

Evaluation of Workplace-based Quit Smoking Programs

Employer Needs Assessment Survey

→ Today's date: _____

→ Name of Workplace and Department: _____

These first few questions ask about your organization. This information will help us learn about the nature of your workforce and help inform the development or refinement of a quit smoking program.

Please check your answer or write your answer in the spaces provided.

Organization and Workforce information

1. **What is the total number of employees at your organization?** _____

2. **What percentage of your workforce are in the following age groups?**

1. Under 18 _____%

2. 18-39 _____%

3. 40-55 _____%

4. 55 and older _____%

5. Don't know

3. **What is the proportion of male and female employees in your organization?**

1. Male _____%

2. Female _____%

3. Don't know

4. **What is a typical work schedule at your organization? (Please only check ONE that applies)**

1. Business hours (Monday-Friday 9:00am – 5:00pm)
2. Shift work, please give details _____
3. Weekend work, please give details _____
4. Other, please give details _____

5. **What is the employment status of your employees (percent of total workforce)?**

1. Permanent full-time _____%
2. Permanent part-time (seasonal, term or contract) _____%
3. Temporary full-time _____%
4. Temporary part-time (seasonal, term or contract) _____%
5. Casual/other (full or part-time) _____%
6. Other, please give details _____%

6. **Does your organization have more than one worksite (in the area)?**

1. No
2. Yes → If yes, how many? _____

7. **Are any of your employees in a union?**

1. No
2. Yes → If yes, which union(s):

8. **What is the occupation of the majority of your employees?** (To discern if specific job positions have higher smoking rates, employees will also be asked). Please **ONLY** check the top FIVE.

1. Construction worker
 2. Customer service/reception
 3. Factory worker
 4. Food and beverage services/chef/cook
 5. Housekeeping
 6. Facility staff
 7. Office clerk/administrative support
 8. Other clerk
 9. Sales
 10. Senior management
 11. Supervisor/middle and other management
 12. Security guard
 13. Stock/shipping/receiving clerk
 14. Other, please give details
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9. **Where do the majority of employees typically spend most of their working day?**

1. Inside _____%
2. Outside _____%
3. In a vehicle _____%
4. Other _____%, please specify _____

10. Which of the following best describe the smoking restrictions at your workplace?

(Check all that apply). Smoking is NOT permitted:

1. Inside any building
2. In company vehicles
3. Outside building entrances
4. Anywhere on the organisations property (inside or outside)
5. Outside a designated smoking area
6. Within a specific distance outside any building
7. Other, please specify _____

Employees Smoking

The next few questions ask about your employees smoking cigarettes.

Please check your answer or write your answer in the spaces provided.

11. What percentage of your workforce currently smokes cigarettes?

1. _____%
2. Not sure/ do not track

12. Are the smoking rates among employees of concern to your organisation? Why or why not?

Supports currently provided to employees

The following questions are to understand what services and supports are currently available in your organization to help employees reduce or quit smoking. Please check your answer or write your answer in the spaces provided.

13. Does your organization provide subsidized or free tobacco cessation services? (such as professional support, group program offered onsite, quit contests and so on)

1. No → SKIP to question 18
2. Yes

14. What tobacco cessation services does your organization currently fund? (Please complete the table)

Support	Employee	Family	Benefit		
			1 time	Annual	Lifetime
Individual counselling or professional support (e.g., from a nurse, counsellor, or dentist)					
Nicotine replacement therapy (gum, patch, inhaler, nasal spray, or lozenge)					
Quit smoking medication (e.g., Champix®, Zyban® or Wellbutrin®)					
Other, please specify _____ _____ _____ _____ _____					

15. What other tobacco cessation services does your organization offer to help employees reduce or quit smoking? (Please check your answer and describe in the spaces provided)

Other services/ support offered	Yes	No	Description
Self-help materials or brochures	<input type="checkbox"/>	<input type="checkbox"/>	
Education or information sessions (e.g., Lunch & learn)	<input type="checkbox"/>	<input type="checkbox"/>	
Group support program offered onsite	<input type="checkbox"/>	<input type="checkbox"/>	
Group support program offered offsite	<input type="checkbox"/>	<input type="checkbox"/>	
Brief professional advice (e.g., from a nurse, dentist, or counsellor)	<input type="checkbox"/>	<input type="checkbox"/>	
Peer support (e.g., from a co-worker, family, or friend)	<input type="checkbox"/>	<input type="checkbox"/>	
Quit smoking website	<input type="checkbox"/>	<input type="checkbox"/>	
Referrals to telephone Smokers' Helpline (<i>confidential</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Contests/challenges to quit smoking at work	<input type="checkbox"/>	<input type="checkbox"/>	
Participation in the "STOP on the road" program (Smoking Treatment for Ontario Patients)	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	
None	<input type="checkbox"/>		

16. What has worked in the past to help employees reduce or quit smoking?

1. Have not provided quit smoking programming/support in the past
2. Other, please specify what worked _____
3. Don't know

17. Do you keep any statistics on smoking or smoking cessation activities at your organization?

1. No
2. Yes, please specify _____
3. Don't know

18. Has your organization provided any sort of workplace wellness activities in the past?

1. No
2. Yes → If yes, please describe:

19. If provided or offered, what was the annual organization cost for your smoking cessation program(s) in 2011?

- Smoking cessation program not offered/ provided

Total cost of program: \$_____

Total cost as a percentage of gross annual payroll: _____ %

(Gross annual payroll includes salaries, bonuses, overtime pay premiums, shift differentials and other annual cash incentives)

Smoking Cessation Programming

This final set of questions considers what is needed to build existing or establish new services and supports in your organization to help employees reduce or quit smoking. Please check your answer or write your answer in the spaces provided.

20. Given the benefits of not smoking, what would you like to see going on in your organization to help employees quit or reduce smoking?

21. When would be the best time to offer a quit smoking program at your organization (onsite)?

Please check how much you agree or disagree with each time.

Time	Strongly disagree	Disagree	Agree	Strongly agree	Neither agree nor disagree
Before work	<input type="checkbox"/>				
After work	<input type="checkbox"/>				
During work	<input type="checkbox"/>				
During meal breaks	<input type="checkbox"/>				
During other breaks	<input type="checkbox"/>				

Other, please specify:

22. What are the best ways to access your employees? (e.g. location, timing, etc)

23. Do any of the following barriers limit the ability of your organization to provide or support smoking cessation programs for your employees? (Please check up to FIVE).

1. Lack of company financial resources
2. Geographic area, please give details _____
3. Competing company priorities
4. Lack of time
5. Inadequate staff training
6. Company not interested in smoking cessation
7. Employees not interested in smoking cessation/ employee resistance
8. Inability or difficult to pay for nicotine replacement therapy (NRT).
By whom? → Company, benefit plan, employee?
Please specify: _____
9. Lack of occupational health nurses
10. Lack of physician support
11. Diverse language and culture
12. Small town environment (i.e., no anonymity)
13. Issues with community support
14. Delivery of resources from other agencies is not always timely
15. Other, please give details _____

24. Generally, what is the best way to communicate with your employees about smoking cessation programs and services? (Please check up to THREE)

1. Posters
2. Bulletin board
3. Fliers/postcards
4. Company newsletters
5. Email
6. Website
7. Intranet
8. Display table/display area
9. Payroll attachments
10. Supervisor/manager
11. Other, please specify

25. Will your organization allow employees to complete brief surveys for the purpose of program development and evaluation?

1. No
2. Yes → If yes, during work hours?
 - a. No
 - b. Yes → When?

26. Do you have any other comments that you think are important?

Thank you for your participation!

You have completed the survey. Thank you for participating in this survey.