

## 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 \$30 Amazon.com gift card.\*

\*Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards ("GCs") cannot be transferred for value or redeemed for cash. GCs may be used only for purchases of eligible goods at Amazon.com or certain of its affiliated websites. For complete terms and conditions, see [www.amazon.com/gc-legal](http://www.amazon.com/gc-legal). GCs are issued by ACI Gift Cards, Inc., a Washington corporation. All Amazon ®, ™ & © are IP of Amazon.com, Inc. or its affiliates. No expiration date or service fees.

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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.





Next

- Use the  button to move to the next screen.



Back

- 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.

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## Consent

To consent to being in the study, you must click on the four checkboxes 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 program incentives and program participation and health outcomes among employees. This project includes several components explained below:

- a. **Complete an Initial Survey:** The purpose of this survey is to better understand your health status, health behaviors and opinions about work. The survey includes questions about health status, health history, current health behaviors (i.e., physical activity, nutrition, smoking), healthcare use, socio-demographics (e.g., age, gender, and marital status), and work behaviors and attitudes. You may skip any questions on the survey you do not wish to answer and you can withdraw from the study at any time.
- b. **Access to Employee Data:** We would like to access some of your employee data, including your employment classification, compensation, benefits selections, and time off to examine alongside your survey responses. Data from 2015 to 2020 will be accessed. Your data will never be shared with your health insurance provider or your employer.
- c. **Access to Health Insurance Data:** We would like to access some of your University of Illinois health insurance data, including dates you visit your healthcare provider and receive services, total costs associated with the healthcare services you receive (paid by both you and your insurer), dollar amounts (such as billed, allowed and member liability), and procedure and diagnosis codes, for the calendar years 2015-2020. University of Illinois health plans include Coventry and Health Alliance. The health insurance data we collect from your insurer will never be shared with your employer.

To further protect your privacy, the research team will never receive the following data: communicable disease and infection information, as defined by statute and Illinois Department of Public Health rules (which include venereal disease “VD,” tuberculosis “TB,” hepatitis B, human immunodeficiency virus “HIV,” acquired immunodeficiency “AIDS,” and AIDS related complex “ARC,”); alcohol and/or drug abuse treatment information protected under the regulations in 42 Code of Federal Regulations, Part 2; mental health treatment records, psychological services and social services information, including communications made by you to a social worker or mental health professional; reproductive health information (including contraception, prenatal care and abortion); sexual assault/abuse and genetic marker or genetic testing information.

After completing the initial survey, all participants will be randomly assigned to a treatment or control group. The treatment group will have an opportunity to participate in various wellness activities, which may include a biometric screening (e.g., height, weight, cholesterol) and wellness programs (e.g., physical activity, nutrition). You will be free to decline this opportunity if you wish. The control group will complete only the initial survey. More details will be sent to you after the initial survey is completed.

The survey will take about 10-15 minutes and can be completed online. You will be compensated with a \$30 Amazon.com gift card for completing the initial survey. In addition, you will be entered into the pool of survey respondents from which we will randomly select approximately 3,000 individuals who

will be invited to participate in a follow-up wellness program that includes monetary incentives. Because these invitations are based on random selection, your responses to the initial survey will have no impact on your chances of selection. You will not be charged in any way for completing the 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](mailto: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.
  - 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 \$30 Amazon.com gift card upon completing the initial survey.
  - 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. In the event of publication of this research, no personally identifiable information will be disclosed or connected to you. All data presented will be grouped and presented in aggregate form. All data will be coded with subject numbers, not names, to keep your information confidential. The research team will store the data key, which connects names and numbers, securely and indefinitely in a locked cabinet. The de-identified data will be disseminated to contribute to knowledge in the field in the form of journal articles and conference presentations.

**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](mailto:jreif@illinois.edu) or 217-300-0169.
3. I understand that the researchers with whom my health insurer may share my protected health information (PHI) may not be a covered entity under federal privacy rules and that my PHI may no longer be protected by those rules once the PHI has been shared by my insurer.
4. I understand that, at any time, I can withdraw my consent to provide researchers access to my health insurance and/or HR data by sending written notice to Julian Reif at [jreif@illinois.edu](mailto:jreif@illinois.edu). However, the withdrawal will not have any effect on actions taken or information shared before the withdrawal is received by my health insurer.

5. I understand that my ability to enroll in a health insurance plan or my eligibility for benefits and services will not be affected if I refuse to give or withdraw my consent.
6. 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.
7. 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](mailto:irb@illinois.edu).

**Please check each box to indicate your consent:**

- I understand a follow-up study may be done in the future and I give you permission to contact me to participate.
- I understand that my de-identified data may be made available to other researchers for replication purposes. De-identified data will never include names or personal identifiers.
- I consent to give researchers access to my HR data.
- I authorize my insurance company to share my protected health information with the researchers conducting the Workplace Wellness Study for the period 2015-2020.

**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.**

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**Health screening 1**

**The first questions ask about your health.**

**1) Have you ever had your cholesterol checked?**

- Yes  
 No

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**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

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**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

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**Exercise 3**

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

Yes

No

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**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

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**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?**

- Not at all
- 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
- 

**Workplace 1**

The next questions ask about your workplace.

**43) 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 2**

**44) 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 3**

**45) 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 4**

**46) How satisfied are you with your job?**

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

**Workplace 5**

**47) 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 6**

**48) 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 7**

**49) 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 8**

**50) 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 9**

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

- Very safe
  - Safe
  - Unsafe
  - Very unsafe
- 

**Workplace 10**

**52) 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 11**

**53) 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

**Background information 1**

The last questions ask about your background.

54) What is your age?

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**Background information 2**

55) What is your gender?

- Male
  - Female
  - Other
- 

**Background information 3**

56) 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 4**

57) 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 5**

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

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

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**Background information 6**

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

- Yes
- No

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**Background information 7**

**60) 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:: \_\_\_\_\_

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**Scheduling location**

**61) Some survey respondents will be invited to participate in the second part of this study, which will consist of an optional in-person health screening that lasts approximately 15 minutes. If you are selected and decide to accept the invitation, which of the following campus locations would work best for you? The screening would take place in the morning and require you to fast the night before. *Mark all that apply.***

- ACES Library ([map](#))
- Alice Campbell Alumni Center ([map](#))
- Beckman Institute ([map](#))
- Business Instructional Facility ([map](#))
- iHotel ([map](#))
- Physical Plant Service Building ([map](#))
- University YMCA ([map](#))
- None of the above



**Scheduling weekdays**

**62) Which day(s) of the week would work best for you to complete this screening? *Mark all that apply.***

- Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday
  - None of the above
- 

**Scheduling weekday hours**

**63) Which hours of the weekday would likely work best for you to complete this screening? *Mark all that apply.***

- 4 AM – 6 AM
  - 6 AM – 8 AM
  - 8 AM – 10 AM
  - 10 AM – 12 PM
  - None of the above
- 

**Scheduling weekend**

**64) Would you prefer to complete your screening during the weekend?**

- Yes
  - No
- 

**Scheduling weekend days**

**65) Which day(s) of the weekend would likely work best for you to complete the screening? *Mark all that apply.***

- Saturday
  - Sunday
  - None of the above
- 

**Scheduling weekend day hours**

**66) Which hours of the weekend would work best for you? *Mark all that apply.***

- 4 AM – 6 AM
- 6 AM – 8 AM
- 8 AM – 10 AM
- 10 AM – 12 PM
- None of the above

**Submit**

In order to receive your \$30 Amazon.com gift card, you must click the "Submit" button below.

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**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 7 business days for processing your \$30 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](mailto:WellnessStudy@illinois.edu).

You may now close this window.

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