



City Tech and OSF - Local Healthcare and Wellness Experience

1/1

100%

Recruitment Questions

Please answer these questions if you are interested in sharing your experiences with your healthcare and wellness needs and challenges.

We will review and get back to you if you are selected. Thank you!

* First Name

* Last Name

* City of residence

* ZIP Code of residence

* Email: Please enter the email that we should contact you if you are selected to participate in this conversation

How did you hear about this opportunity?

* Age Range

- ☐ Under 18 years old
- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65-74 years old
- ☐ 75 years or older

* What gender do you currently identify with?

- ☐ Man
- ☐ Woman
- ☐ Non-Binary
- ☐ Prefer not to answer
- ☐ Prefer to Self Describe (please specify)

* What category best describes you? Please select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, or Spanish Origin
- ☐ Middle Eastern or North African

☐ Native Hawaiian or Pacific Islander

☐ White

☐ Multiethnic

☐ Prefer not to disclose

☐ Other (Please specify)

* Have you utilized OSF Healthcare Little Company of Mary Medical Center or related services in the past 12 months?

☐ Yes

☐ No

☐ Unsure

* Have you utilized any of the following healthcare facilities in the last 12 months? Please choose all that apply.

☐ OSF Healthcare Urgent Care Center at 95th Street and Halsted

☐ Healthcare facilities located near 79th and Halsted

☐ I have utilized Urgent Care facilities, but none that are listed

☐ I am unsure whether I have utilized any Urgent Care facilities in the last 12 months

☐ I have not have utilized any Urgent Care facilities in the last 12 months

☐ Other (Please specify)

* Please select all times that you are available for a 1hr conversation with us. If selected, we will reach out to you to schedule a 1hr slot.

- | | |
|--|--|
| <input type="checkbox"/> Tu 8/31 Morning (9a-1p) | <input type="checkbox"/> Tu 8/31 Afternoon (1p-7p) |
| <input type="checkbox"/> W 9/1 Morning (9a-1p) | <input type="checkbox"/> W 9/1 Afternoon (1p-7p) |
| <input type="checkbox"/> Th 9/2 Morning (9a-1p) | <input type="checkbox"/> Th 9/2 Afternoon (1p-7p) |
| <input type="checkbox"/> F 9/3 Morning (9a-1p) | <input type="checkbox"/> F 9/3 Afternoon (1p-7p) |
| <input type="checkbox"/> W 9/8 Morning (9a-1p) | <input type="checkbox"/> W 9/8 Afternoon (1p-7p) |
| <input type="checkbox"/> Th 9/9 Morning (9a-1p) | <input type="checkbox"/> Th 9/9 Afternoon (1p-7p) |
| <input type="checkbox"/> None of these times work for me | |
-

* How would you prefer we have our 1:1 conversation?

- ☐ Zoom (video chat)
- ☐ Phone Call
- ☐ I have no preference
-

* Please confirm that you are able to receive the compensation for this test via an electronic gift card sent to an email of your choice.

- ☐ Yes, I am able to receive this compensation electronically
- ☐ No, I am not able to receive this compensation electronically
-

* Please review **City Tech's privacy policy**

(<https://www.citytech.org/privacy>), which addresses how City Tech stores, uses, and shares the information we will collect from you during our conversation. If selected to continue, we will also ask that you review and accept an additional consent form with test-specific details.

Upon request, you will be given a copy of this information to keep for your records.

Please confirm that you have read **privacy policy** (<https://www.citytech.org/privacy>) to continue.

- ☐ I have read City Tech's privacy policy. I understand that if selected, I will be asked to review and accept an additional consent form with test-specific details.
- ☐ I have not read City Tech's privacy policy. I understand that this will disqualify me from being selected for a 1:1 conversation.

Submit