

### Organizational Assessment

The environments of health care organizations and the systems and policies in place can affect the likelihood that clients will adopt and maintain healthy lifestyle behaviors, such as eating healthful foods, getting adequate physical activity and avoiding the use of tobacco products. The purpose of this Organizational Assessment is to collect information on key components of your organization that could promote these three health behaviors in clients. Wellness for Every Body staff will use this assessment to make recommendations about areas where changes might be benefit clients.

**Directions for completion:**

Please provide your best estimates if actual numbers are not available. The goal is to obtain information that is as accurate and complete as possible. Please let us know if you have difficulty answering some of the questions. This is a relatively new form and your feedback will help us to improve it.

### Please return this form by the following date:

### Date:

### Organization name: Program name (if applicable): Location:

### Name/title of person completing form: Contact information (phone, email): Others who contributed to completing the form:

#### Section 1: General Questions about the Organization

1. How many clients are seen or served in your program annually (unduplicated)? If you don’t have access to this information, please estimate.

\_\_\_\_\_\_\_ clients

1. What is the maximum length of time that clients participate in your program?

\_\_\_\_\_\_\_\_\_\_\_\_ *(enter number of days, months or years)* OR

1  No set maximum length of time

1. About how often do you see clients in your program?

1  There is a set or typical frequency of visits for clients in this program:

\_\_\_\_\_\_\_\_\_\_\_\_\_ *(enter times per month)*

2  No set frequency. Can you describe some typical patterns of visits?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Where does staff see clients? Would you say mostly at your organization, mostly in other settings away from your organization (e.g., client home, other health care or community settings) or in a mix of both your organization and other settings?

1  Always / Mostly at my organization

2  Sometimes at our organization / sometimes in other settings

3  Always / Mostly in other settings

1. Please indicate in the table below the number of staff at your organization who interact with clients and the number who do not interact with clients. These numbers should sum to the total number of staff at your organization.

|  |  |
| --- | --- |
| **Staff …** | **Number** |
| who interact with clients |  |
| who do not interact with clients |  |

1. How many staff in of the following categories interact with clients?

|  |  |
| --- | --- |
| **Staff Type** | **Number** |
| Reception / Office Staff |  |
| Psychologists / Counselors |  |
| Social Workers / Case Managers |  |
| Nurses |  |
| Pharmacists |  |
| Physical Therapists / Occupational Therapists |  |
| Dietitians |  |
| Others -- Please describe: |  |

1. Have members of your staff been trained to use motivational interviewing in counseling clients?

1 Yes About how many have received this training? \_\_\_\_\_\_\_\_\_\_\_ staff

2 No

1. Thinking about healthy lifestyle behaviors like eating healthful foods, getting adequate physical activity and not smoking, to what extent are these statements true of your organization:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very true (1) | Somewhat true (2) | Somewhat untrue (3) | Very  untrue (4) |
| Leaders in our organization communicate a belief to staff that the program should promote healthy lifestyle behaviors in clients |  |  |  |  |
| Our organization provides programs and resources to promote healthy lifestyles in clients |  |  |  |  |
| Promoting healthy lifestyles in clients is seen as a priority in our organization |  |  |  |  |

#### Section 2: Healthy Eating

***If you see clients always or mostly in settings other than your organization (see Question 4 in Section 1), skip to Question 11 in this section.***

*Food Environment / Policies*

1. Does your organization provide snacks for clients?

1 Yes

2 No *Skip to question 4*

1. What does your staff typically consider when planning or preparing snacks? *(Check all that apply.)*

1 Individuals’ preferences

2 Agency/organizational nutrition policy or guidelines

3 Dietary Guidelines for Americans or USDA Food Guide My Plate

4 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization have written guidelines for serving healthy snacks to people you support?

1 Yes (Can we have a copy of those guidelines?)

2 No

1. Does your organization have guidelines about what foods are prepared during cooking classes to ensure foods prepared are healthful?

1  Yes

2  No

3  We don’t provide cooking classes.

4a. If yes, what are the guidelines?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do staff ever eat meals/snacks with clients either on-site or away from the organization?

1 Yes

2 No

1. Are staff allowed to bring their own foods to eat at the site where clients might see them?

1 Yes

2 No

6a. If yes, are there any guidelines or restrictions on the foods brought in?

1 Yes  Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Are clients allowed to bring foods into the site to share with other clients?

1 Yes

2 No

7a. If yes, are there any guidelines or restrictions?

1 Yes  Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Do you have vending machines at your organization that are accessible to clients?

1 Yes

2 No *Skip to question 11*

1. Does your organization have any guidelines for offering healthy options in vending machines?

1 Yes – Explain guidelines: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Is someone in your program involved in making vendor contract decisions?

1 Yes

2 No Who makes those decisions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization sell food items at fund-raising events?

1 Yes

2 No, we do not hold fund-raising events

3 No, we do not sell food items at our fund-raising events

11a. If yes, are there any guidelines or restrictions on the types of food sold?

1 Yes  Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Does your staff reward individuals with food for desired behavior?

1 Yes

2 No

12a. Is there a policy in place that either prohibits rewarding clients with food OR specifies what foods can be used?

1 Yes, there is a policy that prohibits food rewards

2 Yes, there is a policy in place about what kinds of food rewards can be used

3 No, there is no policy in place about providing food rewards

*Staff Training*

1. Does your organization provide training to staff on: *(Check all that apply)*

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Benefits of a healthy diet |  |  |
| Nutritionally balanced meal planning |  |  |
| Grocery shopping / Healthy eating on a budget |  |  |
| Cooking techniques |  |  |
| Food safety |  |  |
| How to talk with clients about healthy eating |  |  |

*Systems for Assessing and Actively Promoting Healthful Eating*

1. Is assessment of healthful eating a required part of client assessment procedures?

1 Yes Please describe how this is assessed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Is there a place on clients’ charts or other records to record this information?

1 Yes

2 No *Skip to question 17*

1. For what proportion of new clients is information about eating behavior typically recorded?

1 All

2 Most

3 Some

4 Hardly any

1. Is eating behavior reassessed in succeeding visits?

1 Every visit

2 Most visits

3 Some visits

4 Never

1. If a client is found to have an unhealthy diet, is a goal that addresses this issue incorporated into the client’s treatment plan?

1 Often

2 Occasionally

3 Rarely or never

1. Are staff required as part of their job responsibilities to talk with clients about engaging in healthy eating?

1 Yes

2 No

1. How does your organization support healthy eating for individuals? *(Check all that apply.)*

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Provides cooking classes and demonstrations that focus on healthy foods and preparation techniques |  |  |
| Offers classes in healthy eating such as nutrition, grocery shopping for healthy foods, cooking for one, etc. |  |  |
| Provides incentives for healthy eating (Describe in Question 22) |  |  |
| Other (Describe in Question 22) |  |  |

1. Please provide further description of your organization’s efforts to support healthy eating for clients.
2. Does your staff ever refer clients to programs / support for healthy eating outside of your organization?

1 Yes

2 No *Skip to Section 3*

1. What programs / support for healthy eating do you refer clients to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Section 3: Physical Activity

*Physical Activity Environment / Policies*

1. Exercise/fitness equipment and supplies (e.g., balls, mats, small weights, jump ropes, exercise machines) are available for clients to use at our facility.

1 Yes

2 No

1. Does your organization have policies or guidelines in place that require integration of physical activity into programming (including group therapy and other non-physical activity programming)?

1 Yes

2 No

2a. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your organization have policies or guidelines in place that require that some of your programming is active (physical activity classes, walking clubs, active outings, etc.) vs. sedentary programming (arts, crafting, puzzles, computer based activities, etc.)?

1 Yes

2 No

3a. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your organization have policies or guidelines in place that require staff to participate in physical activities/programming with clients, if physically able?

1 Yes

2 No

1. Does your organization encourage clients to use active transportation through incentives for walking, biking or taking public transit to appointments; providing bike parking at your facilities; or other methods?

1 Yes

2 No

5a. If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff Training*

1. Does your organization provide training to staff on: *(Check all that apply.)*

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Benefits of physical activity |  |  |
| How to talk with clients about increasing physical activity |  |  |
| How to include everyday activities, such as household chores, as part of physical activity |  |  |
| How to integrate physical activity into programming |  |  |
| How to lead physical activity programs or classes |  |  |

*Systems for Assessing and Promoting Physical Activity*

1. Is assessment of physical activity a required part of client assessment procedures?

1 Yes How is this assessed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

1. Is there a place on clients’ charts or other records to record this information?

1 Yes

2 No *Skip to question 10*

1. For what proportion of new clients is information about physical activity levels typically recorded?

1  All

2  Most

3  Some

4  Hardly any

1. Is physical activity level reassessed in succeeding visits?

1  Every visit

2  Most visits

3  Some visits

4  Never

1. If a client is found to have low levels of physical activity, is a goal that addresses this issue incorporated into the client’s treatment plan?

1 Often

2 Occasionally

3 Rarely or never

1. Are staff required as part of their job responsibilities to talk with clients about being physically active?

1 Yes

2 No

1. How does your organization support physical activity for individuals? *(Check all that apply.)*

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Offers fitness classes (such as yoga or aerobic exercise classes) |  |  |
| Conducts walking outings with clients |  |  |
| Conducts bicycling outings with clients |  |  |
| Provides other physical activity programming *(Describe in Question 14)* |  |  |
| Verbally encourages individuals to take the stairs when possible |  |  |
| Verbally encourages individuals to meet physical activity goals |  |  |
| Provides incentives for engaging in physical activity *(Describe in Question 14)* |  |  |
| Integrate physical activity into regular programming (e.g., taking activity breaks in group therapy; walking therapy sessions) |  |  |
| Other *(Describe in Question 14)* |  |  |

1. Please provide further description of your organization’s efforts to support physical activity for clients.

**If you see clients always or mostly in settings other than your organization, skip to Question 16.**

1. Indicate “Yes” or “No” to the following statements.

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| We have sufficient equipment to support people being physically active at our program |  |  |
| We have appropriate space for physical activity that people can use for exercise. |  |  |
| Staff know how to lead physical activities with individuals. |  |  |

1. Does your staff ever refer clients to physical activity programs / support outside of your organization?

1 Yes

2 No *Skip to Section 4*

1. What exercise programs / support do you refer clients to?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Section 4: Tobacco Use

*Tobacco Use Environment / Policies*

1. Which of the following best describes the rules about tobacco use at your facility? *Check all that apply.*

1 No tobacco use in buildings

1 No tobacco use on grounds, including personal vehicles

1 No tobacco use on grounds, but allowed in personal vehicles

1 No tobacco use in company vehicles

1 No tobacco use in the presence of clients

1 Tobacco use is restricted near entryways but allowed on remainder of grounds

1 No sale of tobacco products on company property

1 Signage placed in conspicuous areas (such as entrances to property) to inform employees, clients and visitors of the policy

1 Other, (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 There are no rules *Skip to Question 7*

1. What forms of tobacco do the rules prohibit?

1 Any form of tobacco, including e-cigarettes

OR check all that apply:

1 Cigarettes

1 E-cigarettes

1 Cigars

1 Pipes

1 Smokeless tobacco (chew, pouched products such as snus)

1 Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do the rules include enforcement procedures for staff, clients and visitors?

(Enforcement procedures define the steps that are taken when someone does not follow the policy.)

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| For staff |  |  |
| For clients / visitors |  |  |

3a. If yes, what enforcement procedures are included? *Check all that apply.* Procedures might reflect actions for a first or a subsequent warning.

### For Staff:

1.  Verbal warning
2.  Written warning
3.  Human resources is notified
4.  Disciplinary action is noted in employee’s personnel file
5.  Possible termination
6.  Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### For Clients:

1.  Verbal warning
2.  Other (please describe):
3.  Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3b. Is the policy enforced consistently across the organization?

1. Yes
2. No
3. Are these rules included in a written tobacco free policy/guideline?
4. Yes Can we have a copy of the policy?
5. No
6. How are clients informed of this policy? *Check all that apply*
7.  Signage
8.  Pre-admission calls
9.  Scheduling
10.  Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. How are staff informed of policy? *Check all that apply*

1  Signage

1  Upon job offer/hiring

1  Orientation

1  Employee newsletters

1  Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff Training*

1. Does your organization provide training to staff on:

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Benefits of not using tobacco products |  |  |
| Impact of tobacco use on mental illness and actions of psychiatric medications |  |  |
| How to talk with clients about quitting tobacco use |  |  |
| What tobacco cessation resources (counseling and medication) are available to clients |  |  |
| What clients need to do to access smoking cessation resources |  |  |
| How to conduct group smoking cessation programs *(describe in Question 8)* |  |  |

1. If staff members have received training in conducting smoking cessation programs, please state the type of program which they’ve been trained to provide and the number of staff trained.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Systems for Assessing Tobacco Use and Actively Promoting Abstinence*

1. Is assessment of tobacco use a required part of client assessment procedures?

1 Yes

2 No

1. Is there a place on clients’ charts or other records to record this information?

1 Yes

2 No *Skip to question 12*

1. For what proportion of new clients is information about smoking status typically recorded?

1 All

2 Most

3 Some

4 Hardly any

1. Is tobacco use reassessed in succeeding visits for those who report being tobacco users?

1 Every visit

2 Most visits

3 Some visits

4 Never

1. If a client is found to use tobacco, is a goal that addresses this issue incorporated into the client’s treatment plan?

1 Often

2 Occasionally

3 Rarely or never

1. Are staff required as part of their job responsibilities to talk with clients who use tobacco about quitting?

1 Yes

2 No

1. Does your organization provide programs or support to help clients quit smoking?

1 Yes

2 No *Skip to question 17*

1. What type of program or support is offered?

1 On-site individual support/coaching

1 On-site group program/support

1 Phone coaching

1 Written materials about how to quit smoking

1 Incentive program (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization provide the following medications for clients trying to quit smoking?
2. 1 Over-the-counter quit medications (nicotine patches, gum, or lozenges)
3. 1 Prescription tobacco cessation medications

(varenicline/Chantix or bupropion/Wellbutrin/Zyban)

1. 1 We don’t provide quit smoking medications
2. Does your staff ever refer clients to services outside of your organization to help them with quitting?

1 Yes

2 No *Skip to question 20*

1. What services do you refer clients to?

1 Primary care provider

1 Quit Plan (the State quit smoking phone / internet cessation resource)

1 Services available through the client’s health insurance provider

1 Online cessation programs

1 Other (please describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide further description of your organization’s efforts to support smoking cessation for clients (e.g., counseling model or program type, source of written materials).

**You’re done!**

**Thank you for completing this assessment**

## **T:\PHCS\Admin\Public Health Communication Team\Anna Welsch FILES\Logos\SHIP Logo\SHIP Logo 2013\shiplogonew.jpg**

**OFFICE USE ONLY – to be completed by Wellness for Every Body Staff**

**Organization:**

**WEB Staff member completing these questions: Date of Completion:**

**Observation of vending machines that are accessible to clients**

1. Where are the vending machines located?

1  In the department or program area of site

2  In the building that houses the department or program, but not in the department   
 or program area itself

3  There are no vending machines accessible to clients – **NO FURTHER QUESTIONS**

1. What percent of vending machine **food** items are healthy choices?

*(Includes fruit, vegetables, whole grain items and items with lowered levels of saturated fat, sodium and added sugars)*

1  100%

2  75-99%

3  50-75%

4  Less than 50%

1. What percent of vending machine **beverage** items are healthy choices?

*(Includes unsweetened water; milk; 100 % fruit or vegetable juice)*

1  100%

2  75-99%

3  50-75%

4  Less than 50%

1. Is nutrition information provided for vending machine foods in a way that the customer can read it before purchase?

1  Yes

2  No

1. Are healthy foods in vending machines identified with a sign or sticker?

1  Yes

2  No

3  Sometimes but not always

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