐ (3 pts.)	☒ (0 pts.)	0

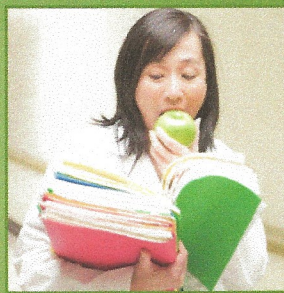
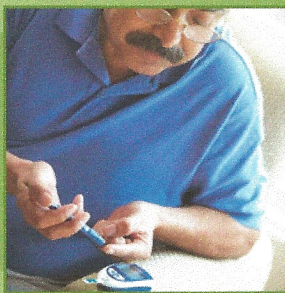
High Blood Pressure During the past 12 months, did your worksite:		Yes	No	Score
80. Make blood pressure monitoring devices available with instructions for employees to conduct their own self assessments?	☐ (2 pts.)	☒ (0 pts.)		0
81. Provide health insurance coverage with no or low out-of-pocket costs for blood pressure control medications?	☐ (2 pts.)	☒ (0 pts.)		0
Your Worksite's High Blood Pressure Section Score:				3
Maximum High Blood Pressure Section Score:				17

High Cholesterol



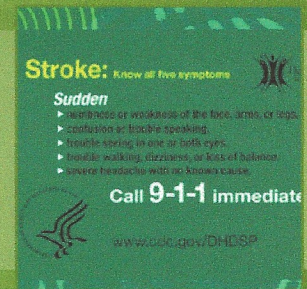
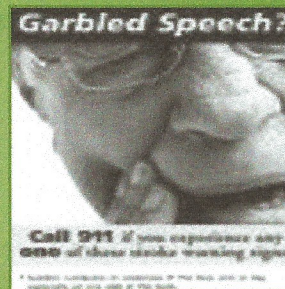
<i>High Cholesterol</i> <i>During the past 12 months, did your worksite:</i>	<i>Yes</i>	<i>No</i>	<i>Score</i>
82. Provide free or subsidized cholesterol screening (beyond self-report) followed by directed feedback and clinical referral when appropriate?	☐ (3 pts.)	☒ (0 pts.)	0
83. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of high cholesterol? <i>Answer "yes" if these health promotion materials address the risks of high cholesterol as a single health topic or if the risks of high cholesterol are included with other health topics.</i>	☐ (1 pt.)	☒ (0 pts.)	0
84. Provide a series of educational seminars, workshops, or classes on preventing and controlling high cholesterol? <i>Answer "yes" if these sessions address preventing and controlling high cholesterol as a single health topic or if preventing and controlling high cholesterol are 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>	☒ (3 pts.)	☐ (0 pts.)	3
85. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have high cholesterol? <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>	☐ (3 pts.)	☒ (0 pts.)	0
86. Provide free or subsidized self-management programs for cholesterol or lipid control? <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>	☐ (3 pts.)	☒ (0 pts.)	0
87. Provide health insurance coverage no or low out-of-pocket costs for cholesterol or lipid control medications?	☐ (2 pts.)	☒ (0 pts.)	0
Your Worksite's High Cholesterol Section Score:			3
Maximum High Cholesterol Section Score:			15

Diabetes



<i>Diabetes</i> <i>During the past 12 months, did your worksite:</i>	<i>Yes</i>	<i>No</i>	<i>Score</i>
88. Provide free or subsidized pre-diabetes and diabetes risk factor assessment (beyond self-report) and feedback, followed by blood glucose screening and/or clinical referral when appropriate?	☐ (3 pts.)	☒ (0 pts.)	0
89. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the risks of diabetes? <i>Answer "yes" if these health promotion materials address the risks of diabetes as a single health topic or if the risks of diabetes are included with other health topics.</i>	☐ (1 pt.)	☒ (0 pts.)	0
90. Provide a series of educational seminars, workshops, or classes on preventing and controlling diabetes? <i>Answer "yes" if these sessions address preventing and controlling diabetes as a single health topic or if preventing and controlling diabetes are 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>	☒ (3 pts.)	☐ (0 pts.)	3
91. Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees who have abnormal blood glucose levels (pre-diabetes or diabetes)? <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>	☐ (3 pts.)	☒ (0 pts.)	0
92. Provide free or subsidized self-management programs for diabetes control? <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>	☐ (3 pts.)	☒ (0 pts.)	0
93. Provide health insurance coverage with no or low out-of-pocket costs for diabetes medications and supplies for diabetes management (glucose test strips, needles, monitoring kits)?	☐ (2 pts.)	☒ (0 pts.)	0
Your Worksite's Diabetes Section Score:			3
Maximum Diabetes Section Score:			15

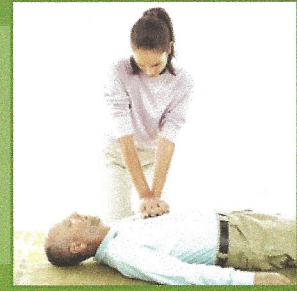
Signs and Symptoms of Heart Attack and Stroke



Signs and Symptoms of Heart Attack and Stroke During the past 12 months, did your worksite:

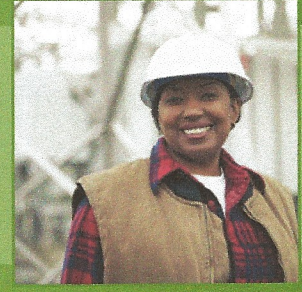
	Yes	No	Score
94. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a heart attack and also convey that heart attacks are to be treated as emergencies?	☐ (1 pt.)	☒ (0 pts.)	0
95. Have posters or flyers in the common areas of your worksite (such as bulletin boards, kiosks, break rooms) that identify the signs and symptoms of a stroke and also convey that strokes are to be treated as emergencies?	☐ (1 pt.)	☒ (0 pts.)	0
96. Provide any other information on the signs and symptoms of heart attack through emails, newsletters, management communications, Web sites, seminars or classes?	☐ (1 pt.)	☒ (0 pts.)	0
97. Provide any other information on the signs and symptoms of stroke through e-mails, newsletters, management communications, Web sites, seminars or classes?	☐ (1 pt.)	☒ (0 pts.)	0
Your Worksite's Signs and Symptoms of Heart Attack and Stroke Section Score:			0
Maximum Signs and Symptoms of Heart Attack and Stroke Section Score:			4

Emergency Response to Heart Attack and Stroke



<i>Emergency Response to Heart Attack and Stroke</i> <i>During the past 12 months, did your worksite:</i>	<i>Yes</i>	<i>No</i>	<i>Score</i>
98. Have an emergency response plan that addresses acute heart attack and stroke events?	☒ (2 pts.)	☐ (0 pts.)	2
99. Have an emergency response team for medical emergencies?	☐ (2 pts.)	☒ (0 pts.)	0
100. Offer access to a nationally-recognized training course on Cardiopulmonary Resuscitation (CPR) that includes training on Automated External Defibrillator (AED) usage?	☐ (3 pts.)	☒ (0 pts.)	0
101. Have a policy that requires an adequate number of employees per floor, work unit, or shift, in accordance with pertinent state and federal laws, to be certified in CPR/AED?	☐ (2 pts.)	☒ (0 pts.)	0
102. Have one or more functioning AEDs in place? <i>IF NO, PLEASE SKIP TO QUESTION 107.</i>	☐ (3 pts.)	☒ (0 pts.)	0
103. Have an adequate number of AED units such that a person can be reached within 3–5 minutes of collapse?	☐ (2 pts.)	☒ (0 pts.)	0
104. Identify the location of AEDS with posters, signs, markers, or other forms of communication other than on the AED itself?	☐ (1 pt.)	☒ (0 pts.)	0
105. Perform routine maintenance or testing on all AEDs?	☐ (1 pt.)	☒ (0 pts.)	0
106. Provide information to your local community Emergency Medical Service providers so they are aware that your worksite has an AED in place for an emergency response?	☐ (1 pt.)	☒ (0 pts.)	0
Your Worksite's Emergency Response to Heart Attack and Stroke Section Score:			2
Maximum Emergency Response to Heart Attack and Stroke Section Score:			17

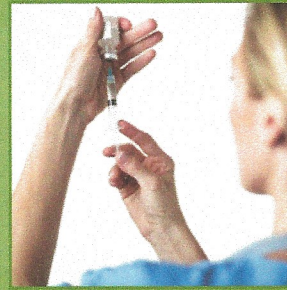
Occupational Health and Safety



Occupational Health and Safety During the past 12 months, did your worksite:	Yes	No	Score
107. Include improving or maintaining job health and safety in the business objectives or organizational mission statement? <i>Answer "yes" if any written vision, planning, or guideline documents include language about improving or maintaining worker health and safety.</i>	☐ (1 pt.)	☒ (0 pts.)	0
108. Have a written injury and/or illness prevention program? <i>Answer "yes" if there is a written policy, whether or not it is posted.</i>	☒ (2 pts.)	☐ (0 pts.)	2
109. Employ or contract for an occupational health and safety professional? <i>Answer "yes" if anyone is employed or contracted whose job includes improving health safety: example include occupational nurse, safety manager, environmental health manager, ergonomist, an insurance safety specialist who visits regularly.</i>	☐ (3 pts.)	☒ (0 pts.)	0
110. Encourage reporting of injuries and near misses? <i>Answer "yes" if there is written and/or verbal encouragement to report injuries, illnesses, or near misses.</i>	☒ (3 pts.)	☐ (0 pts.)	3
111. Provide opportunities for employee input on hazards and solutions? <i>Answer "yes" if, for example, there were all-hands meetings, tool box meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.</i>	☐ (3 pts.)	☒ (0 pts.)	0
112. Have a program to investigate the causes of injuries or illnesses? <i>Answer "yes" if, for example, there were all-hands meetings, tool box meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.</i>	☐ (3 pts.)	☒ (0 pts.)	0
113. Provide informational materials about health and safety at work to employees in most departments? <i>Answer "yes" if, for example, there are health and safety newsletters, fact sheets, posters, LED displays, emails, letters, broadcast messages, or other communications provided to employees.</i>	☒ (1 pt.)	☐ (0 pts.)	1

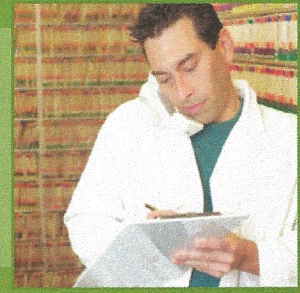
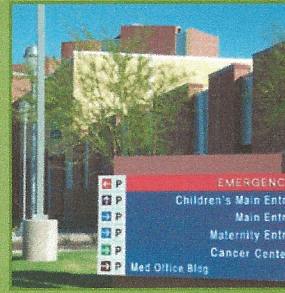
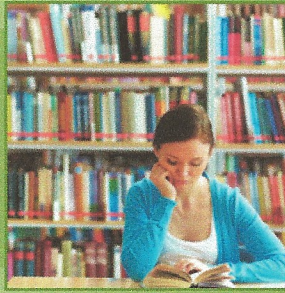
Occupational Health and Safety <i>During the past 12 months, did your worksite:</i>		Yes	No	Score
114. Provide all new workers formal, comprehensive training on how to avoid accidents or injury on the job?	☒ (2 pts.)	☐ (0 pts.)		2
115. Coordinate programs for occupational health and safety with program for health promotion and wellness? <i>Answer "yes" if, for example a new safety initiative also includes a wellness component such as attention to diet, physical activity, smoking, etc.).</i>	☐ (2 pts.)	☒ (0 pts.)		0
116. Have the following policies or benefits for employees been in place?				
116A. Paid time off (PTO) for days or hours due to illness of employees or dependents (full-time, non-exempt employees). <i>[Note: non-exempt employees are those who are eligible to receive overtime pay if they work more than 40 hours in a week. Typically they are hourly workers.]</i>	☒ (1 pt.)	☐ (0 pts.)		1
116B. Paid vacation time or personal days or hours to full-time, non-exempt employees).	☒ (1 pt.)	☐ (0 pts.)		1
Your Worksite's Occupational Health and Safety Section Score:				10
Maximum Occupational Health and Safety Section Score:				22

Vaccine-Preventable Diseases



Vaccine-Preventable Diseases (VPD) During the past 12 months, did your worksite:	Yes	No	Score
117. Provide health insurance coverage with no or low out-of-pocket costs for influenza (flu) vaccination?	☒ (3 pts.)	☐ (0 pts.)	3
118. Provide health insurance coverage with no or low out-of-pocket costs for vaccinations other than influenza (flu) (e.g., pneumococcal or Tdap vaccines)?	☐ (3 pts.)	☒ (0 pts.)	0
119. Conduct influenza (flu) vaccinations at your worksite? <i>Answer "yes" if these offerings happen one or more times a year; are set up as either a temporary vaccine clinic run by an outside organization, internal occupational health staff or other arrangement. IF NO, PLEASE PROCEED TO QUESTION NUMBER 121.</i>	☐ (3 pts.)	☒ (0 pts.)	0
120. Provide influenza (flu) vaccinations at your worksite with no or low out-of-pocket costs to employees? <i>Answer "yes" if these offerings happen one or more times a year; are set up as either a temporary vaccine clinic run by an outside organization, internal occupational health staff or other arrangement.</i>	☐ (3 pts.)	☒ (0 pts.)	0
121. Provide vaccinations other than seasonal influenza (e.g. pneumococcal or Tdap) at your worksite with no or low out-of-pocket costs to employees? <i>Answer "yes" if these offerings happen one or more times a year; are set up as either a temporary vaccine clinic run by an outside organization, internal occupational health staff or other arrangement.</i>	☐ (3 pts.)	☒ (0 pts.)	0
122. Promote influenza (flu) vaccinations through brochures, videos, posters, pamphlets, newsletters or other written or online information that address the benefits of influenza vaccinations? <i>Answer "yes" if these health promotion materials address the risks and benefits of influenza vaccination as a single health topic or if the benefits of influenza vaccinations are included with other health topics.</i>	☐ (3 pts.)	☒ (0 pts.)	0
Your Worksite's Vaccine-Preventable Diseases Score:			3
Maximum Vaccine-Preventable Diseases Score:			18

Community Resources



Community Resources

During the past 12 months, did your worksite:

Yes

No

123. Provide employees with health related information, programs, or resources from any of the following organizations (not including your own organization)?
Respond "yes" or "no" to all questions. Answer "yes" if health information, programs, or resources are provided in-person or online; on-site or off-site; or in group or individual settings.

123A. State/local public health agency

123B. Health insurance plan



123C. Health management program and/or wellness program provider/vendor

123D. Workers compensation provider

123E. Health-related organizations (such as the American Heart Association, American Cancer Society, etc).

123F. Health insurance broker

123G. Hospital

123H. YMCA

123I. Community Organization or Business Group (Wellness Council, Chamber of Commerce or other business group)

123J. Other: _____

Respond "yes" if you work with an organization not listed above such as an Employee Assistance Program, Food Services, etc. to provide health information, programs, or resources to employees.

Community Resources During the past 12 months, did your worksite:	Yes	No
124. Receive consultation, guidance, advise, training, and/or direction from any of the following organizations related to the design and delivery of a worksite wellness program? <i>Respond "yes" or "no" to all questions.</i>		
124A. State/local public health agency		
124B. Health insurance plan		
124C. Health management program and/or wellness program provider/vendor		
124D. Workers compensation provider		
124E. Health Related Organizations (such as the American Heart Association, American Cancer Society, etc).		
124F. Health insurance broker		
124G. Hospital		
124H. YMCA		
124I. Community or Business Organization (Wellness Council, Chamber of Commerce or other business group)		
124J. Other: _____ _____ <i>Respond "yes" if you work with an organization not listed above such as an Employee Assistance Program, Food Services, etc. to provide health information, programs, or resources to employees.</i>		
125. Participate in any Community Coalitions focused on health or business and community partnerships?		

END OF SURVEY
THANK YOU FOR COMPLETING THIS SURVEY!

CDC Worksite Health ScoreCard

You may use the following table to summarize your topic section scores. If you would like to compare them against other employers' scores, proceed to the HSC Validation Study Benchmarking Report on the next page.

SUMMARY SCORE TABLE		
Section:	Total Points Possible:	Your Worksite's Score:
Organizational Supports	33	18
Tobacco Control	19	13
Nutrition	21	0
Lactation Support	15	8
Physical Activity	24	3
Weight Management	12	6
Stress Management	14	3
Depression	18	5
High Blood Pressure	17	3
High Cholesterol	15	3
Diabetes	15	3
Signs and Symptoms of Heart Attack and Stroke	4	0
Emergency Response to Heart Attack and Stroke	17	2
Occupational Health and Safety	22	10
Vaccine-Preventable Disease	18	3
Community Resources	N/A	NA
TOTAL	264	80

80