

CHECKLIST OF HEALTH PROMOTION ENVIRONMENTS AT WORKSITES
(CHEW)
VERSION:25 AUGUST,1995

Observation

Worksite: _____

Building/Address: _____

Date: _____ **Time:** _____ **Observer:** _____

BUILDING ASSESSMENT

Number of buildings at the worksite No. = _____

Number of floors No. = _____

Worksite is on how many floors? No. = _____

Freestanding or connected to other buildings? 1. Freestanding
2. Connected

Is worksite all or part of building? 1. All
2. Part

Number of bicycles seen stored inside building:
Tally: _____ Total No. = _____

Number of male changing rooms
Tally: _____ Total No. = _____

Number of female changing rooms
Tally: _____ Total No. = _____

Number of unisex changing rooms
Tally: _____ Total No. = _____

Number of male showers
Tally: _____ Total No. = _____

Number of female showers
Tally: _____ Total No. = _____

Number of unisex showers
Tally: _____ Total No. = _____

SIGNS AND BULLETIN BOARDS (the information environment)

Number of bulletin boards at the worksite
Tally: _____ Total No. = _____

Physical Activity:

Number of signs or posters generally encouraging physical activity (other than related to stairs)

Tally: _____

Total No. = _____

Number of notices about onsite exercise classes

Tally: _____

Total No. = _____

Number of notices about offsite physical activity/sports sponsored by the specific worksite

Tally: _____

Total No. = _____

Number of notices about offsite physical activity/sports sponsored by other organisations (this can include the parent company)

Tally: _____

Total No. = _____

Number of other notices about physical activity/sports

Tally: _____

Total No. = _____

Nutrition:

Number of signs/posters encouraging dietary fat reduction or promoting programs

Tally: _____

Total No. = _____

Number of signs/posters encouraging more fruits and vegetables or promoting programs

Tally: _____

Total No. = _____

Number of notices on bulletin board about dietary information

Tally: _____

Total No. = _____

Number of notices on bulletin board about weight loss

Tally: _____

Total No. = _____

Smoking:

Number of entrances to building

Tally: _____

Total No. = _____

Number of signs about smoking restrictions on or around entrance doors

Tally: _____

Total No. = _____

Number of notices on bulletin board about smoking cessation programs or smoking policies

Tally: _____

Total No. = _____

Door is unlocked on most floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door marked "stairs" (not just exit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No warnings or cautions on door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor number labelled inside of stairway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No restricted exit (locked from inside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs encouraging use of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FITNESS CENTRE ASSESSMENT

	Workout Room 1	Workout Room 2
In worksite	<input type="checkbox"/>	<input type="checkbox"/>
In grounds	<input type="checkbox"/>	<input type="checkbox"/>
Area for aerobics /dance/other activities	1. No area 2. Part time 3. Permanent	1. No 2. Part time 3. Permanent
Size of workout area:	_____ m X _____ m	_____ m X _____ m
Treadmills	No. = _____	No. = _____
Bikes	No. = _____	No. = _____
Rowing Machines	No. = _____	No. = _____
Stepper Machines	No. = _____	No. = _____
Free Weights	No. = _____	No. = _____
Resistance Equipment	No. = _____	No. = _____
Other Machines	No. = _____	No. = _____
TV in workout area	<input type="checkbox"/>	<input type="checkbox"/>
Music in workout area	<input type="checkbox"/>	<input type="checkbox"/>

Other Facilities: *(tick if present)*

Table Tennis Tables	<input type="checkbox"/>	In worksite or on grounds?	1. Worksite 2. Grounds
Billiard Tables	<input type="checkbox"/>	In worksite or on grounds?	1. Worksite 2. Grounds
Sauna	<input type="checkbox"/>	In worksite or on grounds?	1. Worksite 2. Grounds
Spa	<input type="checkbox"/>	In worksite or on grounds?	1. Worksite 2. Grounds
TV Lounge	<input type="checkbox"/>	In worksite or on grounds?	1. Worksite 2. Grounds

ASSESSMENT OF THE NUTRITION ENVIRONMENT AT WORKCanteen assessment -Canteen 1

In worksite or on grounds? 1. Worksite
2. Grounds

(For the following tick if present)

Fresh fruit
Green salads
Lowfat milk or yogurt

Number of other low/reduced fat items on menu or on notices No. = _____

Number of NHF ticks displayed or other labelling of lowfat items No. = _____

Number of items with easily visible nutrition information signs
(fat grams, cal) No. = _____

Number of signs/prompts to choose low fat items No. = _____

Number of signs/prompts to choose fruits and vegetables No. = _____

Canteen assessment - Canteen 2

In worksite or on grounds? 1. Worksite
2. Grounds

(For the following tick if present)

Fresh fruit
Green salads

Vending Machine Assessment

	Vending Machine Number					
	# 7	# 8	#9	#10	#11	#12
In worksite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Type of machine:</i>						
Please tick if snack machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick if soft drink machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick if hot drink machine <i>(please write NA if not applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total number of items that machine holds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with low fat/sugar snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with fresh green salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with items with heart tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with fruit juice or mineral water <i>(can be mineral water with some fruit juice)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with diet soft drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of slots with coffee/tea with no milk and no sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick if there is an option for using lowfat milk for coffee/tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please tick if there is a sign encouraging selection of lowfat items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lunch Room Assessment - Lunch Room 1

In worksite or on grounds? 1. Worksite
2. Grounds

Number of signs/posters encouraging dietary fat reduction Total No. = _____

Number of signs/posters encouraging more fruits and vegetables Total No. = _____

Number of notices about dietary information or weight loss Total No. = _____

(For the following tick if present)

Microwave

Other oven or toaster

Fridge

Seating in or near food preparation area

Lunch Room Assessment - Lunch Room 2

In worksite or on grounds? 1. Worksite
2. Grounds

Number of signs/posters encouraging dietary fat reduction Total No. = _____

Number of signs/posters encouraging more fruits and vegetables Total No. = _____

Number of notices about dietary information or weight loss Total No. = _____

(For the following tick if present)

Microwave

Other oven or toaster

Fridge

Seating in or near food preparation area

ASSESSMENT OF THE SMOKING ENVIRONMENT AT WORK

Number of cigarette vending machines in the building
Tally: _____ Total No. = _____

ASSESSMENT OF THE ALCOHOL ENVIRONMENT AT WORK

Is there an observed area where alcohol is served? *(tick if yes)*

PARKING ASSESSMENT

Number of signs in parking lot encouraging drivers to park farther No. = _____

Number of bike rack spaces on grounds
Tally: _____ Total No. = _____

Number of bikes parked outside
Tally: _____ Total No. = _____

Number of bike lockers Total No. = _____

Other lock up facilities for bikes *(tick if yes)*

GROUNDS ASSESSMENT

Are grounds exclusive for target worksite or shared?

1. Exclusive
2. Shared

*(For the following tick if present)*Volleyball court Basketball goal Walking path on or adjacent to grounds Open space/grassy area large enough for physical activity

Size of open space/grassy areas _____ m X _____ m

Other outdoor fitness or sport facilities *(tick if yes)*

Please specify: _____

NEIGHBOURHOOD ASSESSMENT ()**

Nearest access road(s): name _____

(For the following tick if yes or present)

Level of traffic:

light

light

medium

medium

heavy

heavy

Sidewalk adjacent to road Sidewalk separated from road (more than 3 m) Bike lanes on road Bike lanes separate from road (more than 3 m) *(For the following please tick if yes)*Is a fitness facility visible from worksite grounds? Is a park/open space visible from worksite grounds? Is the park/open space large enough for physical activity? Is a pool visible from worksite grounds?

Are tennis courts visible from worksite grounds?

Are squash courts visible from worksite grounds?

Is a major shopping centre visible from worksite grounds?

Are shops that sell cigarettes visible from worksite?

Is pub or bar visible from worksite grounds?

Is liquor/beer store visible from worksite grounds?

Food Shops Visible From Grounds

	Food shop 1	Food shop 2	Food shop 3
Name of shop	_____	_____	_____
Type of shop	_____	_____	_____

(The following questions are optional)

Number of signs about low fat items

Visible nutrition labelling of items
(fat grams, cal)

Fresh fruit

Fresh green salads

Limits of Workplace Grounds

Sketch the limits you considered when completing this checklist.

Name and title of employee who accompanied you on tour of the worksite:

Other comments:

**CHECKLIST OF HEALTH PPROMOTION ENVIRONMENTS AT WORKSITES
(CHEW)**

Version: 25 August 1995

INTERVIEW

Worksite: _____

Building/Address: _____

Date: _____ **Time:** _____

Interviewer: _____

Names and titles of employees interviewed

Total number of employees Total No. = _____

Number of males Total No. = _____

Number of females Total No. = _____

Number < 30years Total No. = _____

Number 29 < 40years Total No. = _____

Number 39 < 50years Total No. = _____

Number 49 < 65years Total No. = _____

Number of FTE employees working in fitness center Total No. = _____

Are lunchtime hours flexible?

Does this worksite have an OHS committee?

Items on CHEW to check with interviewer:

Showers

Changing Rooms

Fitness Centre Facilities

Vending Machines

Lunch Rooms
Cigarette Vending Machines

INCENTIVES FOR PHYSICAL ACTIVITY PARTICIPATION

(For the following please tick if yes or present)

- Time allocated to physical activity during work hours
- Flexi time allowed to accommodate time for physical activity
- Time allocated to health education during work hours
- Discounts for community physical activity programs
- The company sponsors sport teams
- Incentives for cycling to work
- Incentives for doing regular exercise
- Incentives for walking at lunchtime
- Company pays for fitness center membership
- Company pays for partial fitness center membership

ORGANISED ON SITE PHYSICAL ACTIVITIES

(For the following please tick if yes or present)

- Aerobics No. classes per week = _____
- Running Groups No. classes per week = _____
- Walking Classes No. classes per week = _____
- Yoga No. classes per week = _____
- Relaxation Classes No. classes per week = _____
- Tai Chi Classes No. classes per week = _____
- Self Defence Classes No. classes per week = _____

Fitness Classes	<input type="checkbox"/>	No. classes per week = _____
Swimming Training	<input type="checkbox"/>	No. classes per week = _____
Dancing Classes	<input type="checkbox"/>	No. classes per week = _____

Other activities please list:

ORGANISED ON SITE HEALTH PROMOTION ACTIVITIES

(For the following please tick if yes or present)

Nutrition Education

Education Seminars	<input type="checkbox"/>
Brochures	<input type="checkbox"/>
Videos	<input type="checkbox"/>
Individual Counselling	<input type="checkbox"/>
Weight Control Groups	<input type="checkbox"/>

Back Care Education

Education Seminars	<input type="checkbox"/>
Brochures	<input type="checkbox"/>
Videos	<input type="checkbox"/>

Exercise Education

Education Seminars	<input type="checkbox"/>
Brochures	<input type="checkbox"/>
Videos	<input type="checkbox"/>
Individual Exercise Prescription	<input type="checkbox"/>
Fitness Testing	<input type="checkbox"/>

Stress Management Education

Education Seminars	<input type="checkbox"/>
Brochures	<input type="checkbox"/>
Videos	<input type="checkbox"/>
Individual Counselling	<input type="checkbox"/>

Heart Disease Education

- Education Seminars
- Brochures
- Videos
- Individual Counselling
- Blood Pressure Testing
- Cholesterol Testing
- Height / weight testing
- Non Smoking offices

Alcohol Education

- Education Seminars
- Brochures
- Videos
- Individual Counselling

Skin Cancer EducationNewsletters about health topicsWomens Health EducationMens Health Education

Other activities please list:

ORGANISED ACTIVITIES DURING NON-WORK TIME

- Football
- Volleyball
- Cricket
- Canoeing
- Skiing
- Bushwalking

Surfing

Abseiling

Other activities please list:

NEIGHBOURHOOD ASSESSMENT

Distance to nearest fitness facility _____ km

Distance to nearest park/open space _____ km

Distance to nearest pool _____ km

Distance to nearest tennis courts _____ km

Number of tennis courts = _____

Distance to nearest squash courts _____ km

Number of squash courts = _____

Distance to nearest major shopping centre _____ km

Distance to nearest shop that sells cigarettes _____ km

Distance to nearest pub or bar _____ km

Distance to nearest liquor/beer store _____ km

Distance to nearest food shop _____ km

Does a mobile canteen regularly come to this workplace? Is alcohol served regularly at the worksite? Is alcohol served regularly on the grounds?

Other comments:

Procedures for Completing CHEW

1. Obtain permission from manager to inspect the building and the grounds. Make observations in the daylight. It would be desirable to have an escort to make sure you cover all the stairwells, lunch rooms, vending machines, etc. However, do all observations independently.
2. If no one accompanies you, it would be useful to check with someone (eg., the manager's secretary) to make sure you did not miss the fitness centre, a canteen, showers, etc. Go through the major points of the checklist with them.
3. If possible, walk down all corridors on every floor, so you do not miss any of the items. Go into the target areas; like lunch room, canteen, fitness centre; only tick what you actually observe. An exception is not going into shower or changing areas for the opposite sex. Ask an employee to verify these for you. Include toilets and individual cubicles.
4. There are three environments that are evaluated. The first is the "worksite," which is the area of the building that is under one management. The second is the "grounds," which is the area around the worksite building. The third is the "neighbourhood," which is the area just beyond the grounds.

At the end of the checklist, you are asked to make a rough sketch of what you considered the workplace grounds. The purpose of this is to document your definition, so other observers can use the same definition. The definition of worksite "grounds" will vary. If the worksite is in its own building that is not shared, that plot of land, including parking, will be the grounds.

If the building or plot of land is shared with other tenants, the entire plot of land is considered the grounds. Thus, the canteen, showers, fitness center, or parking may be shared with other companies. However, only assess the stairways, elevators, and vending machines that are in the parts of the building owned or leased by the target company, or in shared areas.

If the workplace is in a large commercial or industrial complex, the complex may be too large to consider the workplace grounds. In this case, define grounds as you see fit and ask employees what they consider part of their worksite.

5. Tally the number of bulletin boards as you go around the worksite. At each bulletin board, examine postings for target notices. Merely count notices in each category. Do not evaluate for quality. Only evaluate the first page or first layer of postings. For dietary information, do not count postings of menus. Signs and posters can be posted anywhere and they should be placed into the appropriate category. There is not distinction whether signs are on bulletin boards or posted elsewhere (except for smoking signs and entrances).
6. For the stairs checklist, items have been worded so that a check represents a feature or absence of a feature that is thought to encourage use of stairs. This is not necessarily true for other parts of the checklist.

If the stairs are not enclosed in a stairwell, a number of the stair items will be not applicable (NA).

The item on painted/decorated/finished walls is based on the idea that unfinished or undecorated stairwells are less pleasant. If there has been some effort to make the stair area look somewhat pleasant, then a tick should be recorded.

7. If there is a separate workout room, estimate the size of the room. It is possible that the workout area is part of another room. For example, there could be an exercycle and a bench press in a part of the lunchroom. In this case, estimate the area that is primarily devoted to workouts. This might be a few square meters around the exercycle. If the chairs and tables in a lunchroom are periodically moved to make room for aerobics classes, estimate the area that is used for the aerobics classes.

8. For dining areas, including food shops, look for signs and labelling that are visible on a casual inspection of the area. Record what you can see standing where you would stand if you were ordering or going through a cafeteria line. It is not necessary to examine every package. The only thing to specifically look for is whether lowfat milk and yogurt are available. For these, you will need to look at the labels.

NHF ticks or labelling of lowfat items should be easily visible, such as on separate signs or placards. Nutrition information signs may be in front of items on a cafeteria line, and they should show content of fat, cholesterol, calories, or sodium to be counted.

For food areas, if salad or fruit is listed on menu, it is available.

9. For the vending machine assessment, count the total number slots for items, or total number of buttons to select. For example if a soda machine has 7 buttons and 3 of them have regular Coke, the total number of items is 7. However, we are interested in the number of slots taken up by more healthful items. If a snack machine has 3 slots of unbuttered air-popped popcorn, then that would be recorded as 3 slots of low fat/sugar snacks.

10. Smoking signs are categorised according to their location: in or around entrances, on bulletin boards, or elsewhere. If there is a bin or ashtray outdoors with a sign that says something like "smokers please," this can be interpreted as a prompt not to take the cigarette inside. Thus, a bin with a sign can be counted as a restriction near an entrance. If there is a bin or ashtray with no sign, it is not counted.

11. Under Grounds Assessment, "exclusive" grounds are used only by the target worksite. An example would be a single building, housing only the target worksite, that is surrounded by a parking lot used only by employees. "Shared" grounds are when a building or parking area are used by more than one worksite. If sports facilities, a fitness center, or a canteen are on a shared part of the grounds, but can be used by employees of the target worksite, these should be assessed.

We are interested in open space/grassy areas that are large enough to use for physical activities such as football, volleyball, walking. If it is too small for such use, do not estimate size.

12. "Neighbourhood" is the area just beyond the worksite grounds. When assessing whether facilities are visible from the grounds, you should be at street level at the edge of the grounds. Ideally, you would be standing on a public sidewalk or at the edge of a public street. If the workplace grounds do not extend to a public street, then check whatever you can see from the edge of whatever you defined as the grounds. If there are multiple access roads to a worksite, then check all of them.

It may be difficult to estimate the amount of traffic on access roads. Just use your judgment.

We are noting footpaths and bike paths separate from roads, because we think they are more pleasant than walking or cycling next to traffic. To be noted, the track should be clearly separated from the road. Three meters are suggested as a guideline for minimal separation.

13. Make a notation about the type of food shops near the worksite. Be descriptive, and use extra space if needed. These will be coded later.

14. The interview is designed to obtain specific information about programs and policies and details that cannot be obtained through observation. Note the name and position of the person(s) you interviewed. Ask them to estimate the distance to the nearest fitness centre, food shop, cigarette shop, and bottle shop.

When asking about the serving of alcohol at the worksite or on the grounds, be casual but direct. Ask if there is a pub on the grounds. Ask if they have a regular social event or happy hour in which they serve alcohol on the grounds.

15. In all cases, write "N/A" when an item does not apply to the situation.

Scoring of the checklist will be determined later. There will be several scales, and many of them can be combined to form more general indexes.