Supplemental Digital Appendix 1

Well-Being Curriculum Inventory Survey, 2016

1. Does your school have a wellness curriculum?
   a. Yes
   b. No

2. When do wellness curriculum events take place? (only asked if answered “a” to question 1)
   a. 8-12 or 1-5, Monday to Friday
   b. Noon hour, Monday to Friday
   c. After 5 pm, Monday to Friday
   d. On the weekend

3. When is the wellness curriculum offered? (only asked if answered “a” to question 1)
   a. Orientation only
   b. Monthly or more often
   c. Once a quarter (four times a year)
   d. Once a semester (twice a year)
   e. Yearly
   f. Other (please describe)

4. Is attendance in your wellness curriculum optional? (only asked if answered “a” to question 1)
   a. All activities optional
   b. All activities are mandatory
   c. Some optional activities, some mandatory activities

5. What emotional and spiritual wellness activities does your school provide? (response options: required, optional, or not offered)
   a. Mindfulness meditation
   b. Suicide prevention counseling
   c. Stress management or stress reduction
   d. Peer-mentoring
   e. Animal assisted therapy
   f. Art/music therapy
   g. Stress relief day
   h. Support for spouse/partner (family orientation, couples counseling, etc.)
   i. Support for military members or veterans
   j. Support for specific cultural, ethnic, racial groups or other student-defined support organizations
   k. Other

6. (Optional) Please provide any additional information about emotional and spiritual wellness activities: (open text)

7. What financial wellness activities does your school provide? (response options: required, optional, or not offered)
   a. Debt counseling
b. Financial wellness lectures

c. Other

8. (Optional) Please provide any additional information about financial wellness activities. (open text)

9. What physical wellness activities does your school provide?
   a. Gym membership
   b. Fitness assessments
   c. Nutrition tracking
   d. Fitness/yoga classes and workshops
   e. Events (like canoe trips, bowling, other physical activities)
   f. Smoking cessation
   g. Running club or other sports leagues
   h. Physical fitness trainer
   i. Healthy cooking class
   j. Workout buddy match program
   k. Other

10. (Optional) Please provide any additional information about physical wellness activities: (open text)

11. What social wellness activities does your school provide? (response options: required, optional, or not offered)
   a. Social events, students only  (like themed parties, game night)
   b. Social events, students and faculty
   c. Game room
   d. Shared location for social interaction
   e. Other

12. (Optional) Please provide any additional information about social wellness activities: (open text)

13. (Optional) Please provide any additional information about your other wellness offerings: (open text)

14. How do you evaluate your wellness offerings? Please check all that apply.
   a. Student attitudinal surveys
   b. Faculty attitudinal surveys
   c. Focus groups
   d. Levels of participation (count of students participating)
   e. Other

15. (Optional) Please provide any additional information about your wellness program evaluation: (open text)

16. Does your school assess student wellness?
   a. Yes
   b. No

17. Please describe assessment of student wellness (if answered “a” to question 16)
18. Does your school have competencies for self-care or physician wellness? If so, please list them below or send documents to changemeded@ama-assn.org.

19. Does your school have a student wellness committee?
   a. No
   b. Yes, student participation only
   c. Yes, student and faculty participation
   d. Yes, faculty participation only

20. Please describe the structure, budget, and purpose/activities of the student wellness committee: (only asked if answered “b-d” to question 19)

21. Does your institution have an individual dedicated to student wellness?
   a. Yes
   b. No
   c. Unsure

22. What is student wellness person's title, how much time do they have protected for this role (% FTE) and to whom do they report? (only asked if answered “a” to question 21)

23. Does your school provide students access to anonymous, self-assessment tools, such as online wellness screening tools? If yes, please provide additional information.

24. What is your school’s grading structure in the pre-clinical years?
   a. Pass/Fail (2 options)
   b. Honors/Pass/Fail (3 options)
   c. A, B, C, D or Honors/high pass/pass/fail (4 options or more)
   d. Other (please describe)

25. Does your school have learning communities (longitudinal societies, colleges, docent teams, houses, mentorship groups/tracks/cohorts)? If so, indicate which aspects are included. (response options: required, optional, or not offered)
   a. Social interaction
   b. Students of different years
   c. Advising/mentoring
   d. Doctoring skills
   e. Team building
   f. Fostering relationships between students and faculty
   g. Career planning
   h. Medical professionalism/ethics
   i. Other

26. (Optional) Please provide any additional information about your learning communities: