

Worksite \_\_\_\_\_

Date Completed \_\_\_\_\_

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

### ENVIRONMENT

1.1 Does your worksite provide dedicated space that is quiet where employees can engage in relaxation activities, such as deep breathing exercises?  Yes  No  IP

If you answered yes to Question 1.1, does the space have resources such as informational videos about stress management, yoga mats, etc.?  Yes  No  IP

1.2 Does your worksite provide work space organizational tools to help employees get and stay organized?  Yes  No  IP

1.3 Does your organization intentionally create an environment that fosters casual conversation?  Yes  No  IP

### POLICIES and SYSTEMS

2.1 Has your organization reviewed and implemented family-friendly & healthy-living policies that are visibly supported?  Yes  No  IP  
*Policies may include parental leave, child and elder sick care leave, paid time off or flex time, encourage taking breaks and "no work" weekends, avoiding mandatory overtime, harassment policy and violence in the workplace policy.*

2.2 Has your organization created vacation policies and created a culture that encourages employees to take a vacation?  Yes  No  IP

2.3 Does your organization offer an Employee Assistance Program (EAP) that includes legal advice, childcare/eldercare resources, resilience information and free phone counseling?  Yes  No  IP

Does your organization allow and promote the ability to use your Employee Assistance Program (EAP) on work time?  Yes  No  IP

2.4 Does your organization provide explicit mental health coverage and an explanation of benefits?  Yes  No  IP

### SYSTEMS and SOCIAL SUPPORT

3.1 During the past 12 months, did your worksite provide educational materials on stress management?  Yes  No  IP

*Educational materials might include brochures, videos, posters, or newsletters that address aspects of stress management, including coping skills and relaxation techniques, either as a single health topic or along with other health topics.*

3.2 During the past 12 months, did your worksite provide **and** promote interactive educational programming on stress management?  Yes  No  IP

*Programming may include lunch and learns, seminars, workshops, or classes on topics such as assertiveness, coping, and relaxation techniques. They may be provided in group or individual settings; in-person or virtually; on or off site; through vendors, onsite staff, health insurance plans/programs, community groups or other practitioners.*

3.3 During the past 12 months, did your worksite provide **and** promote free or subsidized lifestyle coaching/counseling or self-management programs that equip employees with skills and motivation to set and meet their personal stress management goals?  Yes  No  IP

*Programs may be provided in group or individual settings; in-person or virtually; on or off site; through vendors, onsite staff, health insurance plans/programs, community groups or other practitioners.*

3.4 During the past 12 months, did your worksite sponsor or organize social activities designed to improve engagement with others, and provide opportunities for interaction and social support?  Yes  No  IP

*Activities might be team building events, company picnics, holiday parties or employee sports teams.*

3.5 During the past 12 months, did your worksite Provide training for managers that improves their ability to recognize and reduce workplace stress-related issues?  Yes  No  IP

*Trainings might be offered related to performance reviews, staff development/coaching, causes of workplace stress, communication, team building, personell/performance management, assertiveness, time management, or conflict resolution.*

3.6 Does your performance review process for providing feedback to management include how they support employees and workplace wellness?  Yes  No  IP

3.7 Does your organization provide the needed tech support to help reduce stress from technology frustrations?  Yes  No  IP

### **ENGAGEMENT and SOCIAL SUPPORT**

3.1 During the past 12 months, did your worksite provide opportunities for employee participation in organizational decisions regarding workplace issues that affect job stress?  Yes  No  IP

*Opportunities might include discussions and decisions about work processes and environment, work schedules, participative problem-solving, and management of work demands.*

3.2 Does your organization offer or encourage participation in practicing healthy behaviors and support groups?  Yes  No  IP

**Please provide additional comments about your organization's initiatives to help employees reduce or manage stress:**

BE WELL staff is available to help you complete this document and implement your work plan. This document must be completed and submitted with an implementation funding request for any stress management initiatives.