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. = ______
Number of signs/posters about smoking
Tally: ________________________________  Total No. = ______

**Alcohol:**
Number of signs/posters about responsible drinking
Tally: ________________________________  Total No. = ______

Number of notices on bulletin boards about responsible drinking or alcohol policies
Tally: ________________________________  Total No. = ______

**Health Promotion:**
Number of bulletin boards dedicated to health promotion
Tally: ________________________________  Total No. = ______

Number of postings related to combination of diet, physical activity, smoking, or alcohol
Tally: ________________________________  Total No. = ______

**ELEVATOR CHECKLIST**

*(tick if yes or present)*

- Elevator (or sign) visible from major employee entrance
- Sign encouraging use of stairs at elevators

Total number of elevators  Total No. = ______

**STAIR CHECKLIST**

*(tick if yes or present)*

- Staircase not enclosed in stairwell
- Able to see stairs from entrance
- Carpeted
- Painted/decorated/finished walls
- Utilities not visible in stairwell (eg. gas pipes, elec wires)
- Door is ajar on most or all floors

<table>
<thead>
<tr>
<th>Stairwell Number</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Door is unlocked on most floors
Door marked "stairs" (not just exit)
No warnings or cautions on door
Floor number labelled inside of stairway
No restricted exit (locked from inside)
Signs encouraging use of stairs

**FITNESS CENTRE ASSESSMENT**

<table>
<thead>
<tr>
<th></th>
<th>Workout Room 1</th>
<th>Workout Room 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In worksite</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In grounds</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Area for aerobics</td>
<td>1. No area</td>
<td>1. No</td>
</tr>
<tr>
<td></td>
<td>2. Part time</td>
<td>2. Part time</td>
</tr>
<tr>
<td></td>
<td>3. Permanent</td>
<td>3. Permanent</td>
</tr>
<tr>
<td>Size of workout area:</td>
<td>______ m X ______ m</td>
<td>______ m X ______ m</td>
</tr>
<tr>
<td>Treadmills</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Bikes</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Rowing Machines</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Stepper Machines</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Free Weights</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Resistance Equipment</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>Other Machines</td>
<td>No. = _______</td>
<td>No. = _______</td>
</tr>
<tr>
<td>TV in workout area</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Music in workout area</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Other Facilities: *(tick if present)*

<table>
<thead>
<tr>
<th>Facility</th>
<th>In worksite or on grounds?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table Tennis Tables</td>
<td>□</td>
</tr>
<tr>
<td>Billiard Tables</td>
<td>□</td>
</tr>
<tr>
<td>Sauna</td>
<td>□</td>
</tr>
<tr>
<td>Spa</td>
<td>□</td>
</tr>
<tr>
<td>TV Lounge</td>
<td>□</td>
</tr>
</tbody>
</table>

1. Worksite
2. Grounds

ASSESSMENT OF THE NUTRITION ENVIRONMENT AT WORK

Canteen assessment - Canteen 1

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

*(For the following tick if present)*

<table>
<thead>
<tr>
<th>Item</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
<td></td>
</tr>
<tr>
<td>Green salads</td>
<td></td>
</tr>
<tr>
<td>Lowfat milk or yogurt</td>
<td></td>
</tr>
</tbody>
</table>

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, cals)  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)*

<table>
<thead>
<tr>
<th>Item</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
<td></td>
</tr>
<tr>
<td>Green salads</td>
<td>□</td>
</tr>
</tbody>
</table>
Lowfat milk or yogurt

Number of other low/reduced fat items on menu or 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, cals)  No. = _____

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

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

Vending Machine Assessment

<table>
<thead>
<tr>
<th>Vending Machine Number</th>
<th># 1</th>
<th># 2</th>
<th># 3</th>
<th>#4</th>
<th>#5</th>
<th>#6</th>
</tr>
</thead>
<tbody>
<tr>
<td>In worksite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of machine:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick if snack machine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick if soft drink machine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick if hot drink machine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(Please write NA if not applicable)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of items that machine holds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with low fat/sugar snacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with fresh fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with fresh green salads</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with items with heart tick</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with fruit juice or mineral water (can be mineral water with some fruit juice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with diet soft drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of slots with coffee/tea with no milk and no sugar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick if there is an option for using lowfat milk for coffee/tea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please tick if there is a sign encouraging selection of lowfat items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Vending Machine Assessment

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

### Lunch Room Assessment - Lunch Room 1

<table>
<thead>
<tr>
<th></th>
<th># 7</th>
<th># 8</th>
<th># 9</th>
<th># 10</th>
<th># 11</th>
<th># 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>In worksite or on grounds?</td>
<td>1. Worksite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of signs/posters encouraging dietary fat reduction</td>
<td>Total No. =</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of signs/posters encouraging more fruits and vegetables</td>
<td>Total No. =</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of notices about dietary information or weight loss</td>
<td>Total No. =</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(For the following tick if present)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microwave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other oven or toaster</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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  
- medium  
- heavy  

- light  
- medium  
- 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

<table>
<thead>
<tr>
<th>Name of shop</th>
<th>Food shop 1</th>
<th>Food shop 2</th>
<th>Food shop 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of shop</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(The following questions are optional)

Number of signs about low fat items  

Visible nutrition labelling of items (fat grams, cals)  

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 PROMOTION 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  □   No. classes per week = _____
Swimming Training  □   No. classes per week = _____
Dancing Classes  □   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  □
Brochures  □
Videos  □
Individual Counselling  □
Weight Control Groups  □

Back Care Education
Education Seminars  □
Brochures  □
Videos  □

Exercise Education
Education Seminars  □
Brochures  □
Videos  □
Individual Exercise Prescription  □
Fitness Testing  □

Stress Management Education
Education Seminars  □
Brochures  □
Videos  □
Individual Counselling  □
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 Education

Newsletters about health topics

Womens Health Education

Mens 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.