**The Live Well @ Work Health Scorecard:  
An Assessment Tool to Prevent Heart Disease, Stroke, and Related Conditions Worksheet  
*Adapted from the Centers for Disease Control and Prevention Worksite Health ScoreCard  
The complete CDC tool can be found at*** [***http://www.cdc.gov/dhdsp/pubs/docs/HSC\_Manual.pdf***](http://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf)

This section of the tool may be used to capture demographic information about your worksite’s population. Please complete the contact information section if you are completing this tool for a state health department or are working with other partners. If you want to skip this section, please proceed to page 5 to begin completing the HSC.

**OPTIONAL BACKGROUND INFORMATION**

**1. CONTACT INFORMATION**

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

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

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

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

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

**2. EMPLOYEE CHARACTERISTICS**

**a. Number of employees**  
🞎 <100 🞎 100-249 🞎 250-749 🞎 ≥750  
  
**b. Sex**  
% Male \_\_\_\_\_ % Female \_\_\_\_\_  
  
**c. 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 \_\_\_\_\_  
  
**d. Average age**  
Years of age \_\_\_\_\_

**e. 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 \_\_\_\_\_

**f. Work status**  
% Full time \_\_\_\_\_ % Part time \_\_\_\_\_ % Temporary \_\_\_\_\_  
  
**g. Job type**  
% Salaried \_\_\_\_\_ % Hourly \_\_\_\_\_  
  
**h. 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:**

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

**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)

**7. Describe your workplace *(check all that apply)***

**a. What are the work schedules?** (check all that apply)

* Regular daytime shift
* Swing shift
* Overnight shift

**b. What is the percentage of employees that are physically active as part of their job duties?**

* Less than 25%
* 25% - 49%
* 50% - 74%
* 75% or more

**8. Describe lunch and breaks**

**For lunch, where are employees getting their food?** (check all that apply)

* Bring from home
* Eat at onsite cafeteria
* Buy from a food truck
* Go offsite to buy from a local fast food restaurant or convenience store
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Describe team meetings**

**How often are employees together for meetings?**

* More than once a day
* Once a day
* Once a week
* 2-3 times a week
* Once a month

**On average, how long do the meetings last?**

* Less than 15 minutes
* 15-30 minutes
* 30- minutes – 1 hour
* More than 1 hour

**At team meetings, are meals, snacks, or beverages served? (Check all that apply)**

* Meals
* Snacks
* Beverages
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.Why Worksite Wellness?**

**What are your main reasons/motivations for using the worksite wellness tools in the California Fit Business Kit?** Please put them in rank order, with 1 being the most important and 5 being the least important.

\_\_ Creating a healthier and happier work environment

\_\_ Enhancing employee benefits

\_\_ Reducing health care insurance costs

\_\_ Reducing accidents and injuries

\_\_ Other (specify or describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are your main concerns for your employees?** Please put them in rank order, with 1 being the most important and 6 being the least important.

\_\_ Health and safety

\_\_ Obesity and/or the prevention of chronic disease

\_\_ Energy and feeling good throughout the day

\_\_ Productivity

\_\_ Improving employee morale

\_\_ Other (specify or describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Live Well @ Work Health Scorecard:  
An Assessment Tool to Prevent Heart Disease, Stroke, and Related Conditions Worksheet**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizational Supports** |  |  |  |  |  |
| *Management Support During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Demonstrate organizational commitment and support of worksite health promotion at all levels of management? *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.* |  |  |  |  |  |
| 1. Have an active health promotion committee? *Answer “yes” if your health promotion committee exists and has been involved in planning and implementing programs.* |  |  |  |  |  |
| 1. Have a paid health promotion coordinator whose job (either part-time or full-time) is to implement a worksite health promotion program? *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.* |  |  |  |  |  |
| 1. Have a champion(s) who is a strong advocate for the health promotion program? *Answer “yes” if there is someone at your worksite who actively promotes programs to improve worksite health promotion.* |  |  |  |  |  |
| 1. Have an annual budget or receive dedicated funding for health promotion programs? |  |  |  |  |  |
| 1. Set annual organizational objectives for health promotion? |  |  |  |  |  |
| 1. Include references to improving or maintaining employee health in the business objectives or organizational mission statement? *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.* |  |  |  |  |  |
| 1. Provide flexible work scheduling policies? *Answer “yes” if, for example, policies allow for flextime schedules and work at home.* |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| *Incentives & promotional messages for healthy behavior During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Use and combine incentives with other strategies to increase participation in health promotion programs? *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.* |  |  |  |  |  |
| 1. Use examples of employees role modeling appropriate health behaviors or employee health-related “success stories” in the marketing materials? |  |  |  |  |  |
| 1. Tailor some health promotion programs and education materials to the language, literacy levels, culture, or readiness to change of various segments of the workforce? *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).* |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health Promotion, Programs, Services, and/or Classes:** | | | | | |
| *Planning During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Conduct an employee needs and interests assessment for planning health promotion activities? *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).* |  |  |  |  |  |
| 1. Conduct employee health risk appraisals/assessments through vendors, onsite staff, or health plans and provide individual feedback plus health education? *Answer “yes” if, for example, your organization provides individual feedback through written reports, letters, or one-on-one counseling.* |  |  |  |  |  |
| 1. Conduct ongoing evaluations of health promotion programming that use multiple data sources? *Answer “yes” if, for example, your organization collects data on employee health risks, medical claims, employee satisfaction, or organizational climate surveys.* |  |  |  |  |  |
| *Programs & services* *During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Promote and market health promotion programs to employees?   *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* |  |  |  |  |  |
| 1. Use competitions when combined with additional interventions to support employees making behavior changes? *Answer “yes” if, for example, your organization offers walking or weight loss competitions.* |  |  |  |  |  |
| 1. Make any health promotion programs available to family members? |  |  |  |  |  |
| 1. Engage in other health initiatives throughout the community and support employee participation and volunteer efforts? *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.* |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Food Environment** |  |  |  |  |  |
| *Introduction During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Provide places to purchase food and beverages? *Answer “yes” if, for example, your worksite provides vending machines, cafeterias, snack bars, or other purchase points.* *IF NO, PLEASE SKIP TO QUESTION 40* |  |  |  |  |  |
| 1. Provide employees with food preparation and storage facilities: *Answer “yes” if your worksite provides a microwave oven, sink, refrigerator, and/or kitchen.* |  |  |  |  |  |
| *Meetings* *During the past 12 months, did your worksite:* |  |  |  |  |  |
| 1. Have a written policy or formal communication which makes healthier food and beverage choices available during meetings when food is served? *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.* |  |  |  |  |  |
| *Cafeteria*  *During the past 12 months, did your worksite:* |  |  |  |  |  |
| 1. Have a written policy or formal communication that makes healthier food and beverage choices available in cafeterias or snack bars? *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.* |  |  |  |  |  |
| 1. 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? *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.* |  |  |  |  |  |
| 1. 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? |  |  |  |  |  |
| 1. Identify healthier food and beverage choices with signs or symbols? [HEART SYMBOL] *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.* |  |  |  |  |  |
| 1. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points? |  |  |  |  |  |
| *Vending Machines* *During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Have a written policy or formal communication that makes healthier food and beverage choices available in vending machines? *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.* |  |  |  |  |  |
| 1. 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? *Answer “yes” if the healthier 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.* |  |  |  |  |  |
| 1. 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? |  |  |  |  |  |
| 1. Identify healthier food and beverage choices with signs or symbols? [HEART SYMBOL] *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.* |  |  |  |  |  |
| 1. Subsidize or provide discounts on healthier foods and beverages offered in vending machines, cafeterias, snack bars, or other purchase points? |  |  |  |  |  |
| *Restaurants, Mobile Food Trucks, and Farmers Markets* *During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Offer or promote an on-site or nearby farmers market where fresh fruits and vegetables are sold? |  |  |  |  |  |
| *Education* *During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Provide brochures, videos, posters, pamphlets, newsletters, or other written or online information that address the benefits of healthy eating? *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.* |  |  |  |  |  |
| 1. Provide a series of educational seminars, workshops, or classes on nutrition? *Answer “yes” if these sessions address nutrition as a single health topic or if nutrition is included with other heath topics. These sessions can be provided in person or online; onsite or offsite; in group or individual settings; through vendors, onsite staff, health insurance plans or programs, community groups, or other practitioners.* |  |  |  |  |  |
| 1. Provide free or subsidized self-management programs for healthy eating? *Answer “yes” if these programs are provided in person or online; onsite or offsite; in group or individual settings; through vendors, onsite staff, health insurance plans and programs, community groups, or other practitioners.* |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Physical Activity:** | | | | | |
| *Physical Activity During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Provide an exercise facility onsite? |  |  |  |  |  |
| 1. Subsidize or discount the cost of onsite or offsite exercise facilities. |  |  |  |  |  |
| 1. Provide environmental supports for recreation or physical activity? *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.* |  |  |  |  |  |
| 1. Post signs at elevators, stairwell entrances or exits and other key locations that encourage employees to use the stairs? *Answer “no” if your worksite is located in a one-story building.* |  |  |  |  |  |
| 1. Provide organized individual or group physical activity programs for employees (other than the use of an exercise facility)? *Answer “yes” if, for example, your worksite provides walking or stretching programs, group exercise, or weight training.* |  |  |  |  |  |
| 1. Provide brochures, videos, posters, pamphlets, newsletters or other written or online information that address the benefits of physical activity? *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.* |  |  |  |  |  |
| 1. Provide a series of educational seminars, workshops, or classes on physical activity?   *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; onsite or offsite; in group or individual settings; through vendors, onsite staff, health insurance plans or programs, community groups, or other practitioners.* |  |  |  |  |  |
| 1. Provide or subsidize physical fitness assessments, follow-up counseling, and physical activity recommendations either onsite or through a community exercise facility? |  |  |  |  |  |
| 1. Provide free or subsidized self-management programs for physical activity?   *Answer “yes” if these programs are provided in person or online; onsite or offsite; in group or individual settings; through vendors, onsite staff; health insurance plans or programs, community groups, or other practitioners.* |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Lactation Accommodation:** | | | | | |
| *Lactation Accommodation During the past 12 months, did your worksite:* | Yes | In Process | No | Potential Priority | Comments |
| 1. Provide a private space (other than a restroom) that may be used by an employee to express breast milk? |  |  |  |  |  |
| 1. Provide access to a breast pump at the worksite? |  |  |  |  |  |
| 1. Provide flexible paid or unpaid break times to allow mothers to pump breast milk? |  |  |  |  |  |
| 1. Offer paid maternity leave, separate from any accrued sick leave, annual leave, or vacation time? |  |  |  |  |  |
| 1. Have a written policy on breastfeeding for employees? *Answer “yes” if the policy is included as a component of other employee policies or is a separate policy related to breastfeeding.* |  |  |  |  |  |
| 1. Provide free or subsidized breastfeeding support groups of educational classes? *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, onsite staff, health insurance plans/programs, community groups, or other practitioners.* |  |  |  |  |  |

Live Well @ Work Worksite Health Scorecard

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wellness Components** | **Yes** | **In Process** | **No** | **Suggested California Fit Business Tools** |
| General – Management Support (8) | 3 | 1 | 3 | * *Check for Health* * *Starting a Wellness Committee* |
| General – Incentives for Healthy Behaviors (3) | 1 | 1 | 1 | * *Take Action!* |
| Health Promotion Programs and Services (7) | 2 | 3 | 2 | * *Starting a Wellness Committee* * *Physical Activity Integration* |
| Food Environment – General & Meetings (3) | 2 |  | 1 | * *Healthy Meetings* * *Go for H20* |
| Food Environment – Cafeteria (5) | 0 |  | 5 | * *Healthy Dining Menu Guidelines* |
| Food Environment – Vending Machines (5) | - | - | - | * *Healthy Vending Machines* |
| Food Environment – Restaurants, Mobile Food Trucks, and Farmers’ Markets (1) | 1 |  | 0 | * *Farm Fresh Produce Delivery* * *Starting a Farmers’ Market* |
| Food Environment – Employee Education (3) | 0 | 1 | 2 | * *Healthy Meetings* * *Take Action!* |
| Physical Activity (9) | 2 | 1 | 6 | * *Improving Worksite Stairwells* * *Physical Activity Clubs* * *Physical Activity Integration* * *Healthy Meetings* |
| Lactation Accommodation (6) | 4 |  | 2 | * *Creating a Breastfeeding-Friendly Worksite* |
| **WORKSITE TOTALS (50)** | 15 | 7 | 22 |  |

You may use the following table to summarize your topic section scores. The Live Well @ Work Health Scorecard will support your organization in identifying priority areas of wellness to focus your efforts.

**Using your scorecard, what are two priority areas for your worksite?**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_