Form Approved OMB No. 0990-Exp. Date XX/XX/20XX

OPENING REMARKS & PROCEDURE (1 minute)

Welcome. My name is ___ and this is my colleague ____. I am going to moderate our discussion tonight and ____ will take notes so that we are sure we accurately hear what you have to say but will not be participating in the discussion. We really appreciate your taking the time to come to this meeting today to share your views and experiences with us.

We are interested in learning about your experiences with, and opinions about, wellness programs offered by your employer. Employment-based wellness program initiatives are typically aimed to help workers stay healthy, such as smoking cessation programs, discounted gym memberships, and healthy choices in the cafeteria. We are interested in your knowledge, and impression of, wellness programs offered by [NAME COMPANY], whether you have participated in any of these programs, and what your experiences were.

This project is funded by the US Departments of Labor and Health and Human Services.

CONSENT & RULES (2 minutes)

Your participation is completely voluntary, and you are under no obligation to discuss anything that you do not feel comfortable discussing with me/us. We will keep all information you provide during the discussion confidential. We also ask that you respect the confidentiality of other participants by not discussing their comments or identities outside the group. The information you provide will help the Departments of Labor and Health and Human Services develop policies regarding wellness programs that employers are offering. As relevant, our final report may use quotes from the focus groups as illustrative examples of perceptions, needs, or concerns among employees. We will not attribute these quotes to individuals in a way that may identify them.

We are audiotaping our discussion so that those of us who are working on this project can listen to your comments later and make sure that they are accurately represented. We will destroy the tapes once the transcripts have been completed and checked. To protect your confidentially on the audiotape, please don't use your last name or call others by their last name during the discussion.

Before we get started, I want to be sure that you are comfortable with participating in this focus group. If you have decided not to participate, you may feel free to leave at this time. You may also leave later if at any point you decide you no longer wish to participate. Your decision about whether or not to participate will not be reported to anyone.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour and 30 minutes which includes a focus group discussion . If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

GROUND RULES (2 minutes)	As we talk tonight, we'd like you to give us your honest opinions and impressions, even if you disagree with someone else. Since we want to hear from all of you, and we have a lot to talk about, I may need to interrupt someone to keep to our schedule. It will be easier for us to hear the audiotape if you speak up, try to talk only one person at a time, and identify yourself by your first name before you talk. There are food and drinks for all of you, so please help yourself to them at any time. Make yourselves comfortable and feel free to get up and get more to eat and drink or use the restrooms as needed. Our discussion will last an hour and a half, and will end at [GIVE TIME].
INTRODUCTIONS (5 minutes)	Let's begin with brief introductions. I'll tell you a bit about us first. I am an economist and OTHER PERSON is a Now, we'd like to hear about each of you. Please tell us your first name and how long you have been with this company.
AWARENESS OF WELLNESS PROGRAMS (5 minutes)	Are you familiar with the wellness programs that your employer is offering? What types of wellness programs are offered? Which of these programs are typically offered as part of your health plan and which are offered directly by your employer? How long has your employer offered wellness programs?
PROGRAM PARTICIPATION (12 minutes)	Have you ever participated in a wellness program or activity? If yes, what programs or activities did you participate in? How long did you participate? Did you remain in the program for the recommended duration? If no, why didn't you participate? Does your company offer any incentives for wellness program participation? What type of incentives? What do you think about these incentives? Did the incentives influence your decision to participate? Has your workplace initiated any environmental changes that may affect your health habits at work? Examples of environmental changes may include an emphasis on using the stairs, healthy eating options in the cafeteria or vending machines? If so, did you alter your behavior in response to the changes? How did you change your behavior?

EMPLOYER SUPPORT FOR PROGRAM (5 minutes)	Is your immediate supervisor supportive of wellness programs? What has he or she done to show support? Does he or she participate in wellness programs? Are senior company executives supportive of wellness programs? What have they done to show their support? Do you know if they participate in these programs? What about your co-workers? Do they participate in wellness programs? Do they
BENEFITS OF PROGRAM (12 minutes)	 seem supportive of other employees who participate in these programs? For those of you who have participated in wellness programs, What do you think about the program that you have participated in? What did you like/did not like about it? Have these programs helped you achieve your personal goals? If yes, what were the goals they helped you achieve? Have you noticed any improvements in your health, like reduced cholesterol levels or healthier blood pressure levels, since you began participating? Do you get sick less frequently now that you participate in the program?
	 Has participation in this program affected your work performance? If yes, how? Besides the health benefits we discussed, are there any other benefits associated with participating in the wellness program? How effective do you think this program is/was in helping improve the overall health and wellness of the people working here?
	Are there any drawbacks associated with wellness program participation? What could be done to make these drawbacks less significant? For those of you who have not participated in wellness programs, how should this program be changed so that you would participate in it?
SUGGESTIONS FOR IMPROVEMENT (6 minutes)	If you were responsible for wellness programs in your company, how would you change the existing program so that: • more people participate in it? • it is more effective in achieving its goals, such as healthier behavior or better health outcomes? Are there any important aspects of health and wellness that are not addressed by your employers' program? If so, what are these aspects?
GLOBAL IMPACT ASSESSMENT (5 minutes)	Overall, how valuable is this wellness program to you? If you were recommending your job to a friend, would the wellness program be a selling point? Why or why not?