Form Approved OMB No. 0920-XXXX Exp. Date: XX-XX-XXXX

> assisting America.

Workplace Health in America Screening and Recruiting Call

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).

Respondents/ Sources	Method	Content	Timing/Freq	Respondents	Time
Employer Representatives (Wellness committee member, HR manager) from all worksites.	Telephone call	Employer size, industry and eligibility; identification of appropriate survey respondent	One time/on a rolling basis with first set starting in the first 3 months of data collection period	23,368	@ 0.25 hrs

Implementation: These are the questions we will ask when we call each sampled worksite to first identify an individual who is knowledgeable about health and wellness programs at the worksite, verify the worksite's eligibility to participate, and obtain cooperation to complete the survey.

1.	the Centers for Disease I am calling to simply ve	calling from RTI International in North Carolina. We are assisting Control and Prevention on a project called Workplace Health in America rify your business address and identify the most appropriate person for r worksite. This will just take a few moments. Is this something you can
	1 = YES GO TO Q2	
	2 = NO CODE AS REFUS	AL AND SET CALL BACK
2.	May I please have your	name?
	1 = YES RECORD GATEK	EEPER'S NAME
	GO TO Q3	
	2 = NO GO TO Q3	

3. Is this [Employer Name] located at [Street Address, City, State, Zip]?

	1 = YES GO TO Q4				
	2 = NO COLLECT CORRECT	ORGANIZATIO	N NAME		
		ADDRESS LINE	1		
		ADDRESS LINE	2		
		CITY	STATE	ZIP	
4.	Can you please tell me the nar employee wellness, or employ	-		_	ponsible for
	IF THE WORKSITE DOES NOT H DEPARTMENT; IF NO HR- ASK I				
		E#			
	GO TO Q5				
	2 = NO CODE AS REFUSAL ANI 3 = GATEKEEPER IS POC. PROC		NG CALL		
5.	Can you please transfer me to	[POC Name]?			
	1 = YES PROCEED TO SCREENII 2 = NO SET CALL BACK	NG CALL WITH PO	OC .		
	IF POC IS SOMEONE OTHER TH		·		
	1. Hello, my name is the Centers for Disease Co America. We are contactin selected this location. [Gat were the most knowledge this worksite. If you have j eligible to participate in the provided will be kept private health promotion/wellness.]	entrol and Preven og a nationally rep tekeeper's name able person abou ust a few minute is important prog ote. Would you ag	tion on a project presentative san referred me to ut employee hea s, I'd like to dete gram. Let me ass gree that you ar	nple of worksites a you. [He/she] sugg Ith promotion and ermine if your orga sure you that any in e knowledgeable a	Health in and randomly gested that you wellness at anization is nformation
	1 = YES SKIP TO Q3				

2 = NO GO TO Q2

2.		an you please tell me the name of the person who is most knowledgeable or responsible or employee wellness, or employee health and safety, at this worksite?		
	1 = YES	RECORD NEW POC'S	NAME PHONE #	
	GO TO Q3		EMAIL	
	2 = NO	CODE AS REFUSAL AND) SET CALL BACK	
3.	Our records indicate that this worksite has [frame preloaded size] total employees, is that about right? By "worksite" we mean the building, unique location, or business unit within the organization where work occurs, or that serves as the primary work address for field-based or telecommuting employees. A worksite can include a group of buildings as long as all the buildings are in close proximity (walking distance) and defined as part of the organization.			
	1 = YES 2 = NO		MBER OF EMPLOYEES EINELIGIBLE AND CONCLUDE CALL:	
	the minimo worksite's	um size criteria for partio	offormation. Unfortunately, your worksite does not meet cipating in our survey. If you would like to assess your s, I can refer you to the CDC's Worksite Health ScoreCard	
4.			erating for at least 12 months? N LOCATED AT THAT SITE FOR 12 MONTHS.	
	enough to promotion	participate in our survey	CONCLUDE CALL If ormation. Your worksite has not been operational long If you would like to assess your worksite's health to the CDC's Worksite Health ScoreCard at	
5.		ls indicate that your organdustry, is that correct?	anization is best categorized in the [frame preloaded	
	1=YES 2=NO	GO TO Q6 Can you please tell me CHOOSE FROM DROPD	which industry group best describes your worksite?	

Agriculture, Forestry, Fishing and Hunting

- Mining, Quarrying, and Oil and Gas Extraction
- Utilities
- Construction

- Manufacturing
- Wholesale Trade
- Retail Trade
- Transportation and Warehousing
- Arts, Entertainment, and Recreation
- Accommodation and Food Services
- Other Services (except Public Administration)
- Information
- Finance and Insurance
- Real Estate/Rental/Leasing
- Professional, Scientific and Technical Services
- Management of Companies and Enterprises
- Administrative and Support and Waste Management and Remediation Services
- Educational Services
- Health Care and Social Assistance
- Public Administration (includes local, state, and federal government)
- 6. The CDC is conducting a survey about employers' health programs and practices, called *Workplace Health in America*. The objectives of the survey are to:
 - describe the current state of U.S. workplace health promotion and protection programs and practices across all types of employers;
 - provide free and accessible benchmarking data for employers; and
 - assess national workplace health priorities, trends, and emerging issues.

They need input from worksites like yours. Are you willing to assist us in this important data collection effort?

1 = YES GO TO Q2 2 = NO CODE AS REFUSAL, SET CALL BACK

7. May I please have your email address (IF NOT ALREADY RECORDED), so that I can send you a link to complete the survey online?

1=YES RECORD POC EMAIL ADDRESS_______
SEND LINK TO SURVEY
CONCLUDE CALL AND SET FOLLOWUP:

Thank you very much for your time. I'll be in touch with you in the next week or so in case you need any further assistance.

2=NO GO TO Q3

8. Would you rather complete the survey with me over the phone?

1= YES GO TO Q4 2= NOT AT THIS TIME SET CALL BACK TIME 9. Before we get started, I'd like to give you some information about participating:

READ VERBATIM

- This project is funded by the CDC. RTI International is the data collection contractor conducting the survey for CDC. RTI is an independent, nonprofit research institute headquartered in Research Triangle Park, NC.
- We are surveying a nationally representative sample of worksites representing all sizes, industries, and regions. Your worksite was randomly selected as a representative of your size, industry and region.
- Your participation in this survey is voluntary.
- The survey is designed to take about 40 minutes for most worksites.
- All of the answers you provide will be maintained in a secure manner. We will not
 disclose your responses unless we are compelled by law. Your responses will be
 combined with responses from other worksites and reported in the aggregate.
- 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 survey.
- If you have any questions, you can contact Laurie Cluff at RTI International. Her phone number is 919-541-6514 and her email is lcluff@rti.org.

BEGIN Computer Assisted Telephone Interview