



Worksite _____

Date Completed _____

Use page 1 of this document to assess your current state. This tool can be used for brainstorming and inform your work plan. You can then reference as you implement.

1.1 Which onsite FACILITIES does your organization provide? Check all that apply.

- Fitness center
- Basketball court or athletic field
- Walking and/or biking paths
- Other (please describe) _____
- None available at this time
- In progress (please describe) _____

1.2 Which on-site ORGANIZED options does your organization offer? Check all that apply.

- Fitness classes
- Walking clubs
- Other (please describe) _____
- None offered
- In progress (please describe) _____

1.3 Which other supports does your organization offer? Check all that apply.

- Fitness membership discounts
- Telephone-based support
- On-site assessments or counseling
- Other (please describe) _____
- In progress (please describe) _____
- Fitness class discounts
- Web-based support
- None offered

1.4 Does your organization provide employees indoor or outdoor ROUTES for physical activity? *Ideally, routes are provided on a map that measures distance (in steps or miles) or time (a 10-, 20- or 30-minute walk).* Yes No IP

1.5 Does your organization have stairwells available for employees AND encourage their use? Yes No IP

1.6 Does your organization have an active commuting program? *e.g., showers for active commuters, guaranteed ride home, discounted transit passes, promotion of biking to work or a program where more experienced riders mentor new bike commuters, Bike to Work Day event* Yes No IP

1.7 Do employees have access to:

a. Bike racks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
b. Locker rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
c. Showers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP
d. Transit pass discounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IP

Does your organization have a WRITTEN POLICY or GUIDELINE supporting and/or encouraging physical activity? (for example, the policy offers flex time so employees can be physically active during the workday) Yes No IP

2.1 Which of the following are included in your current physical activity policy/guideline? Check all that apply.

- Casual dress code
- Flexible work schedule
- Ability to work with manager to establish a schedule that permits physical activity
- Dedicated breaks for physical activity
- Activity breaks during meetings
- Active commuting program (safe bike storage, lockers, showers, etc. for employees who bike or walk)
- Mandatory stretch time (such as to prevent repetitive job injury)
- Standing desks/walking work stations
- Other (please describe) _____

2.2 Is the physical activity policy consistently **supported** by all levels of management across the organization? Yes No IP

Please provide additional comments about your organization's physical activity initiatives and their promotion: