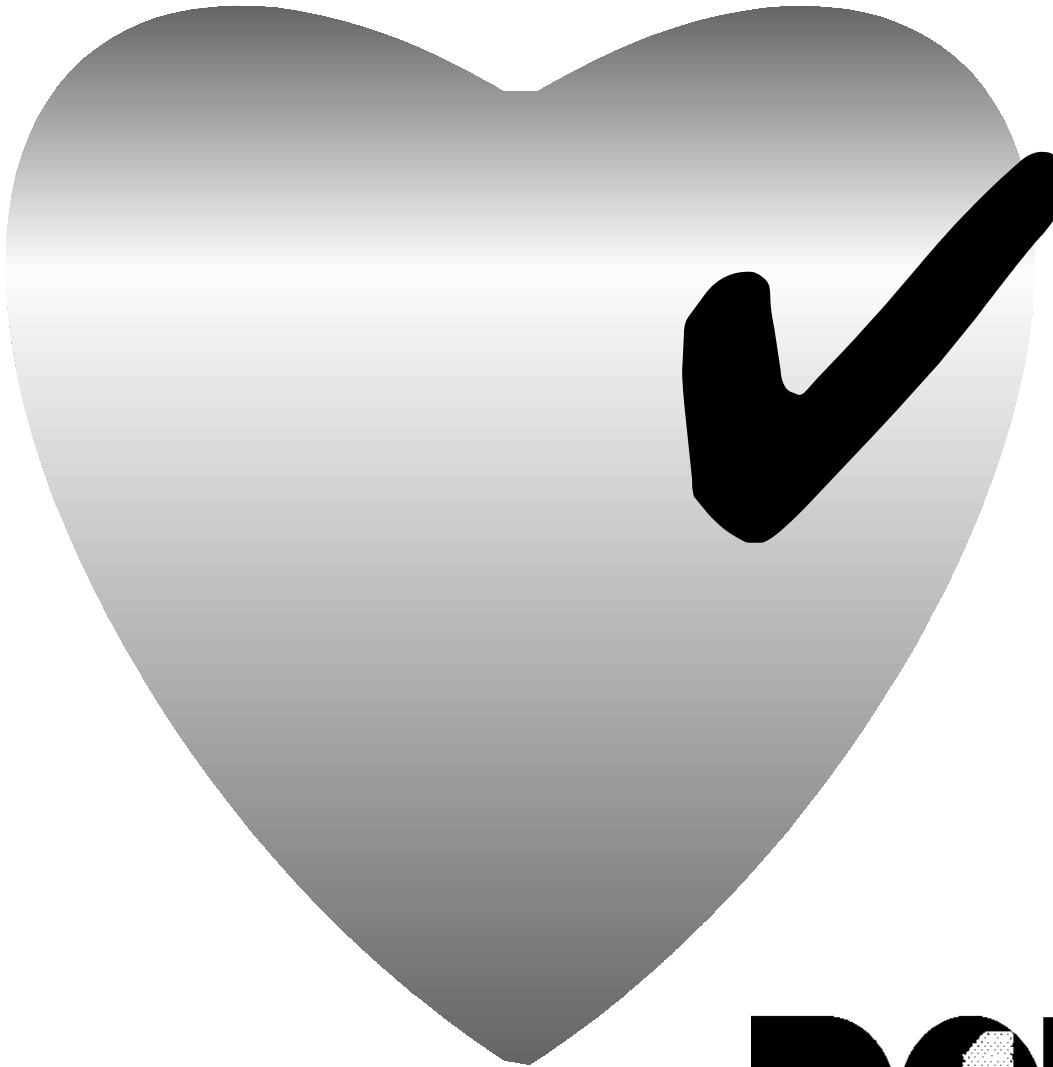


# Heart Check

Assessing Worksite Support  
for a Heart Healthy Lifestyle

Version 4.1



New York State Dept. of Health  
Healthy Heart Program

# The Heart Check Scoring Sheet

*Use the interview questionnaire below to guide your interviews and observations. Try to use the same wording of questions across interviews. You may probe for valid information as necessary, but be careful not to give the impression that there is a correct or incorrect answer.*

*Circle the number or **T** the answers given during the interview in front of each question's response category. Numbers for each answer that need to be circled will always be in bold. Answers that need to be **T** will always be preceded by a line. You will notice that text-based answers, (usually 'other' categories) have a line available for recording responses.*

*Take note of instructions and supporting information appearing throughout the questionnaire. They will always appear in italicized text with a shaded background.*

*Follow the skip pattern (contingency structure) of the questionnaire. Contingency response categories are followed by:*

**L go to question [x.x]** Where [x.x] stands for a specific question number.

*This will help to streamline your interview. Make sure you provide a value or a **T** for all such items.*

*YOU SHOULD REVIEW AND BE COMPLETELY FAMILIAR WITH THIS INTERVIEW PROTOCOL PRIOR TO MEETING WORKSITE REPRESENTATIVES.*

## **Formatting techniques and symbols in the Heart Check**

*Most formatting and symbol use in the Heart Check were referred to above, but it is important enough to repeat and emphasize it again. The Heart Check is formatted to help guide the user. There are 4 formatting characteristics to which you should pay particular attention:*

- 1 boxing,
- 2 question numbering,
- 3 shading and italics, and
- 4 the go to symbol **L**

### *Boxing and question numbering*

1.1 Each general question appears in a box, with an identifying number for the question. This identifies its section and general question number

1.1.1 each specific question is listed in the box, adding a specific question number to the numbering system

### *Shading and italics*

*All text appearing in shaded background and italics (like this instruction page) are special instructions or responsibilities of the interviewer. They provide help with special situations, such as probing questions, special scoring situations, and added explanation for difficult questions*

**L go to question [x.x]** Where [x.x] stands for a specific question number.

*This symbol is used to identify when certain questions can be skipped, if specific answers are given. It will always appear next to an answer category and it will always skip to questions further down in the interview. It will usually skip to another general question, but not always.*

**1 PRELIMINARY INFORMATION**

**1.1** Name of Company ..... \_\_\_\_\_

**1.2** Name of Rater ..... \_\_\_\_\_

**1.3** Date of interview ..... \_\_\_\_\_

**1.4** Name of Interviewee:

*Often interviews for a single worksite are conducted with multiple respondents. If this is the case, record up to four of the present respondents. Use the preceding box to record their name.*

**1.4.1** What is your current position?

*Record the current position of each respondent next to the respondent's name in the box below.*

- 1** CEO/President/Administrator/Comptroller
- 2** Director/Administrator (except personnel)
- 3** Assistant to the Director/Administrator/Commissioner/Vice President (except personnel)
- 4** Personnel Manager or Director/Human Resource Manager/Other Personnel position
- 5** Benefits Manager
- 6** Health and Safety Officer
- 7** Health Promotion/Wellness Manager
- 8** Dietary/Nutritional/Food Service Manager/Chef/Other Food Services
- 9** Occupational Nurse
- 10** Company Physician
- 11** Other Manager/Officer
- 12** Labor Representative/Union Steward, Etc.
- 13** Clerical/Administrative Assistant
- 14** Teacher
- 15** Other: ..... Describe the position next to interviewee's name

| Name:   | Position:<br>(Use #'s in 1.4.1) | Description (for 'other' only): |
|---------|---------------------------------|---------------------------------|
| 1 _____ | 1 _____                         | _____                           |
| 2 _____ | 2 _____                         | _____                           |
| 3 _____ | 3 _____                         | _____                           |
| 4 _____ | 4 _____                         | _____                           |

**2 ORGANIZATIONAL DEMOGRAPHICS**

Read the following:

“A self-insured worksite would be one that offers health benefits directly to its employees, rather than subsidizing benefits offered through an insurance company.”

**2.1** Is the worksite self-insured for employee health and medical benefits?

*Make sure that the respondent understands that self-insured DOES NOT INCLUDE subsidization of health insurance of employees. If an insurance company is involved the answer should be NO. This information is recorded elsewhere.*

*Circle the proper response*

**1** Yes   **0** No

**2.2** In which industrial sector is this worksite located?

*If you are unsure of the correct category, circle other and provide a description of the industrial sector*

- |                                 |                        |
|---------------------------------|------------------------|
| <b>1</b> manufacturing          | <b>8</b> education     |
| <b>2</b> wholesale/retail/sales | <b>9</b> government    |
| <b>3</b> services               | <b>10</b> health care  |
| <b>4</b> transportation         | <b>11</b> repair       |
| <b>5</b> communication          | <b>12</b> other: _____ |
| <b>6</b> agriculture/mining     |                        |
| <b>7</b> construction           |                        |

**2.3** About what percent of the workforce is unionized?

*(circle the correct answer)*

**1** 0%      **2** 1-25%      **3** 26-50%      **4** 51-75%      **5** 76-100%

**2.4** As of the last payroll and not counting temporary or seasonal employees, how many employees:

- |                       |       |                           |       |
|-----------------------|-------|---------------------------|-------|
|                       | #     |                           | #     |
| 2.4.1 work here?      | _____ | 2.4.4 are female?         | _____ |
| 2.4.2 work full time? | _____ | 2.4.5 are racially white? | _____ |
| 2.4.3 work part time? | _____ | 2.4.6 are under 40?       | _____ |

**2.5** What is the average wage of employees:

*record as:*

2.5.1 average **weekly** wage: \$ \_\_\_\_\_

**OR**

2.5.2 average annual salary: \$ \_\_\_\_\_

**2.6** Excluding any security staff, which of the following work shifts does this worksite have?

*(circle all that apply)*

**1** day      **2** evening      **3** night      **4** other: \_\_\_\_\_

**2.7** Approximately what percent of full and part-time employees at this worksite would be classified as manual labor? Provide your best estimate.

*Manual labor includes; production, labor, etc.*

*Please note: Manual labor could include highly skilled technicians. Manual labor refers to physical labor.*

*(circle the correct answer)*

**1** 0%      **2** 1-25%      **3** 26-50%      **4** 51-75%      **5** 76-100%

**3 SMOKING**

**3.1** Does the worksite have a written smoke free work environment policy?  
(T)

\_\_\_\_\_ Yes

\_\_\_\_\_ No **L go to question 3.2**

**3.1.1** What is the extent of the smoking ban?

*Circle the highest value*

**1** a partial ban on smoking (designated or de facto smoking areas in the building)

**2** smoking allowed on the grounds but not in the building

**3** a total ban throughout the premises (including grounds)

*Circle the correct value for each item*

Yes No

**3.1.2** **1** **0** written policy statement defining punitive measures for noncompliance such as verbal warnings, fines, notes in the personnel file, suspensions, dismissals, etc.

**3.1.3** **1** **0** provided internal or external management training on smoking policies in the last 24 months (e.g., in-services training).

**3.1.4** **1** **0** provides anti-smoking policy messages displayed throughout the work premises

**3.2** Does the worksite provide any type of incentives for being a non-smoker or quitting smoking

*Incentives could include: improved benefit allowances, (discounted health insurance, increased disability payments, additional life insurance), added vacation "well days" off, direct cash payments or bonuses, material prizes or awards, etc*

\_\_\_\_\_ Yes

\_\_\_\_\_ No **L go to question 3.3**

Yes No

**3.2.1** **1** **0** provides at least one material incentive (t-shirts, coffee mugs, cash payments low cost material prizes)

**3.2.2** **1** **0** provides at least one benefits-plan-related incentive (discounts on health insurance, increased disability payments, additional life insurance, added vacation time)

**3 SMOKING**

**3.3** Did this worksite provide directly or promote insurance company sponsored smoking cessation programs/services during the previous 24 months?

\_\_\_\_ Yes

\_\_\_\_ No     **L go to question 3.4**

|        | Yes      | No       |  |
|--------|----------|----------|--|
| 3.3.1  | <b>1</b> | <b>0</b> | provides or promotes on-site programs  |
| 3.3.2  | <b>1</b> | <b>0</b> | provides or promotes off-site programs   |
| 3.3.3  | <b>1</b> | <b>0</b> | subsidizes at least half by the company  |
| 3.3.4  | <b>1</b> | <b>0</b> | uses credentialed instructors (someone officially qualified)*  |
| 3.3.5  | <b>1</b> | <b>0</b> | uses more than one form of program delivery (e.g., self-study materials such as computers, video/audio cassettes, self-paced learning manuals) |
| 3.3.6  | <b>1</b> | <b>0</b> | promotes the availability of programs through at least two communication channels (newsletters, bulletin boards)                               |
| 3.3.7  | <b>1</b> | <b>0</b> | provides access during company time (not lunch hour)   |
| 3.3.8  | <b>1</b> | <b>0</b> | has a written plan to identify and recruit high risk individuals.  |
| 3.3.9  | <b>1</b> | <b>0</b> | provides or subsidizes the use of the nicotine patch or other nicotine substitute products in conjunction with the program.                    |
| 3.3.10 | <b>1</b> | <b>0</b> | provides incentives to increase participation  |
| 3.3.11 | <b>1</b> | <b>0</b> | evaluates by asking participants their perceptions of program quality (e.g., program-end surveys)  |
| 3.3.12 | <b>1</b> | <b>0</b> | evaluates the program by comparing pre-determined objectives to outcome measures (e.g., % of smokers who quit)                                 |

\* Degree in health education or related field, or certification from an appropriate agency, e.g., American Lung Association.

**3.4** Does the worksite provide for the sale of tobacco products on site (e.g., vending machines, vendors)?

Yes    No

3.4.1     **0**     **1**    tobacco products available anywhere on premises

**3.5** Did the worksite provide anti-smoking educational messages to the general employee population during the previous 12 months such as through posters, brochures, videos or lectures?

Yes    No

3.5.1     **1**     **0**    provides smoking educational messages

\_\_\_\_\_ **Total for Tobacco** (Add all the circled numbers)

*Note: Wait until you return to your office to figure out total scores. Calculate scores on-site only if worksite wants to see scores immediately and is willing to spare the time. Inform the worksite that you will send a completed survey that will include total scores.*

**4 NUTRITION**

**4.1** Does the worksite have vending machines for employees to access food during working hours?  
 (T)  
 Yes *(need to see all areas)*  
 No **L go to question 4.2**

**4.1.1** From observation of vending machine areas *(need to see all areas)*, please check the options that are available.

- T**
- "Lite" popcorn
  - Pretzels
  - Skim 1% or 1% chocolate milk
  - Low Fat or Non-Fat Yogurt
  - 100% Fruit Juice
  - Fresh Fruit
  - Chicken, Turkey, Ham or Lean Roast Beef sandwiches (without mayonnaise or cheese)
  - Sandwiches made with whole grain bread
  - Bagels with "Lite" cream cheese
  - Tossed salad with reduced or nonfat dressing
  - Tuna (water packed) with "Lite" mayonnaise
  - Baked chips
  - Low fat cereal
  - Low fat cereal bars
  - Low fat granola bars
  - Raisins and dried fruit

*You can code an additional healthy food choice. Use the following fat content guidelines to decide if an item is heart healthy. If necessary, refer to "Guidelines for Heart Healthful Food at the Worksite".*

| <i>food category:</i>              | <i>fat content less than or equal to:</i> |
|------------------------------------|---|
| <i>entrees</i> .....               | <i>12 grams per serving</i>               |
| <i>desserts &amp; snacks</i> ..... | <i>3 grams per serving</i>                |
| <i>cheeses</i> .....               | <i>5 grams per serving</i>                |

Other .....

*Were at least 2 items checked? Circle correct response.*

Yes No  
**1 0**

Yes No

**4.1.2 1 0** Do your vending machines provide labels to identify "healthy" foods (e.g., fruit, low salt pretzels, low fat/salt granola, trail mix, natural juices)

**NOTE:** *THIS REFERS TO INFORMATION IN ADDITION TO WHAT IS GIVEN ON THE PRODUCT'S LABEL. Labels that apply are those added to food choices by the cafeteria staff or the health director, for example. They are not messages attached to commercialized food packages such as statements like "lite", "low fat" or "sugar free".*

**4.1.3 1 0** In the past 12 months, have there been any special promotions or sales on healthier foods in your vending machines?

**4 NUTRITION**

**4.2** Does the company have a cafeteria?

Yes *(Go see it)*

No **L go to section 4.3**

4.2.1 Item available daily:

I

- "Lite" popcorn
- Pretzels
- Skim 1% or 1% chocolate milk
- Low Fat or Non-Fat Yogurt
- 100% Fruit Juice
- Fresh Fruit
- Chicken, Turkey, Ham or Lean Roast Beef sandwiches (without mayonnaise or cheese)
- Whole grain bread
- Bagels with "Lite" cream cheese
- Tuna (water packed) with "Lite" mayonnaise
- Steamed vegetables
- Salad Bar
- Reduced fat or nonfat salad dressings
- Grilled chicken breast sandwiches
- "Lite" mayonnaise available as a condiment
- "Lite" or reduced fat entrees or dinners
- Low fat Cottage Cheese
- Reduced fat cheeses (e.g. skim mozzarella)
- Frozen Yogurt

*You can code an additional healthy food choices. Use the following fat content guidelines to decide if an item is heart health. If necessary, refer to "Guidelines for Heart Healthful Food at the Worksite".*

| <i>food category:</i>              | <i>fat content less than or equal to:</i> |
|------------------------------------|---|
| <i>entrees</i> .....               | <i>12 grams per serving</i>               |
| <i>desserts &amp; snacks</i> ..... | <i>3 grams per serving</i>                |
| <i>cheeses</i> .....               | <i>5 grams per serving</i>                |

Other .....

*Were at least 3 items checked? Circle correct response.*

Yes No

**1 0**

Yes No

**4.2.2 1 0** Do you provide labels to identify "healthy" foods in the cafeteria?

*Note: Labels that apply are those added to food choices (e.g., Red hearts or table tents with heart healthy information) by the cafeteria staff or the health director. They are not messages attached to commercialized food packages such as statements like "lite", "low fat" or "sugar free".*

**4.2.3 1 0** Did the worksite provide written policies that require healthy food preparation practices in the cafeteria (e.g., steaming, low fat/salt substitutes, limited frying)

**4.2.4 1 0** Did the worksite provide any special cafeteria promotions in the last 12 months to increase the sale or consumption of "healthy foods" (low fat foods, fresh fruits, vegetables, etc.)



## 4 NUTRITION

### GENERAL NUTRITION INFORMATION

**4.3** Did the worksite provide directly or promote insurance company-sponsored weight control programs during the previous 24 months? *(targets specific group of people, e.g. Weight Watchers at Work, TOPS)*

Yes

No     **L go to section 4.4**

Yes   No

- |        |          |          |  |
|--------|----------|----------|--|
| 4.3.1  | <b>1</b> | <b>0</b> | provides on-site programs  |
| 4.3.2  | <b>1</b> | <b>0</b> | provides off-site programs   |
| 4.3.3  | <b>1</b> | <b>0</b> | subsidizes at least half by the company  |
| 4.3.4  | <b>1</b> | <b>0</b> | uses credentialed instructors*   |
| 4.3.5  | <b>1</b> | <b>0</b> | uses more than one form of program delivery (e.g., self-study materials such as computers, video/audio cassettes, self-paced learning manuals) |
| 4.3.6  | <b>1</b> | <b>0</b> | promotes the availability of programs through at least two communication channels (newsletters, bulletin boards)                               |
| 4.3.7  | <b>1</b> | <b>0</b> | provides access during company time (not lunch hour)   |
| 4.3.8  | <b>1</b> | <b>0</b> | has a written plan to identify and recruit high risk individuals   |
| 4.3.9  | <b>1</b> | <b>0</b> | provides incentives to increase participation  |
| 4.3.10 | <b>1</b> | <b>0</b> | evaluates by asking participants their perceptions of program quality (e.g., program-end surveys)  |
| 4.3.11 | <b>1</b> | <b>0</b> | evaluates the program by comparing pre-determined objectives to outcome measures (e.g., % of pounds lost)                                      |

*\* degree in health education, nutrition or related field, Registered Dietician, or certification from an appropriate agency, e.g. American Heart Association.*

**4.4** Did the worksite provide directly or promote insurance company sponsored "healthy eating" programs during the previous 24 months *(targets all employees unlike diet/weight programs)?*

Yes

No     **L go to section 4.5**

Yes   No

- |        |          |          |  |
|--------|----------|----------|--|
| 4.4.1  | <b>1</b> | <b>0</b> | provides on-site programs  |
| 4.4.2  | <b>1</b> | <b>0</b> | provides off-site programs   |
| 4.4.3  | <b>1</b> | <b>0</b> | subsidizes at least half by the company  |
| 4.4.4  | <b>1</b> | <b>0</b> | uses credentialed instructors*   |
| 4.4.5  | <b>1</b> | <b>0</b> | uses more than one form of program delivery (e.g., self-study materials such as computers, video/audio cassettes, self-paced learning manuals) |
| 4.4.6  | <b>1</b> | <b>0</b> | promotes the availability of programs through at least two communication channels (newsletters, bulletin boards)                               |
| 4.4.7  | <b>1</b> | <b>0</b> | provides access during company time (not lunch hour)   |
| 4.4.8  | <b>1</b> | <b>0</b> | has a written plan to identify and recruit high risk individuals   |
| 4.4.9  | <b>1</b> | <b>0</b> | provides incentives to increase participation  |
| 4.4.10 | <b>1</b> | <b>0</b> | evaluates by asking participants their perceptions of program quality (e.g., program-end surveys)  |
| 4.4.11 | <b>1</b> | <b>0</b> | evaluates the program by comparing pre-determined objectives to outcome measures (e.g., decreased fat consumption)                             |

*\* degree in health education, nutrition or related field, Registered Dietician, or certification from an appropriate agency, e.g. American Heart Association.*

#### 4 NUTRITION

4.5 Does the worksite subsidize or provide free food options for employee meetings?

(e.g., fruit, donuts, cookies)

\_\_\_ Yes

\_\_\_ No **L go to section 4.6**

Yes No

4.5.1 **1 0** Subsidize or provide *nutritious* (See *Guidelines for Heart Healthful Food at the Worksite*) food options (free apples, juices, popcorn, etc.) for employees, including at meetings?

4.5.2 **0 1** Subsidize or provide *non-nutritious* food options (free coffee, soda, donuts, etc.) for employees, including at meetings?

4.6 Did the worksite provide healthy eating messages to the general employee population during the previous 12 months such as through posters, newsletters, bulletin boards, brochures, videos or lectures, etc?

Yes No

4.6.1 **1 0** provides "healthy eating" diet management messages.

\_\_\_\_\_ **Total for Nutrition**

## 5 PHYSICAL ACTIVITY

**5.1** Does the worksite provide a shower and changing facility for employees who want to bike/run/walk to work or exercise during off hours (lunch)?

*Circle the correct answer*

**1** Yes *(Go see shower and changing facility)*

**0** No **L go to question 5.2**

Yes No

5.1.1 **1** **0** easily accessible to most of the employees (< 10 minute walk)

5.1.2 **1** **0** contains at least 3 of the following amenities: individual showers, benches, lockers, mirrors, hair dryers, towel services, separate male and female facilities. *(Note if they are in good shape)*

5.1.3 **1** **0** can accommodate at least 5% of the workforce at one time (based on the number of locker spaces and showers available)

5.1.4 **1** **0** promotes the availability of showers and changing facilities

**5.2** Does the worksite provide an exercise facility on site?

**1** Yes *(go see exercise facility)*

**0** No **L go to question 5.3**

Yes No

5.2.1 **1** **0** easily accessible to most of the employees (< 10 minute walk)

5.2.2 **1** **0** open at convenient times, including before and after normal work hours (at least 10 hours total)

5.2.3 **1** **0** provides both aerobic equipment (bikes, stair climbers) or facilities (track, pool) and strength training apparatus (free weights, machines). *(Note if safe and clean)*

5.2.4 **1** **0** provides credentialed staff\* to supervise activities.

5.2.5 **1** **0** provides a formal employee orientation in how to safely and effectively use the equipment.

5.2.6 **1** **0** promotes the availability of exercise facilities

*\* a four year degree in the health sciences and American College of Sports Medicine certification or its equivalent*

**5.3** Does the worksite subsidize *(pay some of the)* exercise facility memberships off site?

\_\_\_ Yes

\_\_\_ No **L go to question 5.4**

Yes No

5.3.1 **1** **0** negotiates a discounted rate

5.3.2 **1** **0** subsidizes at least 50% of expenses

5.3.3 **1** **0** available to all employees (both home-based and off-site employees)

5.3.4 **1** **0** available to the spouses of employees

5.3.5 **1** **0** provides discounts or subsidizes personal exercise equipment

5.3.6 **1** **0** promotes the availability of subsidies for exercise facilities

## 5 PHYSICAL ACTIVITY

**5.4** Has the worksite provided or promoted insurance company sponsored fitness oriented programs for employees other than use of an exercise facility during the previous 24 months?(e.g., walking, stretching, low back health exercises, aerobics)

\_\_\_\_\_ Yes

\_\_\_\_\_ No **L go to question 5.5**

Yes No

- |        |   |   |  |
|--------|---|---|--|
| 5.4.1  | 1 | 0 | program conducted onsite   |
| 5.4.2  | 1 | 0 | program conducted offsite  |
| 5.4.3  | 1 | 0 | program subsidized at least half by the company  |
| 5.4.4  | 1 | 0 | uses credentialed instructors*   |
| 5.4.5  | 1 | 0 | promotes the availability of programs through at least two regular communication channels (newsletters, bulletin boards) |
| 5.4.6  | 1 | 0 | provides program access during company paid time (not lunch time)  |
| 5.4.7  | 1 | 0 | has a written plan to identify and recruit high risk individuals   |
| 5.4.8  | 1 | 0 | provides incentives to increase participation  |
| 5.4.9  | 1 | 0 | evaluates by asking participants their perceptions of program quality (e.g., program-end surveys)                        |
| 5.4.10 | 1 | 0 | evaluates the program by comparing pre-determined objectives to outcome measures (e.g., % of pounds lost)                |

\* A four year degree in the health sciences and American College of Sports Medicine certification.

**5.5** Does the worksite sponsor sports teams or events (e.g., corporate challenge) for employees?

*This does not include Little League or Pee Wee Soccer teams*

1 Yes

0 No **L go to question 5.6**

Yes No

- |       |   |   |  |
|-------|---|---|--|
| 5.5.1 | 1 | 0 | subsidizes at least 50% of costs (registration fees, equipment)  |
| 5.5.2 | 1 | 0 | allows organization on company time (recruitment, organizational meetings)   |
| 5.5.3 | 1 | 0 | provides teams/sports/events for both men and women  |
| 5.5.4 | 1 | 0 | provides both low intensity (e.g., bowling, golf) and high intensity (e.g., basketball, softball, road racing) activities  |
| 5.5.5 | 1 | 0 | provides instruction/information on proper warmup, conditioning activities and safety precautions for sports participation |

**5.6** Has the worksite provided or subsidized fitness assessments during the previous 24 months?

1 Yes

0 No **L go to question 5.7**

If yes, when was it last conducted? What were the credentials of the providers? What testing protocols (there are many, e.g., YMCA, JCC, AAPHERD, AAFA) were used? Was any post-testing counseling provided?

Yes No

- |       |   |   |  |
|-------|---|---|--|
| 5.6.1 | 1 | 0 | provided by a professional with a four-year degree in the health sciences and/or credentialed by the American College of Sports Medicine or its equivalent |
| 5.6.2 | 1 | 0 | measures cardiovascular fitness using standardized protocols   |
| 5.6.3 | 1 | 0 | measures muscular strength using standard protocols  |
| 5.6.4 | 1 | 0 | measures muscular flexibility using standard protocols   |
| 5.6.5 | 1 | 0 | provides post-assessment counseling and exercise recommendation for individuals  |
| 5.6.6 | 1 | 0 | provides incentives to increase participation  |
| 5.6.7 | 1 | 0 | provides a written plan to recruit high risk individuals   |

## 5 PHYSICAL ACTIVITY

|             |   |   |
|-------------|---|---|
| <b>5.7</b>  | Does the worksite provide or maintain outdoor exercise areas or playing fields for employee use?  |   |
|             | Yes   | No  |
|             | <b>1</b>  | <b>0</b>  |
| <b>5.8</b>  | Does the worksite have a written policy statement supporting employee physical fitness?<br><i>(e.g., policies that allow workers additional time off from lunch to exercise, walk breaks, stretching)?</i>  |   |
|             | Yes   | No  |
|             | <b>1</b>  | <b>0</b>  |
| <b>5.9</b>  | Does the worksite provide any type of incentives for engaging in physical activity?<br><i>improved benefit allowances (discounted health insurance, increased disability payments, additional life insurance), added vacation "well days" off, direct cash payments or bonuses, material prizes or awards, etc.</i> |   |
|             | _____ Yes   |   |
|             | _____ No  | <b>L go to question 5.10</b>  |
|             | Yes   | No  |
| 5.9.1       | <b>1</b>  | <b>0</b> provides at least one material incentive (t-shirts, coffee mugs, cash payments low cost material prizes)   |
| 5.9.2       | <b>1</b>  | <b>0</b> provides at least one benefits-plan-related incentive (discounts on health insurance, increased disability payments, additional life insurance, added vacation time) |
| <b>5.10</b> | Has the worksite provided exercise/physical fitness specific messages to the general employee population during the previous 12 months such as through posters, brochures, videos or lectures etc.?   |   |
|             | Yes   | No  |
|             | <b>1</b>  | <b>0</b>  |
| <b>5.11</b> | Does the worksite organize or sponsor a lunch time/after work walking club?   |   |
|             | <b>1</b>  | Yes   |
|             | <b>0</b>  | No  |
|             | Yes   | No  |
| 5.11.1      | <b>1</b>  | <b>0</b> maintains walking trails or provides maps of suitable walking routes   |
| 5.11.2      | <b>1</b>  | <b>0</b> promotes the availability of the walking club/trail through at least 2 communication channels  |

\_\_\_\_\_ **Total for Physical Activity**

**6 STRESS** (This section is included to get a complete picture of the company and to provide areas that the company and other organizations can work on, but HHP funds cannot be used to support these activities)

|  |   |   |
|--|---|---|
| <b>6.1</b>   | Does the worksite provide an employee assistance program (EAP)?   |   |
|  | <input type="checkbox"/> Yes  |   |
|  | <input type="checkbox"/> No   | <b>L go to question 6.2</b>   |
|  | Yes   | No  |
| 6.1.1  | <b>1</b>  | <b>0</b> accessible on-site through an EAP officer or designated volunteer  |
| 6.1.2  | <b>1</b>  | <b>0</b> accessible off-site either in person or by telephone   |
| 6.1.3  | <b>1</b>  | <b>0</b> availability regularly promoted through at least 2 information channels (memos, newsletters, meetings, etc.)   |
| 6.1.4  | <b>1</b>  | <b>0</b> provided management training at least once during the previous 24 months on how to use the system and referral procedures  |
| <i>Note: EAP refers to assessment and referral services-free, voluntary and confidential.</i>                              |   |   |
| <b>6.2</b>   | Did the worksite sponsor or organize regular social events (company picnic, Holiday party, etc.) during the previous 12 months?   |   |
|  | <input type="checkbox"/> Yes  |   |
|  | <input type="checkbox"/> No   | <b>L go to question 6.3</b>   |
|  | Yes   | No  |
| 6.2.1  | <b>1</b>  | <b>0</b> provides at least one event paid for primarily by the organization <u>AND</u> open to all employees  |
| 6.2.2  | <b>1</b>  | <b>0</b> provides policies that allow informal social events such as for employee birthdays, promotions, weddings, summer "cookouts", etc.                                  |
| <b>6.3</b>   | Did the worksite provide directly or promote insurance company sponsored educational programs for stress or related issues (e.g., relaxation training, assertiveness, communication, time management, social interactions) during the previous 24 months? |   |
|  | <input type="checkbox"/> Yes  |   |
|  | <input type="checkbox"/> No   | <b>L go to question 6.4</b>   |
|  | Yes   | No  |
| 6.3.1  | <b>1</b>  | <b>0</b> provides educational programs on stress  |
| 6.3.2  | <b>1</b>  | <b>0</b> subsidizes at least half by the company  |
| 6.3.3  | <b>1</b>  | <b>0</b> provides for both on-site and off-site   |
| 6.3.4  | <b>1</b>  | <b>0</b> uses credentialed instructors*   |
| 6.3.5  | <b>1</b>  | <b>0</b> uses more than one form of program delivery (e.g., self-study materials such as computers, video/audio cassettes, self-paced learning manuals)                     |
| 6.3.6  | <b>1</b>  | <b>0</b> promotes the availability of programs through at least 2 regular communication channels (newsletters, bulletin boards)   |
| 6.3.7  | <b>1</b>  | <b>0</b> provides access during company time (not lunch hour)   |
| 6.3.8  | <b>1</b>  | <b>0</b> have a written plan to identify and recruit high risk individuals  |
| 6.3.9  | <b>1</b>  | <b>0</b> provides incentives to increase participation  |
| 6.3.10   | <b>1</b>  | <b>0</b> evaluates by asking participants their perceptions of program quality (e.g., program-end surveys)  |
| 6.3.11   | <b>1</b>  | <b>0</b> evaluates the program by comparing pre-determined objectives to outcome measures (e.g., % of pounds lost)  |
| <i>* Degree in health education, counseling, psychology or related field, or certification from an appropriate agency.</i> |   |   |
| <b>6.4</b>   | Did the worksite provide management training on workplace stress related issues (performance review, communication, personnel management, etc.) during the previous 24 months?  |   |
|  | Yes   | No  |
|  | <b>1</b>  | <b>0</b>  |
| <b>6.5</b>   | Does the worksite provide an employee lounge (non-cafeteria and for employees only) where employees can take a break?   |   |
|  | <b>1</b>  | Yes   |
|  | <b>0</b>  | No  |
|  |   | <b>L go to question 6.6</b>   |
|  | Yes   | No  |
| 6.5.1  | <b>1</b>  | <b>0</b> easily accessible to most employees ( $\leq 5$ minute walk)  |
| 6.5.2  | <b>1</b>  | <b>0</b> contains at least 3 of the following: lounge chairs, vending machines, reading material, rugs, windows and curtains, food preparation equipment, air conditioning. |
| 6.5.3  | <b>1</b>  | <b>0</b> can accommodate by way of seating at least 5% of the employee population   |

**6 STRESS** (This section is included to get a complete picture of the company and to provide areas that the company and other organizations can work on, but HHP funds cannot be used to support these activities)

|  |   |  |
|--|---|--|
| <b>6.6</b>   | Does the worksite provide a facility where employees can go to practice relaxation exercises (e.g., mediation, yoga, biofeedback)?  |  |
|  | <b>1</b>  | Yes  |
|  | <b>0</b>  | No <b>L go to question 6.7</b>   |
| <i>Note: Relaxation refers to the process of decreasing muscle tension only. Therefore, common outlets that people say are relaxing {e.g., reading, drinking coffee, smoking a cigarette} do not apply here.</i> |   |  |
|  | Yes   | No   |
| 6.6.1  | <b>1</b>  | <b>0</b> easily accessible to most employees ( $\leq 5$ minute walk)   |
| 6.6.2  | <b>1</b>  | <b>0</b> contains at least 3 of the following: lounge chairs, rugs, curtains (or no windows), and soft lighting (or dimmer capability) |
| 6.6.3  | <b>1</b>  | <b>0</b> availability promoted regularly through at least 2 information channels   |
| 6.6.4  | <b>1</b>  | <b>0</b> provides accessories to promote relaxation such as tapes, biofeedback equipment, written instructional guides, etc.           |
| <b>6.7</b>   | Does the worksite have a sexual harassment policy?  |  |
|  | _____   | Yes  |
|  | _____   | No <b>L go to question 6.8</b>   |
|  | Yes   | No   |
| 6.7.1  | <b>1</b>  | <b>0</b> formal written policy and grievance procedures  |
| 6.7.2  | <b>1</b>  | <b>0</b> provided management training during the last 24 months  |
| 6.7.3  | <b>1</b>  | <b>0</b> provided employee training during the last 24 months  |
| <b>6.8</b>   | Did the worksite provide stress management educational messages to the general employee population during the previous 12 months such as through posters, brochures, videos or lectures, etc? |  |
|  | <b>1</b>  | Yes  |
|  | <b>0</b>  | No   |

\_\_\_\_\_ **Stress total**

**7 SCREENING** *(This section is included to get a complete picture of the company and to provide areas that the company and other organizations can work on, but HHP funds cannot be used to support these activities)*

|              |   |          |  |  |
|--------------|---|----------|--|--|
| <b>7.1</b>   | Did the worksite provide blood pressure screening (beyond pre-employment physicals) during the previous 24 months?  |          |  |  |
|              | <b>1</b>  | Yes      |  |  |
|              | <b>0</b>  | No       | <b>L go to question 7.2</b>  |  |
|              |   | Yes      | No   |  |
| 7.1.1        | <b>1</b>  | <b>0</b> | educational materials or counseling provided                             |  |
| 7.1.2        | <b>1</b>  | <b>0</b> | medical follow-up provided/arranged for those at high risk               |  |
| 7.1.3        | <b>1</b>  | <b>0</b> | availability promoted regularly through at least 2 information channels  |  |
| 7.1.4        | <b>1</b>  | <b>0</b> | provides some type of incentive to increase participation                |  |
| 7.1.5        | <b>1</b>  | <b>0</b> | provides access during company time (not lunch hour)                     |  |
| <b>7.2</b>   | Did the worksite provide cholesterol screening during the previous 24 months?   |          |  |  |
|              | <b>1</b>  | Yes      |  |  |
|              | <b>0</b>  | No       | <b>L go to question 7.3</b>  |  |
|              |   | Yes      | No   |  |
| 7.2.1        | <b>1</b>  | <b>0</b> | educational materials or counseling provided                             |  |
| 7.2.2        | <b>1</b>  | <b>0</b> | medical follow-up provided/arranged for those at high risk               |  |
| 7.2.3        | <b>1</b>  | <b>0</b> | availability promoted regularly through at least 2 information channels  |  |
| 7.2.4        | <b>1</b>  | <b>0</b> | provides some type of incentive to increase participation                |  |
| 7.2.5        | <b>1</b>  | <b>0</b> | provides access during company time (not lunch hour)                     |  |
| <b>7.3</b>   | Did the worksite provide blood tests for sugar ( <i>diabetes screening</i> ) during the previous 24 months?   |          |  |  |
|              | <b>1</b>  | Yes      |  |  |
|              | <b>0</b>  | No       | <b>L go to question 7.4</b>  |  |
|              |   | Yes      | No   |  |
| 7.3.1        | <b>1</b>  | <b>0</b> | educational materials or counseling provided                             |  |
| 7.3.2        | <b>1</b>  | <b>0</b> | medical follow-up provided/arranged for those at high risk               |  |
| 7.3.3        | <b>1</b>  | <b>0</b> | availability promoted regularly through at least 2 information channels. |  |
| 7.3.4        | <b>1</b>  | <b>0</b> | provides some type of incentive to increase participation                |  |
| 7.3.5        | <b>1</b>  | <b>0</b> | provides access during company time (not lunch hour)                     |  |
| <b>7.4</b>   | Did the worksite provide <u>health risk appraisal assessments</u> during the previous 24 months?  |          |  |  |
|              | <b>1</b>  | Yes      |  |  |
|              | <b>0</b>  | No       | <b>L go to question 7.5</b>  |  |
|              |   | Yes      | No   |  |
| 7.4.1        | <b>1</b>  | <b>0</b> | availability promoted through at least 2 information channels            |  |
| 7.4.2        | <b>1</b>  | <b>0</b> | provides some type of incentive to increase participation                |  |
| 7.4.3        | <b>1</b>  | <b>0</b> | follow-up interpretation and counseling provided                         |  |
| 7.4.4        | <b>1</b>  | <b>0</b> | generates group summary report   |  |
| <i>Note:</i> | <i>Health risk appraisal assessments are usually written (or computerized) questions vs blood pressure and blood drawing screenings</i>   |          |  |  |
| <b>7.5</b>   | Does the worksite make blood pressure monitoring devices available for employee self assessments?   |          |  |  |
|              | <b>1</b>  | Yes      |  |  |
|              | <b>0</b>  | No       | <b>L go to question 7.6</b>  |  |
|              |   | Yes      | No   |  |
| 7.5.1        | <b>1</b>  | <b>0</b> | easily accessible to most of the employees (<10 minute walk)             |  |
| 7.5.2        | <b>1</b>  | <b>0</b> | information/training available on use                                    |  |
| 7.5.3        | <b>1</b>  | <b>0</b> | availability of service promoted through at least 2 information channels |  |
| <b>7.6</b>   | Did the worksite provide health screening educational messages to the general employee population during the previous 12 months such as through posters, brochures, videos or lectures, etc.? |          |  |  |
|              |   | Yes      | No   |  |
| 7.6.1        | <b>1</b>  | <b>0</b> | provides health screening messages                                       |  |

\_\_\_\_\_ **TOTAL SCREENING**



## 8 ADMINISTRATIVE SUPPORT

|            |  |          |  |
|------------|--|----------|--|
| <b>8.1</b> | Does the worksite have a wellness committee?   |          |  |
|            | <b>1</b>   | Yes      |  |
|            | <b>0</b>   | No       | <b>L go to question 8.2</b>  |
|            |  | Yes      | No   |
| 8.1.1      | <b>1</b>   | <b>0</b> | meets at least quarterly   |
| 8.1.2      | <b>1</b>   | <b>0</b> | represented by a cross section of the workforce (including line workers)   |
| 8.1.3      | <b>1</b>   | <b>0</b> | includes at least one senior manager   |
| 8.1.4      | <b>1</b>   | <b>0</b> | has a written mission or goal statement  |
| 8.1.5      | <b>1</b>   | <b>0</b> | filed an annual report on activity during the last year  |
| 8.1.6      | <b>1</b>   | <b>0</b> | has a budget   |
| 8.1.7      | <b>1</b>   | <b>0</b> | has written policies designating the wellness committee as a standing (permanent) committee  |
| <b>8.2</b> | Does the worksite set annual organizational objectives for wellness?<br><i>(could be provided for the wellness committee, a single individual or department)</i> |          |  |
|            |  | Yes      | No   |
|            | <b>1</b>   | <b>0</b> |  |
| <b>8.3</b> | Does the worksite contain references to improving/maintaining employee health in the organizational mission statement?   |          |  |
|            |  | Yes      | No   |
|            | <b>1</b>   | <b>0</b> |  |
| <b>8.4</b> | Does the worksite provide health education services (instruction, screening, etc.) to family members of employees?   |          |  |
|            | <b>1</b>   | Yes      |  |
|            | <b>0</b>   | No       | <b>L go to question 8.5</b>  |
|            |  | Yes      | No   |
| 8.4.1      | <b>1</b>   | <b>0</b> | provides at least 50% of all services available to employees to family members   |
| 8.4.2      | <b>1</b>   | <b>0</b> | subsidized by at least 50% of all costs  |
| 8.4.3      | <b>1</b>   | <b>0</b> | service promotional materials are sent to the home   |
| <b>8.5</b> | Does the worksite have an individual responsible for delivery of a health promotion (wellness) program?  |          |  |
|            | <b>1</b>   | Yes      |  |
|            | <b>0</b>   | No       | <b>L go to question 8.6</b>  |
|            |  | Yes      | No   |
| 8.5.1      | <b>1</b>   | <b>0</b> | has at least half of responsibilities devoted to health promotion  |
| 8.5.2      | <b>1</b>   | <b>0</b> | has credentials in health promotion or related field of study*   |
| 8.5.3      | <b>1</b>   | <b>0</b> | has health promotion responsibilities defined and included in the annual review  |
| 8.5.4      | <b>1</b>   | <b>0</b> | is a member of a health promotion professional association (e.g., Association for Worksite Health)   |
| 8.5.5      | <b>1</b>   | <b>0</b> | attended a state/regional/national conference or training seminar on worksite health promotion in the last 2 years   |
| 8.5.6      | <b>1</b>   | <b>0</b> | subscribes to a worksite health promotion related journal or newsletter (e.g., Worksite Health, Journal of Occupational Medicine, American Journal of Health Promotion, Health Promotion Practitioner, Employee Health and Fitness, Business and Health) |
|            | <i>* Health education/promotion, nursing, medicine, physical education, psychology or related field.</i>   |          |  |
| <b>8.6</b> | Did the worksite complete a needs assessment during the previous 24 months?  |          |  |
|            |  | Yes      |  |
|            |  | No       | <b>L go to question 8.7</b>  |
|            |  | Yes      | No   |
| 8.6.1      | <b>1</b>   | <b>0</b> | completed an employee needs/interests survey   |
| 8.6.2      | <b>1</b>   | <b>0</b> | completed an analysis of health care claims  |
| 8.6.3      | <b>1</b>   | <b>0</b> | completed a focus group discussion with a cross section of employees   |
| 8.6.4      | <b>1</b>   | <b>0</b> | completed an interview with at least 2 organizational leaders (e.g., CEO, CFO, union head, medical director, safety director, personnel manager, etc.)   |
| 8.6.5      | <b>1</b>   | <b>0</b> | completed a review of the literature on health promotion issues for similar employee populations   |
| 8.6.6      | <b>1</b>   | <b>0</b> | analyzed existing company data on health trends (e.g., absence records, employee surveys, grievance records)   |
| 8.6.7      | <b>1</b>   | <b>0</b> | surveyed employees for their level of "stage of change" for a health behavior (could be in an Health Risk Assessment)  |
| 8.6.8      | <b>1</b>   | <b>0</b> | completed a written or verbal report to senior management summarizing the results of the above   |

## 8 ADMINISTRATIVE SUPPORT

|             |  |          |  |
|-------------|--|----------|--|
| <b>8.7</b>  | Did the worksite evaluate health promotion efforts during the previous 12 months?  |          |  |
|             | _____ Yes  |          |  |
|             | _____ No <b>L go to question 8.8</b>   |          |  |
|             | Yes  | No       |  |
| 8.7.1       | <b>1</b>   | <b>0</b> | completed "head counts" or user profiles for all health promotion services   |
| 8.7.2       | <b>1</b>   | <b>0</b> | compared outcomes to pre-determined objectives/goals defined by wellness committees  |
| 8.7.3       | <b>1</b>   | <b>0</b> | provided cost effectiveness/benefit data results   |
| 8.7.4       | <b>1</b>   | <b>0</b> | completed a written or verbal report to senior management summarizing the results of the above   |
| <b>8.8</b>  | Did the worksite provide general health enhancement messages to the employee population during the previous 12 months such as through posters, newsletters, brochures, videos or lectures, etc.?   |          |  |
|             | _____ Yes  |          |  |
|             | _____ No <b>L go to question 8.9</b>   |          |  |
|             | Yes  | No       |  |
| 8.8.1       | <b>1</b>   | <b>0</b> | used at least one media source such as a poster, newsletter, brochure, video or lecture to provide information                             |
| 8.8.2       | <b>1</b>   | <b>0</b> | used examples of employees role modeling appropriate health behaviors (or employee "success stories" in at least two of the communications |
| 8.8.3       | <b>1</b>   | <b>0</b> | sent health-related messages to the home (e.g., newsletter)  |
| <b>8.9</b>  | Does the worksite maintain membership in a wellness coalition or health council?   |          |  |
|             | <b>1</b>   | Yes      |  |
|             | <b>0</b>   | No       |  |
| <b>8.10</b> | Does the worksite provide management support for worksite health promotion during the previous 12 months by providing an annual message from the CEO supporting health promotion (personal address, memo, newsletter article, etc.) and providing managers with performance objectives related to worksite health? |          |  |
|             | _____ Yes  |          |  |
|             | _____ No <b>L go to question 8.11</b>  |          |  |
|             | Yes  | No       |  |
| 8.10.1      | <b>1</b>   | <b>0</b> | provided an annual message from the CEO supporting health promotion  |
| 8.10.2      | <b>1</b>   | <b>0</b> | provided managers with performance objectives related to worksite health promotion   |
| <b>8.11</b> | Does the worksite have a program theme or logo? <i>A logo for the wellness program</i>   |          |  |
|             | _____ Yes  |          |  |
|             | _____ No <b>L go to question 8.12</b>  |          |  |
|             | Yes  | No       |  |
| 8.11.1      | <b>1</b>   | <b>0</b> | has a program theme  |
| 8.11.2      | <b>1</b>   | <b>0</b> | has a program logo   |
| <b>8.12</b> | Did the worksite provide management training seminars within the last 36 months on the importance of employee health promotion?  |          |  |
|             | <b>1</b>   | Yes      |  |
|             | <b>0</b>   | No       |  |
| <b>8.13</b> | Does the worksite provide policies to recruit and retain health oriented employees?  |          |  |
|             | _____ Yes  |          |  |
|             | _____ No <b>L go to question 9.1</b>   |          |  |
|             | Yes  | No       |  |
| 8.13.1      | <b>1</b>   | <b>0</b> | provided information in recruitment ads identifying the organization as a "wellness company"   |
| 8.13.2      | <b>1</b>   | <b>0</b> | provided policies requiring managers to describe the company's health promotion services during job interviews                             |
| 8.13.3      | <b>1</b>   | <b>0</b> | provided policies requiring managers to review the company's health promotion services during new hire orientations                        |

\_\_\_\_\_ **Total for Administrative Support**

**9 ORGANIZATIONAL FOUNDATIONS**

**9.1** Did the worksite use some form of negotiated management by objective format between the employee and supervisor for determining workload (either through collective bargaining or individual negotiation)?

Yes

No **L go to question 9.2**

Yes No

9.1.1 **1 0** applies to at least half of the employee population

9.1.2 **1 0** uses a negotiated management by objective format for at least "white collar" workers

9.1.3 **1 0** uses negotiated collective bargaining for "blue collar" workers

**9.2** Did the worksite use a formal employee appraisal process for the supervisor to assess employee performance?

Yes

No **L go to question 9.3**

Yes No

9.2.1 **1 0** applies to at least half of the employee population

9.2.2 **1 0** done more than once per year

9.2.3 **1 0** provided supervisor training at least once during the past 24 months

**9.3** Does the worksite have a formal employee grievance procedure?

Yes

No **L go to question 9.4**

Yes No

9.3.1 **1 0** formal policy that applies to at least half of the employee population

9.3.2 **1 0** provided supervisor training on grievance issues at least once in the last 24 months

**9.4** Does the worksite provide flexible work scheduling policies (flextime schedule/work at home)?

Yes

No **L go to question 9.5**

Yes No

9.4.1 **1 0** formal flextime policy that applies to relevant employees (those not location/time based, e.g., production line workers)

9.4.2 **1 0** formal policy that allows the option to work at home at least part of the time for relevant employees (those not location/time based, e.g., production line workers)

**9.5** Does the worksite provide leave/vacation time allowances?

Yes

No **L go to question 9.6**

Yes No

9.5.1 **1 0** at least 10 days after one year of employment for at least 50% of full time workers

*Note: Does not include standard holidays, e.g., Christmas; also, if leave time includes sick days, subtract 5 days of annual sick leave to determine actual vacation days.*

**9.6** Does the worksite provide extended disability coverage or sick time allowances (e.g., sick banks)?

Yes

No **L go to question 9.7**

Yes No

9.6.1 **1 0** provides extended disability or sick time allowances

**9.7** Does the worksite have a strategy to address dependent (child/elder) care?

Yes

No **L go to question 9.8**

Yes No

9.7.1 **1 0** subsidizes or provides childcare

9.7.2 **1 0** subsidizes or provides eldercare

9.7.3 **1 0** provides leave policies that cover family emergencies/responsibilities beyond the Family Leave Act (e.g., total or partial paid leave greater than 12 weeks)

9.7.4 **1 0** provides assistance/information in accessing social services

**9 ORGANIZATIONAL FOUNDATIONS**

|            |  |                                    |
|------------|--|------------------------------------|
| <b>9.8</b> | Does the worksite subsidize the employee's health insurance by at least 50%? |                                    |
|            | Yes  | No                                 |
| 9.8.1      | <b>1</b>   | <b>0</b> for the employee          |
| 9.8.2      | <b>1</b>   | <b>0</b> for the employee's family |

**\_\_\_\_ Total for Organizational Foundations**

Company: \_\_\_\_\_

## Tally Sheet

(example: 10/22 =45%)

| Subject                           | Score | Out of | Percent |
|-----------------------------------|-------|--------|---------|
| <b>Smoking</b>                    |       | 22     |         |
| <b>Nutrition</b>                  |       | 32     |         |
| <b>Physical Activity</b>          |       | 50     |         |
| <b>Stress</b>                     |       | 31     |         |
| <b>Screening</b>                  |       | 28     |         |
| <b>Administrative Support</b>     |       | 45     |         |
| <b>Organizational Foundations</b> |       | 18     |         |
| <b>Total</b>                      |       | 226    |         |

*Note:*

1. *Transfer Heart Check numbers to scannable Answer sheet.*
2. *Make two copies of completed Heart Check and Answer sheet.*
3. *Mail ORIGINAL Heart Check and Answer sheet to:*

*M. J. Pattison  
New York State Dept. Of Health  
ESP Corning Tower, Rm. 1070  
Albany, NY 12237-0679*

4. *Mail a copy of completed Heart Check (including Tally Sheet) to company.*