

Intro 1

Thank you for taking the time to fill out our survey! Here is a brief guide:



Privacy: First, we will describe the purpose of our study and highlight the steps we will take to keep your information confidential. Because this is a research project, you must give your consent before taking the survey.



Survey: After you have given your consent, you will be asked a short series of questions about your health and your workplace. The survey will take approximately 15 minutes to complete.



Gift Card: When you finish the survey, be sure to click the "Submit" button on the very last page. You must do this in order to receive your \$20 Amazon.com gift card.*

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Intro 2

Here are a few tips to help you move through the survey:

- This survey is best viewed on a computer or tablet.
- Use the  button to move to the next screen.
- Use the  button to go back to the previous screen. Do not use your browser's back button.
- The survey will issue an alert if you leave a question blank. If there is a question you do not want to answer, you can click the  button after the alert has been issued to move to the next question.
- The survey will save your progress. If you exit before the end, you can continue from where you left off by clicking on the original link that was sent to you in your email invitation.

Consent

To consent to being in the study, you must click on the checkbox at the bottom of this page and then click on the "Next" button.

PRINCIPAL INVESTIGATOR:

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PROJECT TITLE: Illinois Workplace Wellness Study

1. This section explains the study in which you will be participating:

The overall aim of this study is to explore the link between wellness programs and health outcomes among employees. As a participant in this project, you will be asked to complete an online survey to better understand your health status, health behaviors, and opinions about work. The survey will take about 10-15 minutes and can be completed online. You will be compensated with a \$20 Amazon.com gift card for completing the initial survey.

2. This section describes your rights as a research participant and the steps we will take to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage.
 - a. Please feel free to ask the researchers any questions regarding the survey, research procedures, or the study in general. Questions should be directed to: WellnessStudy@illinois.edu or (217) 265-8980.
 - b. Your participation in this study is voluntary. You are free to refuse to answer any questions, and you may withdraw at any time without it affecting your relationship with the University of Illinois. Withdrawing from the study means that your personally identifiable information will no longer be collected for use in this study. Study data collected prior to withdrawal may still be used for purposes of the study.
 - c. To the best of our knowledge, participating in this study has no more risk of harm than you would experience in everyday life.
 - d. Costs and Payments: You will not be charged in any way for completing the survey. You will receive a \$20 Amazon.com gift card upon completing the initial survey. The gift card is taxable.
 - e. Confidentiality: Faculty and staff with permission or authority to see your information will maintain confidentiality to the extent of laws and university policies. The names or personal identifiers of participants will never be published or presented. One question in our survey asks for names of co-workers with whom you discuss health topics. These names will be kept strictly confidential and will never be shared with anyone. Only the research team will have access to the data from your completed survey.

Voluntary Consent:

1. I agree to participate in the survey.
2. I understand that my participation is voluntary and that I may withdraw from this research study at any time without it affecting my relationship with the University of Illinois. If you decide to withdraw from the research study, please notify Julian Reif at jreif@illinois.edu or 217-300-0169.
3. I understand that my responses in the questionnaires are confidential and that I have the right to skip questions that I prefer not to answer.
4. I certify that I have read the preceding, or it has been read to me, and I understand its contents. If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu.

Please check the box to indicate your consent

Please print a copy of this consent form for your records, if you so desire.

I have read and understand the above consent form, I certify that I am 18 years old or older and, by clicking the "Next" button below, I indicate my willingness to voluntarily take part in the study.

Health screening 1

The first questions ask about your health.

1) Have you ever had your cholesterol checked?

- Yes
 No

Health screening 2

2) Have you ever had a blood test for high blood sugar or diabetes, other than during pregnancy?

- Yes
 No

3) Have you ever had a blood test for high blood sugar or diabetes?

- Yes
 No

Women's health screening 1

4) In the last 12 months, have you had a Pap test or Pap smear?

- Yes
 - No
-

Women's health screening 2

5) In the last 12 months, have you had a mammogram?

- Yes
 - No
-

Women's health screening 3

6) Do you have reason to believe that you are pregnant?

- Yes
 - No
-

Greater than or equal to 50 screening 1

7) In the last 12 months, has a doctor asked you to do a blood stool test?

- Yes
 - No
-

Greater than or equal to 50 screening 2

8) In the last 12 months, have you had a sigmoidoscopy or a colonoscopy?

- Yes
 - No
-

Greater than or equal to 50 screening 3

9) In the last 12 months, have you had a blood test to check for prostate cancer?

- Yes
 - No
-

Greater than or equal to 50 screening 4

10) Have you had a flu shot in the last 12 months?

- Yes
- No

Exercise 1

11) Compared with most people your age, would you say you are more physically active, less physically active, or about the same?

- More active
 - Less active
 - About the same
-

Exercise 2

12) In the last 12 months, have you been told by a doctor or health professional to increase your physical activity or exercise?

- Yes
 - No
-

Exercise 3

13) Are you currently trying to increase your physical activity or exercise?

- Yes
 - No
-

Weight loss 1

14) In the last 12 months, have you been told by a doctor or health professional to lose weight?

- Yes
 - No
-

Weight loss 2

15) Are you currently trying to lose weight?

- Yes
- No

Cigarettes 1

16) Have you smoked at least 100 cigarettes in your entire life?

- Yes
 - No
-

Cigarettes 2

17) Do you now smoke cigarettes every day, some days, or not at all?

- Every day
 - Some days
 - Not at all
-

Smoking 1

18) During the last 4 weeks, on the days that you smoked, about how many cigarettes did you smoke per day? Your best estimate is fine.

- 0
 - 1-4
 - 5-9
 - 10-14
 - 15-19
 - 20 or more
-

Smoking 2

19) In the last 12 months, has a doctor or other health professional advised you to quit smoking?

- Yes
 - No
-

Smoking 3

20) Have you tried to quit smoking in the last 12 months?

- Yes
- No

Quit smoking

21) How long ago did you quit smoking?

- Within the last year
 - Between 1 and 2 years ago
 - Between 2 and 3 years ago
 - More than 3 years ago
-

Other tobacco 1

22) Do you now smoke or use any other type of tobacco product, such as pipes, cigars, or chewing tobacco, every day, some days, or not at all?

- Every day
 - Some days
 - Not at all
-

Other tobacco 2

23) Do you now use e-cigarettes (also known as vape-pens, hookah-pens, e-hookahs, or e-vaporizers) every day, some days, or not at all?

- Every day
- Some days
- Not at all

Alcohol 1

24) In the last 7 days, on how many days did you drink any type of alcoholic beverage?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
-

Alcohol 2

25) In the last 7 days, on the days when you did drink alcohol, how many drinks did you usually have per day? One "drink" is a 12 ounce can of beer, a 5 ounce glass of wine, or a 1.5 ounce shot of liquor.

- 1
 - 2
 - 3
 - 4
 - 5
 - 6 or more
-

Alcohol 3

26) In the last 7 days, on how many days did you have 4 or more drinks in one day? One "drink" is a 12 ounce can of beer, a 5 ounce glass of wine, or a 1.5 ounce shot of liquor.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

General health 1

27) Have you ever been told by a doctor or other health professional that you have any of the following? *Mark all that apply.*

- Diabetes
- Asthma
- Hypertension or High Blood Pressure
- Chronic Back Pain
- High Cholesterol
- Heart Attack or Heart Disease
- Emphysema or Chronic Bronchitis (COPD)
- Congestive Heart Failure
- Weak or Failing Kidneys
- Cancer or a Malignancy of any kind
- Depression or Anxiety
- Arthritis
- Sinusitis or Rhinitis
- Allergies
- Other Chronic Condition:: _____
- None of the above

General health 2

28) Overall, how would you rate your health during the past 4 weeks?

- Excellent
- Very Good
- Good
- Fair
- Poor

General health 3

29) During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- Not at all
- Very little
- Somewhat
- Quite a lot
- Could not do physical activities

General health 4

30) During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- None
- Very little
- Some
- Quite a lot
- Could not do daily work

General health 5

31) How much bodily pain have you had during the past 4 weeks?

- None
 - Very mild
 - Mild
 - Moderate
 - Severe
 - Very severe
-

General health 6

32) During the past 4 weeks, how much energy did you have?

- An extraordinary amount
 - Quite a lot
 - A moderate amount
 - A little
 - None
-

Emotional health

33) During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?

- Not at all
- Slightly
- Moderately
- Quite a lot
- Extremely

Healthcare utilization 1

34) How many different prescription medications are you currently taking?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more
-

Healthcare utilization 2

35) How many different over-the-counter medications are you currently taking?

- 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more
-

Healthcare utilization 3

36) In the last 6 months, how many times did you go to a doctor's office, clinic, emergency room, or other healthcare provider to get care for yourself? Do not include dental visits. Your best estimate is fine.

- None
 - 1 time
 - 2 times
 - 3 or more times
-

Healthcare utilization 4

37) In the last 6 months, how many *different* times were you a patient in a hospital at least overnight? Do not include hospital stays to deliver a baby. Your best estimate is fine.

- None
 - 1 time
 - 2 times
 - 3 or more times
-

Healthcare utilization 5

38) In the last 6 months, have you had to borrow money, skip paying other bills, or pay other bills late in order to pay healthcare bills?

- Yes
- No

Health perceptions 1

39) How would you describe your body weight?

- Very underweight
 - Underweight
 - About the right weight
 - Overweight
 - Very overweight
-

Health perceptions 2

40) How would you describe your blood pressure level? That is, if we measured it right now, do you think your blood pressure level would be:

- Low
 - Normal
 - High (pre-hypertensive)
 - Very high (hypertensive)
 - Don't know
-

Health perceptions 3

41) How would you describe your cholesterol level? That is, if we measured it right now, do you think your cholesterol level would be:

- Low
 - Normal
 - High
 - Very high
 - Don't know
-

Health perceptions 4

42) How would you describe your blood glucose level? That is, if we measured it right now, do you think your blood glucose level would be:

- Low
- Normal
- High
- Very high
- Don't know

Health perceptions 5

43) On average, how does the life expectancy of cigarette smokers compare to non-smokers? *Make your best guess.*

Years input: _____

Months input: _____

Cigarette smokers live as long as or longer than non-smokers

Health perceptions 6

44) On average, what happens to the life expectancy of a 50-year-old with high blood pressure who reduces their blood pressure to a normal level by changing their diet? *Make your best guess.*

Years input: _____

Months input: _____

The individual will not live any longer or will live less long

Health perceptions 7

45) On average, what happens to the life expectancy of an obese 50-year-old who reduces their weight to a normal level by changing their diet? *Make your best guess.*

Years input: _____

Months input: _____

The individual will not live any longer or will live less long

Health perceptions 8

46) Overall, how important is it to you to live a long life?

Absolutely essential

Very important

A little important

Not too important

Not important at all

Health perceptions 9

47) Overall, how important is it to you to live a life free of pain and discomfort?

Absolutely essential

Very important

A little important

Not too important

Not important at all

Workplace 1

The next questions ask about your workplace.

48) In the last 12 months, did you talk to any coworkers about iThrive?

- Yes
 - No
 - I don't know what iThrive is
-

Workplace 2

49) Work is a setting where people sometimes discuss health-related behaviors (e.g., physical activity, stress management, weight management) with their coworkers. Please list the first and last names of up to 5 coworkers at UIUC, starting with the person you are most likely to discuss health-related behaviors with at work. As a reminder, your answers will remain confidential. No one outside of the research team will ever see your responses.

Name suggestions from the university directory will appear as you type. Directory names may differ from the name the employee uses (for example, "Jeff" versus "Jeffrey"). You may also enter names that are not suggested.

| | First and Last Names |
|--------------------|----------------------|
| 1st (Most likely): | |
| 2nd: | |
| 3rd: | |
| 4th: | |
| 5th: | |

Workplace 3

50) About how many hours a week do you usually work at your current job or jobs?

- 0-19
- 20-29
- 30-39
- 40-49
- 50 or more

Workplace 4

51) In the last 12 months, about how many days of work have you missed because of disability or poor health?

Your best estimate is fine.

- 0
 - 1
 - 2
 - 3
 - 4
 - 5 or more
-

Workplace 5

Please describe your work experiences in the past month. These experiences may be affected by many environmental as well as personal factors, and may change from time to time. For each of the following statements, please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

52) Despite having disability or poor health, I was able to finish hard tasks in my work.

- Strongly disagree
 - Somewhat disagree
 - Somewhat agree
 - Strongly agree
 - Not applicable
-

Workplace 6

Please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

53) At work, I was able to focus on achieving my goals despite disability or poor health.

- Strongly disagree
 - Somewhat disagree
 - Somewhat agree
 - Strongly agree
 - Not applicable
-

Workplace 7

Please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

54) Despite having disability or poor health, I felt energetic enough to complete all my work.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- Not applicable

Workplace 8

Please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

55) Because of disability or poor health, the stresses of my job were much harder to handle.

- Strongly disagree
 - Somewhat disagree
 - Somewhat agree
 - Strongly agree
 - Not applicable
-

Workplace 9

Please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

56) My disability or poor health distracted me from taking pleasure in my work.

- Strongly disagree
 - Somewhat disagree
 - Somewhat agree
 - Strongly agree
 - Not applicable
-

Workplace 10

Please check one of the following responses to show your agreement or disagreement with this statement in describing your work experiences in the past month.

57) I felt hopeless about finishing certain work tasks, due to my disability or poor health.

- Strongly disagree
 - Somewhat disagree
 - Somewhat agree
 - Strongly agree
 - Not applicable
-

Workplace 11

58) How satisfied are you with your job?

- Very satisfied
 - Somewhat satisfied
 - Somewhat unsatisfied
 - Very unsatisfied
-

Workplace 12

59) Do you feel happier at work this year than you did last year?

- Yes
- No

Workplace 13

60) How much do you think the demands of your job interfere with your personal or family life?

- Interferes frequently
 - Interferes sometimes
 - Interferes rarely
 - Interferes never
-

Workplace 14

61) How productive do you feel at work?

- Very productive
 - Somewhat productive
 - Somewhat unproductive
 - Very unproductive
-

Workplace 15

62) During the last 12 months, have you been given a promotion or more responsibility at work?

- Yes
 - No
-

Workplace 16

63) Do you think your work unit would allow you to shift your lunch hour to accommodate a wellness activity or healthy practice such as participating in an exercise class?

- Yes, this is already allowed
 - Yes, I think so
 - I am not sure
 - No, I don't think so
 - Definitely not
-

Workplace 17

64) Do you think your work unit would allow you to flexibly change your work schedule to accommodate a wellness activity or healthy practice?

- Yes, this is already allowed
- Yes, I think so
- I am not sure
- No, I don't think so
- Definitely not

Workplace 18

65) Do you think your work unit would allow you to take occasional five-minute breaks to do injury-preventing stretches, to prevent eye strain, etc?

- Yes, this is already allowed
 - Yes, I think so
 - I am not sure
 - No, I don't think so
 - Definitely not
-

Workplace 19

66) Overall, how safe do you think your workplace is? Would you say...

- Very safe
 - Safe
 - Unsafe
 - Very unsafe
-

Workplace 20

67) How much of a priority do you think your unit's management places on the health and safety of workers?

- Very high priority
 - Some priority
 - Not much priority
 - No priority at all
 - Not applicable
-

Workplace 21

68) On an average day, how often does your job involve standing or walking around? Would you say...

- None at all
 - Some, but less than 1 hour
 - 1 hour to less than 3 hours
 - 3 hours to less than 6 hours
 - More than 6 hours
-

Workplace 22

69) Taking everything into consideration, how likely are you to make a genuine effort to find a job with a new employer (outside the university) within the next year?

- Very likely
- Somewhat likely
- Not likely

iThrive 1

70) Did you receive an iThrive health screening in Fall 2017?

- Yes
 - No
-

iThrive 2

71) Why did you choose not to receive an iThrive health screening in Fall 2017? Mark all that apply.

- The available times were not convenient for me
 - The available locations were not convenient for me
 - I was not interested in receiving a health screening
 - I recently had a health screening
 - Other (please specify): _____
-

iThrive 3

72) Did you participate in an iThrive wellness activity in Fall 2017 or Spring 2018? [TREAT=1 ONLY]

- Yes
 - No
-

iThrive 4

73) Why did you choose not to participate in an iThrive wellness activity in Fall 2017 or Spring 2018? Mark all that apply. [TREAT=1 ONLY]

- The reward system changed
 - The available times were not convenient for me
 - The available locations were not convenient for me
 - None of the activities appealed to me
 - Other (please specify): _____
-

iThrive 5

74) What did you like best about iThrive? [TREAT=1 ONLY]

iThrive 6

75) How could iThrive be improved? [TREAT=1 ONLY]

Background information 1

The last questions ask about your background.

76) What is your age?

Background information 2

77) What sex were you assigned at birth, on your original birth certificate?

- Male
 - Female
-

Background information 3

78) How do you currently describe yourself? *Check one.*

- Male
 - Female
 - Transgender
 - Do not identify as female, male, or transgender
-

Background information 4

79) How many people, including yourself, live in your household? If you live alone, enter 1.

- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 or more
-

Background information 5

80) How many of the people who live in your household are 18 or younger? If you are age 18, include yourself.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 or more

Background information 6

81) Are you currently married, widowed, divorced, separated, or have you never been married?

- Married or domestic partnership
 - Widowed
 - Divorced
 - Separated
 - Never married
-

Background information 7

82) Do you consider yourself to be Hispanic or Latino/a?

- Yes
 - No
-

Background information 8

83) How would you describe your race? *Mark all that apply.*

- American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Some Other Race:: _____
-

Submit

In order to receive your \$20 Amazon.com gift card, you must click the "Submit" button below.

Thank You!

Thank you for taking our survey. This page is confirmation that you have successfully completed the survey portion of the Illinois Workplace Wellness Study. Please allow up to 10 business days for processing your \$20 Amazon.com gift card. We will send the gift card to the same email address used for the survey invitation. If you do not receive your gift card after 2 weeks, please feel free to contact us at WellnessStudy@illinois.edu.

You may now close this window.
