



CDC National Healthy Worksite Program Satisfaction Survey

Public reporting of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Introduction

This survey asks about your satisfaction with the National Healthy Worksite program at your worksite. Our task is to provide the Centers for Disease Control and Prevention (CDC) with an evaluation that will further CDC's understanding of how effectively various program components were implemented based on employee satisfaction.

Informed Consent

Before you get started, we'd like need to give you some more information to help you decide whether or not you would like to participate.

- This project is funded by the Centers for Disease Control and Prevention. Many parts of the project are being managed by Viridian Health Management (Viridian). Viridian is a private health and wellness company based in Phoenix, AZ. Viridian provides customized solutions to building comprehensive healthy worksite programs. They are helping CDC implement the National Healthy Worksite (NHW) program.
- You were asked to participate because your worksite is participating in the National Healthy Worksite (NHW) program as a benefit to employees. All employees at your worksite will be asked to complete this questionnaire each quarter (every 3 months).
- Your participation in this survey is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the discussion at any time.
- The survey is designed to take about 15 minutes.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in the aggregate as feedback from the group. In our project reports, your name will not be linked to the comments you provide in this discussion.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no personal risks or personal benefits to you for participating in this discussion.
- We are interested in your comments so that we can improve the NHW program for future participants. Please feel free to contact [INSERT WORKSITE NHWP PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #]. You can also call Viridian Health Management toll-free at 1-877-486-0140.

Instructions

To make sure that health-related information and programs are tailored to affect your health problems and concerns, we are asking each employee to voluntarily fill out this survey. **DO NOT** write your name on this survey.

When you have completed this survey, please seal it in the envelope provided and place it in one of the collection boxes located throughout your worksite by [INSERT DATE] or give it [INSERT WORKSITE NHWP PROGRAM MANAGER]. If you have any questions, Please feel free to contact [INSERT WORKSITE NHWP PROGRAM MANAGER]. [HIS/HER] number is [INSERT TEL #].

Thank you very much for your participation.

Employer Name:		Survey Date:					
Q#	Healthy Worksite Program Quarterly Survey:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Does not apply
1	I am aware that my employer offers a worksite health program as a benefit to employees.						
2	I am aware of health and wellness opportunities at my worksite such as health screenings and onsite health coaching.						
3	I am well informed about the worksite health opportunities /offerings available to me through my employer's worksite health program.						
4	The programs offered address my concerns for health and wellness.						
5	The programs do not adequately cover the areas of health that interest me.						
6	The healthy worksite programs offered to me are appropriate.						
7	I would like to be offered one or more different programs than those already being offered.						
8	The Health Assessment and Health Screening results and reports provided me with valuable information about my health.						
9	The health education materials provided to me gave me a better understanding of how my lifestyle choices impact my overall health.						
10	My health coach was available and accessible to me for support.						
11	My coach was supportive and knowledgeable in the health issues that concern me.						
12	The health coach was available to meet with me during my work hours.						
13	The surveys I was asked to complete had an appropriate number of questions.						
Q#	Healthy Worksite Program Quarterly Survey:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Does not

								apply
14	I am supportive of changes in policies as a result of my employers healthy worksite program.							
15	I am supportive of environmental changes that create a safe and healthy culture at my worksite.							
16	I would recommend this worksite health program to others.							
17	My employer's worksite health program adds value to my job.							
18	Overall, my employer's worksite health program had a positive impact on my health.							

19.1	How useful are the health education materials (newsletters, booklets, handouts) I receive in making healthy lifestyle changes.						
		Not at all Useful	Not very Useful	Somewhat Useful	Very Useful	Does not apply	
	Tobacco Cessation						
	Nutrition / Weight Management						
	Stress Management						
	Diabetes Awareness and Management						
	Cholesterol Awareness and Management						
	Hypertension Awareness and Management						
	Physical Activity						
19.2	How informative are the health education materials (newsletters, booklets, handouts) I receive in making healthy lifestyle changes.						
		Not at all Informative	Not very informative	Somewhat informative	Very Informative	Does not apply	
	Tobacco Cessation						
	Nutrition / Weight Management						
	Stress Management						
	Diabetes Awareness and Management						
	Cholesterol Awareness and Management						
	Hypertension Awareness and Management						
	Physical Activity						

Q#	Healthy Worksite Program Quarterly Survey:
----	--

20	Considering your interaction with your Health Coach, how satisfied were you with:					
		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
20.1	The coach's knowledge of your condition and needs					
20.2	The length of time provided to you during your coaching session					
20.3	The frequency of the coaching sessions					
20.4	The professional manner of the coach					
20.5	The ability of the coach to motivate you make lifestyle changes					
21	If you participated in group classes associated with your employer's worksite health program, how satisfied were you with:					
		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
21.1	The times the classes were available					
21.2	Your ability to attend classes during your work day					
21.3	The frequency of the classes					
21.4	The topics of the classes offered at your worksite					
21.5	The ability of the classes to help you make lifestyle changes					
22	Overall, how satisfied are you with your employer's worksite health program?					
		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable

Thank You!