

TOBACCO FREE FLORIDA WORKSITE WELLNESS ASSESSMENT

SECTION 1: GENERAL INFORMATION

1. Worksite/Employer 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"/> County Municipality |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other Government (i.e. Police Department, Libraries, EMS, Fire Department, etc.) |
| <input type="checkbox"/> School District | <input type="checkbox"/> Faith-Based Organizations (FBOs) |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other/Not Listed |
| <input type="checkbox"/> City Municipality | |

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?

- Smokefree indoors WITHOUT a written policy
- Smokefree indoors WITH a written policy
- Smokefree indoors with outdoor restrictions
(e.g. designated smoking areas or no smoking 50 feet from building)
- 100% Smokefree 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?

- | | |
|--|--|
| <input type="checkbox"/> Yes - Fully-insured | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes - Self-insured | <input type="checkbox"/> 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 Quit Your Way)* **Skip if health insurance not provided.**

Nicotine Replacement Therapy:

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

Other Tobacco Cessation Prescription 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"/> These Medications are not 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 Quit Your Way)* **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 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

SECTION 5: NEXT STEPS

Are you interested in adopting or improving an existing smoke-free policy?

Are you interested in bringing tobacco cessation services to your worksite?

Employer Representative Contact Email and Phone Number: _____

PLEASE RETURN COMPLETED FORM TO:

Kristen.Mialki@FLHealth.gov
FAX: 386-274-0518

Tobacco Prevention Program

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