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Data Entry Code

Health Culture Audit
Vital Signs Wellness Program
January 2003

*Please indicate your level of agreement or disagreement with the statements below using the following scale. Keep in mind, there are no right or wrong answers; we are only asking for your opinion. **To ensure confidentiality, you are not required to put your name on this survey.** This information will only be used to enhance the Vital Signs Wellness Program.*

Strongly Disagree **Disagree** **Undecided** **Agree** **Strongly Agree**
1 **2** **3** **4** **5**

1. Employees are rewarded and recognized for their efforts to live a healthy lifestyle. _____
2. My immediate supervisor supports my efforts to adopt healthier lifestyle behaviors. _____
3. My workplace demonstrates its commitment to supporting healthy lifestyles through its use of resources such as time, space and money. _____
4. My coworkers and I are taught ways to achieve a healthy lifestyle. _____
5. My coworkers support my efforts to practice a healthy lifestyle. _____
6. New employees are made aware of the organization's support for healthy lifestyles. _____
7. My immediate supervisor models a healthy lifestyle. _____
8. I try to achieve a balance between work, rest and play. _____
9. I take responsibility to help control health insurance costs by being a careful consumer of medical resources (i.e. practice self-care). _____
10. My organization has a shared vision (similar beliefs with my own) when it comes to wellness at the worksite. _____

Additional comments:

Thank you for completing this survey!