



## Corporate Survey Assessment

**“What is the most thorough, well-conceived, readily implemented, cost effective, resource sparing way to improve your workforce health and productivity, minimize future claims and reduce your costs on current claims - optimizing your ROI?”**

Instructions:

The information requested on this form will be used to generate your company’s customized program. Completing this will yield a more tailored report for your organization. Please complete all fields of this form if possible. All information submitted in this report will be kept in the strictest of confidence by PlayMore. If you have any questions about completing this form, please contact a PlayMore representative at (818)-568-5616 or email to: [info@PlayMoreCW.com](mailto:info@PlayMoreCW.com).

Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Business Type

Manufacturing

Retail

Marketing/Branding

Gaming

Communications

Transportation

Health care

Advertising

Utilities

Technology

Financial

Insurance

Other \_\_\_\_\_

**Demographics of Company**

<b>Age Group (males + females)</b>	<b>Male</b>	<b>Female</b>	<b>No. of Employees</b>
<20 Years	_____	_____	_____
20-25	_____	_____	_____
26-30	_____	_____	_____
31-35	_____	_____	_____
36-40	_____	_____	_____
41-45	_____	_____	_____
46-50	_____	_____	_____
51-55	_____	_____	_____
56-60	_____	_____	_____
60+	_____	_____	_____
Total	Males_____	Females_____	All_____

**Health Claims Data**

Please have your health insurer or third party claims administrator provide the claims data from the past year, if not known:

Total Medical Care Charges (last full year available)\_\_\_\_\_ Year?\_\_\_\_\_

Percentage change in charges from previous year: \_\_\_\_\_% \_\_\_ Increase \_\_\_ Decrease

Total number of claims: \_\_\_\_\_

1-Without over-thinking it, what do you feel and what have you seen to be the main concerns of your employees?

- \_\_\_ High Stress
- \_\_\_ Tobacco Use
- \_\_\_ Physical Inactivity
- \_\_\_ Depression
- \_\_\_ Poor Diet
- \_\_\_ Being Overweight

2-What is your employee retention? \_\_\_\_\_% How many stay over one year?\_\_\_\_\_

3-Does your organization track employee absenteeism: \_\_\_yes \_\_\_ no

4-Approximately how many employees get sick or take sick days per month?

<10       10-20       20-30       30-40       40-50       +50

5-Does chronic stress seem to be a way of life with your employees?  Yes       No

6-Does your company have a budget for health and productivity-optimization management solutions?

Yes    No      If yes, how much per year? \_\_\_\_\_

7-Do you have a commitment from key members of senior management, officers, staff members, etc.?  Yes    No

8-Does your company have a current policy outlining the requirements and functions of a comprehensive worksite wellness program?  Yes    No   If yes, are you familiar with them? \_\_\_\_\_

9-Will you and upper management promote and encourage employee participation in its wellness programs?  Yes    No

Examples of ways to “promote and encourage employee participation” include:

- |  |   |
|--|---|
| <input type="checkbox"/> Information at new employee orientation           | <input type="checkbox"/> Announcements at employee meetings |
| <input type="checkbox"/> Information on programs provided within paychecks | <input type="checkbox"/> Employee newsletter articles       |
| <input type="checkbox"/> Flyers on wall or bulletin boards                 | <input type="checkbox"/> Incentive/reward programs          |
| <input type="checkbox"/> Letters mailed directly to employees              | <input type="checkbox"/> Public recognition                 |
|  | <input type="checkbox"/> Health insurance discounts         |

10-Will they support physical activity during duty time?  Yes    No

If yes, how much time will they allow?  10 min    15 min    20 min    30 min    Other

11-Are employees provided with breaks during working hours now and are employees encouraged to be active during break time? Yes No

12-Does the company allow for “walk and talk” meetings instead of conference room meetings to encourage additional bouts of activity and spur creativity?

13-Will the company support “innovative play” breaks to increase creativity and productivity?  
Yes No

14-Would the company provide or support a broad range of competitive and non-competitive physical and mental activities that help develop the skills needed to increase creativity, reduce stress and promote productivity? Yes No

15-Does the worksite offer company-sponsored fitness-oriented programs or clubs for employees other than at an exercise facility? Yes No If yes, what are the programs/clubs offered? \_\_\_\_\_

16-Does the worksite provide incentives for engaging in physical activity (e.g., merchandise, coupons, money)? Yes No

17-Does the company promote the consumption of fruit & vegetables in catering/cafeteria?  
Yes No

18-Does the worksite offer appealing, low-cost, healthful food options, such as fruits and vegetables, juices and low-fat dairy products in vending machines, snack bars and break rooms?  
Yes No If no, why not? \_\_\_\_\_

19-Does the worksite offer healthful food alternatives at meetings, company functions and health events? Yes No If no, why not? \_\_\_\_\_