

Organizational Profile

1. What is the name of your organization?

2. Does your organization have a website?

Yes

No

If yes, please provide the link:

3. What is your name?

First Name

Last Name

4. What is your title?

5. What is your organization's address?

Street Address

City

State

Please select state

Zip Code

Country

Please select country

6. Is your organization a single location organization?

Yes

No

7. Are you a headquarters employee?

Yes No**8. Are you taking this assessment for:** One location Multiple locations All organization locations**9. What is your organization's primary industry?****10. Does your organization offer medical insurance coverage?** Yes No**11. How many employees does your organization have?** 1-10 11-50 51-250 251-1000 1001-3000 3000+**12. Have you engaged with the Alzheimer's Association in any capacity?** Yes No Not sure**13. If yes, who was your primary contact at the Alzheimer's Association?****14. Which of the following programs is your organization currently recognized by?** American Heart Association (AHA) Well-being Works Better Wellness Council of America (WELCOA) Workplace Awards Healthiest Employers® Great Places to Work Non-Profit Times Best Places of Work Other (please list):

Not sure

None of the above

Organizational Policies and Benefits

Over the past 12 months:

15. Did your organization offer programs, resources or written policies for any of the following?

Eldercare Benefits

Workplace Accommodations

Nutrition (e.g., healthier food and beverage options)

Physical Activity

Smoking Cessation

Reimbursement for Continuing Education

Not sure

None of the above

16. Did your organization support flexible work arrangements that help promote employee well-being (e.g., remote work, flex hours)?

Yes

No

Not sure

17. Which of these benefits does your organization currently offer?

Annual health checkups

Preventative screening

Access to Employee Assistance Program (EAP) services (e.g., counseling)

Employee Resource Groups for employees who are caregivers

Eldercare/ Caregiver leave

Paid family leave

Dedicated time to address personal health

Not sure

None of the above

Wellness Promotion

Over the past 12 months:

18. Did your organization offer preventive wellness programs (e.g. sleep health, nutrition, exercise)?

Yes

No

Not sure

19. Did your organization offer a wellness program that focuses on risk reduction for cognitive decline?

Yes

No

Not sure

20. Have a dedicated budget for the following?

Wellness programs

Brain health programs

Not sure

None of the above

21. Did anyone in your organization have responsibility for wellness or health coordination (as part of their role or full-time)?

Yes

No

Not sure

22. Did your organization incorporate team-based activities into its wellness program (for example group exercise classes, wellness challenges, or employee affinity groups)?

Yes

No

Not sure

Leadership Commitment

Over the past 12 months:

23. Did your organization have an executive sponsor or senior leader actively advocating for and supporting:

Wellness programs Brain health programs Not sure None of the above**24. Did your organization have goals in place for Human Resource (HR) staff related to:** Wellness programs Brain health programs Annual health checkups and preventive screenings Not sure None of the above**25. Did your organization evaluate employee participation related to:** Wellness programs Brain health programs Annual health checkups and preventive screenings Not sure None of the above

Employee Engagement

 Over the past 12 months:**26. Which of the following does your organization currently have a communication plan for?** The importance of annual health checkups Wellness programs Employee benefits Brain health Family and Medical Leave Act Employee resource groups Not sure None of the above

27. Which of the following communication channels does your organization currently use to promote wellness or brain health? Employee gathering areas (e.g., break rooms, bulletin boards) Meetings Emails Webinars Intranet Benefits portal Not sure None of the above**28. Did your organization provide resources about any of the following topics?** Risk reduction for cognitive decline Working caregiver Healthy aging Dementia Managing cost of care Memory concerns Not sure None of the above**29. Did your organization currently offer coaching for any of the following areas?** Healthy eating Physical activity Tobacco-free workplace Managing chronic health conditions Disclosing dementia in the workplace Dementia care navigation Not sure None of the above

Education

Over the past 12 months:

30. Which of the following employee learning opportunity topics does your organization currently offer?

Physical activity

Eat right

Health monitoring

Brain health

Healthy aging

Dementia

Managing cost of care for retirement

Caregiving

Not sure

None of the above

31. Did your organization educate employees about the connection between lifestyle and brain health (e.g., nutrition, exercise, cognitive engagement)?

Yes, through training or resources

Somewhat, but limited

No

Not sure

32. Which of the following Alzheimer's Association programs has your organization requested information on, participated in or promoted?

Understanding Alzheimer's and Dementia

Advancing the Science: The Latest on Alzheimer's and Dementia Research

The Impact of Alzheimer's in Your Community

The Empowered Caregiver

10 Warning Signs of Alzheimer's

Building Brain-Healthy Habits

Supporting Brain Health in Your Community

Not sure

None of the above

33. Which of the following education or training does your organization currently offer to Human Resource personnel?

- Supporting working caregivers
- Signs of dementia
- Early diagnosis and when to seek care
- Accommodations for caregivers
- Accommodations for staff on the dementia journey
- Risk reduction for cognitive decline
- Not sure
- None of the above

Community Involvement

 Over the past 12 months:

34. Which of the following initiatives has your organization participated in?

- Volunteering in the community
- Attending or participating in community events that promote health
- Joining wellness campaigns
- Supporting brain health awareness efforts
- Participating in workplace brain health initiatives
- Not sure
- None of the above

35. Which Alzheimer's Association activities has your organization participated in?

- Walk to End Alzheimer's
- Do What You Love (formerly The Longest Day)
- Ride to End Alzheimer's
- AIM Advocacy
- Alzheimer's Association Gala
- TrialMatch
- Not sure
- None of the above

36. Did your organization collaborate with external organizations focused on brain health or healthy aging?

Yes

No

Not sure

If yes, which organizations?

Managing Cost of Care

Over the past 12 months:

37. Did your organization provide employees with support in any of the following areas?

Resources or workshops to assist with budgeting or preparing for current and future care costs

Support and referrals for accessing employee benefits (e.g. short-term and long-term disability, early retirement benefits, FMLA and COBRA)

Access to free or discounted legal or financial services

Information to identify financial and legal professionals (e.g. for assistance with long-term care planning, estate planning, establishing power of attorney)

Confidential financial counseling

Not sure

None of the above

Employee Characteristics of Your Organization (Optional)

Employee Characteristics of Your Organization (Optional)

38. What is the average age of your employees?

0% 18-34 years

0% 35-44 years

0% 45-54 years

0% 55-64 years

0% 65 and over

39. What is the gender ratio (%) for your employees?

0% Men

0%	Women
0%	Non- Binary
0%	Other

40. What is the race/ ethnicity of your employees?

0%	White
0%	American Indian/ Alaskan Native
0%	Asian
0%	Black/ African America
0%	Hispanic/ Latino
0%	Native Hawaiian/ Other Pacific Islander
0%	Other race or ethnicity
0%	Two or more races or ethnicities

41. Please provide an estimate of percentages of employees working:

0%	In office
0%	Remote
0%	Hybrid