



Bureau of Tobacco Free Florida

Worksite Wellness Assessment

Section 1: General Information

1. Worksite/Employers name: _____ Date: _____
2. Worksite Contact Name and Title: _____

Section 2: Demographic Information

3. Which sector best describes your organization? (select one):
- | | |
|--|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> City Municipality |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> County Municipality |
| <input type="checkbox"/> School District | <input type="checkbox"/> Other Government (i.e. Police Department, Libraries, EMS, Fire Department, etc.) |
| <input type="checkbox"/> Non-profit Organization | <input type="checkbox"/> Other-not listed |
4. Number of employees: _____
5. Number of tobacco users at this workplace: _____

Section 3: Tobacco Free Grounds

6. What type of tobacco free grounds policy does your organization have?
- Smoke-free indoors WITHOUT a written policy.
 - Smoke-free indoors WITH a written policy
 - Smoke-free indoors with outdoor restrictions
(e.g. designated smoking areas or no smoking 50ft from building)
 - 100% Smoke-free grounds (indoors and outdoors)
 - 100% Tobacco free grounds (indoors and outdoors)
7. If your organization has a tobacco free grounds policy, does it specifically include e-cigarettes in its policy?
- Yes**, e-cigarettes are included in the policy
 - No**, e-cigarettes are not included in the policy
 - N/A**, my organization does not have a tobacco free grounds policy

Section 4: Health Insurance Information

8. Does your organization provide health insurance for employees?
- Yes - Fully-insured
 - Yes - Self-insured
 - No
 - Don't know/not sure
9. If your organization provides health insurance, who is the insurance provider(s)?
- _____
-

10. Which of the following FDA-approved **tobacco cessation medications** are covered by your organization's employee health insurance plan: *(check all that apply-do not include medications that are provided through Tobacco Free Florida's 3 Ways to Quit)* SKIP IF HEALTH INSURANCE NOT PROVIDED

Nicotine Replacement Therapy:

- | | |
|--|---|
| <input type="checkbox"/> OTC (<i>Over the Counter</i>) Lozenge | <input type="checkbox"/> RX (<i>Prescription</i>) Nasal Spray |
| <input type="checkbox"/> OTC Patch | <input type="checkbox"/> RX Inhaler |
| <input type="checkbox"/> OTC Gum | |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> No NRT medications are covered |

Psychotropic Tobacco Cessation Medication: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> RX Varenicline (Chantix) | <input type="checkbox"/> RX Bupropion (Zyban) |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> No psychotropic medications are covered |

11. Which of the following **tobacco cessation counseling options** are covered by your organization's health insurance plan? *(check all that apply-do not include counseling sessions that are provided through Tobacco Free Florida's 3 Ways to Quit)* SKIP IF HEALTH INSURANCE NOT PROVIDED

- Phone Counseling – Number of sessions covered: _____
- Group Counseling (in person) – Number of sessions covered: _____
- Individual Counseling (in person) – Number of sessions covered: _____
- Internet-based Counseling – Number of sessions covered: _____
- No tobacco cessation counseling options are covered
- Don't know

12. How many quit attempts are covered per year by your organization's employee health insurance plan? *A covered quit attempt means that the insurance provider covers the cost of counseling or medication as specified in their particular plan.* SKIP IF HEALTH INSURANCE NOT PROVIDED

- 0 (Zero quit attempts per year)
- 1 (One quit attempt per year)
- 2+ (Two or more quit attempts per year)
- Don't know

13. Is **cost-sharing for quit attempts** required by your organization's employee health insurance plan? *Cost-sharing occurs when the employee is responsible for copayments, coinsurance, or deductibles or has an annual or lifetime dollar limit.* SKIP IF HEALTH INSURANCE NOT PROVIDED

- No
- Yes
- Don't know

14. What questions (if any) do you have for us?

****COUNTY GOVERNMENT ONLY****

Does local county law (ordinance) currently prohibit the use of e-cigarettes anywhere that the Florida Clean Indoor Air Act prohibits smoking (all enclosed indoor workplaces within the county)?

- Yes
- No

