

Adult Consent Form for Research

University of Cincinnati

Department of Environmental and Public Health Sciences

Principal Investigator: Thomas Gerding, MPH

Faculty Advisor: Jun Wang, PhD

Introduction:

You are being asked to take part in a research study. This research is sponsored by the National Institute for Occupational Safety and Health through the University of Cincinnati Education and Research Center.

Who is doing this research study?

The person in charge of this research study is Thomas Gerding, MPH of the University of Cincinnati (UC) Department of Environmental and Public Health Sciences. He is being guided in this research by Jun Wang, PhD.

What is the purpose of this research study?

The purpose of this research study is to investigate the potential stressor events and stress level related to work during the COVID-19 pandemic.

What will you be asked to do in this research study, and how long will it take?

You will be asked to complete a brief survey which will take approximately 10-15 minutes to complete. The survey will take place online, it can be taken at a time convenient for you. Following the conclusion of the survey, we are also recruiting participants for the second phase of this study.

Are there any risks to being in this research study?

It is not expected that you will be exposed to any risk. The survey results are completely anonymous, de-identified and only aggregated data will be analyzed.

Are there any benefits from being in this research study?

Participate in this study may help the scientific community gain a better understanding related to how job can impact individual's stress level, especially during the ongoing COVID-19 pandemic.

What will you get because of being in this research study?

Participants in the survey will be entered into a drawing to win one of ten \$25 Amazon gift cards. The gift cards will be to thank you for providing your time and being included in the study

How will your research information be kept confidential?

Federal regulations require the signed consent documents (i.e., this form) be retained for a minimum of three years upon completion of the study. Upon completion of the study, computerized records will be deleted and paper research files will be shredded. The aggregated data from this research study may be published, but you will not be identified by name or any other way to trace back to you.

Agents of the University of Cincinnati and the National Institute for Occupational Safety and Health may inspect study records for audit or quality assurance purposes. Your identity and information will be kept confidential unless the authorities have to be notified about abuse or immediate harm that may come to you or others.

What are your legal rights in this research study?

Nothing in this consent form waives any legal rights you may have. This consent form also does not release the investigator, the National Institute for Occupational Safety and Health, the institution, or its agents from liability for negligence.

What if you have questions about this research study?

If you have any questions or concerns about this research study, you should contact Thomas Gerding, MPH at [gerdintr@mail.uc.edu](mailto:gerdintr@mail.uc.edu) or you may contact Jun Wang, PhD at [wang6ju@ucmail.uc.edu](mailto:wang6ju@ucmail.uc.edu).

The UC Institutional Review Board reviews all research projects that involve human participants to be sure the rights and welfare of participants are protected.

If you have questions about your rights as a participant, complaints and/or suggestions about the study, you may contact the UC IRB at (513) 558-5259. Or, you may call the UC Research Compliance Hotline at (800) 889-1547, or write to the IRB, 300 University Hall, ML 0567, 51 Goodman Drive, Cincinnati, OH 45221-0567, or email the IRB office at [irb@ucmail.uc.edu](mailto:irb@ucmail.uc.edu).

Do you HAVE to take part in this research study?

No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you would otherwise have. You may skip any questions that you don't want to answer. You may start and then change your mind and stop at any time.

What if you are an employee of the University of Cincinnati where the research study is done?

Taking part in this research study is not part of your job. Refusing to be in the study will not affect your job. You will not be offered any special work-related benefits if you take part in this study.

By click "Next Page" below, I consent to participate in this survey.

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I consent to participate in this study.

- Yes  
 No

**Demographics**

What is your gender?

- Male
- Female
- Other
- Rather not say

What is your age?

- 18-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70+
- Rather not say

Which race category best identifies you?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Multi-racial or Others
- Rather not say

**Job Information**

What best describes your workplace?

- Public sector (e.g., government or funded by government)
- Private sector (e.g., most businesses and individuals)
- Not-for-profit sector
- Don't know
- Others
- Rather not say

What best describes the nature of your job?

- Agriculture, forestry, fishing and hunting
- Mining
- Construction
- Manufacturing
- Utilities
- Transportation and warehousing
- Sales, wholesale and retail
- Real estate, rental and leasing
- Finance and insurance
- Software or IT service
- Telecommunications
- Broadcasting
- Publishing
- College, university, and adult education
- Primary/secondary (K-12) education
- Other education industry
- Health care
- Child care or elderly care
- Social assistance
- Arts, entertainment, and recreation
- Hotel and food services
- Government and public administration
- Legal services
- Scientific or engineering services
- Military
- Religious
- Other (please specify)

Please specify

\_\_\_\_\_

How many years have you worked in this career?

- Less than 5 years
- 5-15 years
- 16-25 years
- 26-35 years
- 35+ years

Does your job involve irregular working hours or night shift?

- Yes
- Sometimes
- No

Did you lose your job or have to change jobs due to COVID-19?

- Yes
- No

Did you experience increasing stress levels due to irregular working hours or working night shift?

- Yes, even before COVID-19
- Yes, only after COVID-19
- Very occasionally
- No

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Did you experience increasing stress levels due to a loss or change in job?

- Yes
- Somewhat
- No

**1/5 Workload and Communication**

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Has your work load increased since COVID-19?

- Yes  
 No

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If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Are you allowed to decide your work pace on your own?

- Yes, always  
 Sometimes  
 No, never

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If sometimes or no, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Do you have enough time to finish your work assignments since COVID-19?

- Yes, always  
 Sometimes  
 No, never

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If sometimes or no, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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How easy has it been to communicate with and rely on others such as your supervisor or co-workers since COVID-19?

- Very easy  
 Somewhat easy  
 Neither easy nor hard  
 A little difficult  
 Very difficult

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If it is difficult to communicate and rely on co-workers, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Do you frequently use video conference software (e.g., Zoom, WebEx, Teams) for work?

- Yes  
 No

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Does attending many virtual meetings create a stressful situation for you?

- Yes  
 Sometimes  
 No

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Have you been involved in any conflicts at your workplace since COVID-19?

- Yes  
 No

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If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Do you believe the conflict was solved in a proper manner?

- Yes  
 Partly  
 No

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If partly or no, do you perceive that as stressful?

- Not stressful at all
- Somewhat stressful
- Stressful
- Very Stressful

**2/5 Work From Home**

Do you have to work from home for the majority of COVID-19?

- Yes, it was required by my employer to work from home  
 Yes, I volunteered to work from home  
 No, I did not work from home

If yes, do you feel your job performance at home changed since working from home?

- Yes, increased  
 Yes, decreased  
 No change

If you feel your job performance decreased due to work from home, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you have to work after hours (outside of your typical schedule) at home?

- Yes  
 Sometimes  
 No

If you have to work after hours, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you feel relaxed due to a lack of commuting?

- Yes  
 Partly  
 No

Do you feel relaxed due to a lack of dress code while working from home?

- Yes  
 Partly  
 No

Do you believe you have the necessary home office supplies (e.g., access to internet, computer, office furniture) to support your job?

- Yes  
 Some  
 No

If some or no, do you perceive this as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you find time/task management harder when you work from home?

- Yes  
 No

If yes, do you perceive this as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Overall, do you find working from home an enjoyable experience?

- Yes, but still want to go back to work if possible  
 Yes, would like to continue working from home if possible  
 Neutral  
 No



**3/5 COVID Exposure and Risks**

In general, do you feel that COVID-19 pandemic made you more stressful at work?

- Yes  
 No

Does your job directly involve dealing with COVID-19, e.g., taking care of "high-risk" patients or entering "high-risk" places?

- Yes  
 No

If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you think you could be potentially exposed to SARS-CoV-2 virus at your workplace?

- Yes  
 No

If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Have you been in quarantine due to either having a positive test yourself, or contact with people who tested positive?

- Yes  
 No

If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you feel like you are compensated enough for dealing with the additional risk of COVID-19 in the workplace?

- Yes  
 Partly  
 No

If partly or no, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you believe your workplace has an adequate policy regarding COVID-19 (e.g., face mask requirements, contact tracing, travel limitations)?

- Yes  
 Partly  
 No

If partly or no, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you believe your workplace provides adequate personal protection regarding COVID-19 (e.g., facemasks, barriers, PPE, ventilation)?

- Yes  
 Partly  
 No

If partly or no, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Does your workplace have a mandated vaccination policy?

- Yes  
 No

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Do you feel stressed because of the mandated vaccination policy ?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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Do you feel stressed because of the lack of mandated vaccination policy?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

**4/5 Work-Life Balance**

Do you find it hard to set a boundary between work and family life during COVID-19?

- Yes  
 Sometimes  
 No

If yes or sometimes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Due to social distancing and travel restrictions, do you find it difficult to spend time with your friends and relatives?

- Yes, always hard  
 Sometimes  
 No, not hard at all

If yes or sometimes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Due to social distancing and travel restrictions, do you find it difficult to find time for your hobbies or relaxing activities?

- Yes, always hard  
 Sometimes  
 No, not hard at all

If yes or sometimes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Have you experienced a change in your body weight due to less physical activity since COVID-19?

- Yes  
 No  
 Rather not say

If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

**5/5 Children and Elderly**

Do you have children living with you?

- Yes  
 No

How many of your children are in each of the following age groups:

	0	1	2	3 or more
Less than 5 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 through 10 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 through 18 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have children, how are they taken care of while you are at work? Check all that apply.

- In school  
 A childcare facility  
 A nanny  
 A family member  
 They are old enough to care for themselves until I'm off work  
 I have to take care of them by myself

Does taking care of children (e.g., because school is out or you voluntarily homeschool) distract you from your work?

- Yes  
 Somewhat  
 No

If yes or somewhat, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

Do you have elderly individuals to care for on a daily basis?

- Yes  
 No

If yes, do you perceive that as stressful?

- Not stressful at all  
 Somewhat stressful  
 Stressful  
 Very Stressful

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**Emails**

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Thanks for participating in this survey! If you wish to enter a drawing for one of ten \$25 Amazon gift cards, please leave your email address here.

The drawing will take place on Nov 15th, 2021. Digital gift cards will be automatically sent to the email address on file.

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Email Address: \_\_\_\_\_

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If you live in the Great Cincinnati Area (Southwest Ohio or North Kentucky), please read this:

- Yes  
 No

In the second phase of this study, we are looking for volunteers to conduct a 3-day stress study. If selected for participation, we will send you a self-administered saliva sampling kit along with a daily stress diary. The goal is to correlate the work-related stressor events with salivary cortisol, a hormone released in the body when one feels stress.

All participants in the second phase will receive a \$50 Amazon gift card. If you are interested in participating in this second portion, please check yes. We will contact you with more details.

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Please click Finish to end the survey.