

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: