



Wellbeing **works** here!

Healthy Sarasota County Worksites Pre-Evaluation

Date: _____ Name of Business: _____

1. On a scale of 1 to 5, where 1 is not very healthy and 5 is very healthy, how would you rate the overall health of your employees? (circle one)

Not Very Healthy ---1---2---3---4---5--- Very Healthy

2. Does your organization address any of the following areas? (select all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Organizational Supports | <input type="checkbox"/> Weight Management | <input type="checkbox"/> Heart Attack and Stroke |
| <input type="checkbox"/> Tobacco Control | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Occupational Health and Safety |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Depression | <input type="checkbox"/> Emergency Response |
| <input type="checkbox"/> Lactation Support | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Vaccine Preventable Diseases |
| <input type="checkbox"/> Physical Activity | <input type="checkbox"/> High Cholesterol | |
| | <input type="checkbox"/> Diabetes | |

3. What type of tobacco free grounds policy does your organization have? (select one)

- Smoke-free indoors WITHOUT a written policy
- Smoke-free indoors WITH a written policy
- Smoke-free indoors with outdoor restrictions
(e.g. designated smoking areas or no smoking 50 feet from building)
- 100% Smoke-free grounds (indoors and outdoors)
- 100% Tobacco-free grounds (indoors and outdoors)
- No established tobacco-free grounds policy

4. Do you observe employees being physically active at work?

- Yes No

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