

# Health Culture Audit

Please indicate your level of agreement with the following statements using the following scale:  
**1 Strongly Disagree, 2 Disagree, 3 Undecided/Don't Know, 4 Agree or 5 Strongly Agree**

<u>Disagree</u>	<u>Agree</u>				
1	2	3	4	5	Living a healthy lifestyle is important to me.
1	2	3	4	5	My immediate supervisor models a healthy lifestyle.
1	2	3	4	5	My worksite uses resources to support healthy lifestyle (time, money)
1	2	3	4	5	People in my workplace are taught healthy lifestyle skills
1	2	3	4	5	New employees here are made aware of the wellness program
1	2	3	4	5	Employees here are rewarded for making healthy lifestyle choices
1	2	3	4	5	The wellness program helps to improve morale
1	2	3	4	5	Unhealthy lifestyle choices such as tobacco use are discouraged here
1	2	3	4	5	This worksite has a good sense of community among employees
1	2	3	4	5	Employees and management have a shared vision for the organization which positively impacts our work as a team
1	2	3	4	5	My immediate supervisor supports participation in the wellness program and its activities
1	2	3	4	5	My immediate supervisor supports employees' efforts to adopt healthier lifestyle practices.
1	2	3	4	5	My immediate coworkers support one another's efforts to adopt healthier lifestyle practices.
1	2	3	4	5	The people I live with and socialize with outside of the work environment support one another's efforts to adopt healthier lifestyle practices.
1	2	3	4	5	I feel respected by my immediate supervisor and coworkers

**In my immediate work area, it is normal for people to:**

1	2	3	4	5	Exercise regularly (at least 3 times per week)
1	2	3	4	5	Maintain a healthy weight
1	2	3	4	5	Eat foods that are low in fat and refined sugar
1	2	3	4	5	Drink alcohol moderately if at all
1	2	3	4	5	Never drive after drinking alcohol or ride with a driver who has been drinking
1	2	3	4	5	Use safety belts
1	2	3	4	5	Follow safety precautions at work (i.e.: good lifting techniques, observe safety requirements, etc.)
1	2	3	4	5	Not smoke
1	2	3	4	5	Stay current on medical screenings (i.e.: have an annual physical exam with a family physician and/or blood screening for cholesterol, blood sugar, etc.)

**Lifestyle: In the past year have you attempted one or more health-supporting lifestyle changes such as trying to maintain a healthy weight, manage stress better or increase physical activity? Yes No**

**If "Yes"—how successful were you? (circle one)**  
**Very successful      Moderately successful      Not successful**