

Participant Guide: How to Complete Surveys

These surveys will help us understand who we are serving in these classes, what the outcomes are, how to improve our classes in the future, and secure resources to continue to offer classes.

Pre-Survey: After registering for a class, it is required that every participant fills out a Pre-Survey before the start date of class.

- 1. Go to the IL Pathways to Health Website: https://www.ilpathwaystohealth.org/
- 2. Log into your ILPTH participant portal. Click on "login" in the top right corner of the website. Enter your email address and password.
 - If it is your first time logging in, a temporary password should have been emailed to you upon registering for your first workshop on IL Pathways. Locate that email and sign in with your temporary password. You can then update the password. If you do not have the email with the temporary password, click on "Forgot Password" after clicking "Login."



3. Once you enter your password, you will be brought back to the main page of the website. Click on the arrow to the right of your username (top right corner where you logged in). Select "MyProfile." This will then bring you to your participant portal.



 Your participant portal will show your profile that includes name, address, email and insurance information. You can click "Edit" to edit this at any time.

Your current and past classes will also be displayed.



5. Find your current class and click on Pre-Class Survey.



- 6. You will be redirected to the Survey Page.
 - On this page, it may require you to agree to the terms of the Release from Liability agreement, by checking the box. If you already agreed to the terms, the Liability agreement may not appear on the Pre-Survey page.

IL Pathways to Health	Class details	Pre-class survey	Post-class survey
Release from Liability	Agreement	ooot, or aamago trioy may it	iour roouting none outer oldoo pu
In addition, by selecting the	e "I agree to the terms in t	ne Release from Liability Agr	eement" box below, the undersig
 Information provided in To address concerns w undersigned's medical The undersigned has lexercises; The undersigned assu participating in any cla To work within their ow about their condition or 	the class does not replac ith the undersigned's mec provider; been informed that the ses mes full responsibility for a ss affiliated with Innovation n comfort zone and agree concerns.	e the advice of medical profi lical provider if the undersign sions may include light to m- and risk of bodily injury, death the for Aging, LLC; and s to stop participating if they	assionals; hed believes the information in th oderate exercise including stretc n, or property damage due to ney feel any pain or discomfort and
4			
I agree to the terms and co	nditions in the Release from L	iability Agreement *	

• Scroll down to see the Pre-class survey.

These questions are formatted using the following answer types:

- o Yes or No
- o Multiple choice
- Scaling questions (Excellent, Fair, Good, Poor, Very poor) or (Always, often, sometimes, rarely, never)
- o Fill in the blank

Pre-class survey	
1) How did you hear about this class?	
	Please Select
2) What is your gender?	
_,	Please Select
3) Marital Status	
of Waltar Status	Please Select
4) What is your Ethnicity?	
4) What is your Eurinouy?	Please Select
5) What is your Pace?	
	Please Select
What is your relationship to the care recipient?	
	Please Select
7) How long have you been a caregiver to this person?	
ry now long have you been a caregiver to this person?	

- 7. When finished filling in the pre-survey, submit your answers using the blue **"SUBMIT"** button. This is a very important step, or else it will not store your answers to the surveys.
 - By clicking submit your answers will be recorded and saved.



Post-Survey: Once a class has been completed, it is required to fill out the post-survey.

- 1. Go to the IL Pathways to Health Website: <u>https://www.ilpathwaystohealth.org/</u>
- 2. Log into your ILPTH participant portal. Click on "login" in the top right corner of the website. Enter your email address and password.
- 3. Once you enter your password, you will be brought back to the main page of the website. Click on the arrow to the right of your username (top right corner where you logged in). Select "MyProfile." This will then bring you to your participant portal.

Make a Referral	For Healthcare Providers	For Class Le	aders	Contact	Test Participant 👻	
	Program	is & Classes	En Espa	añol Ab	MyProfile	

- 4. Find your current class and click on Post-Class Survey.
 - Living Well With Chronic Pain
 Start Date: 3/24/2021 End Date: 4/26/2021
 Class details
 Pre-class survey
 Post-class survey
- 5. You will be redirected to the Survey Page, where the Post-Class survey will be displayed.

These questions are formatted using the following answer types:

- o Yes or No
- o Multiple choice
- Scaling questions (Excellent, Fair, Good, Poor, Very poor) or (Always, often, sometimes, rarely, never)
- $\circ \quad \text{Fill in the blank}$



- When finished filling in the pre-survey, submit your answers using the blue "SUBMIT" button. This is a very important step, or else it will not store your answers to the surveys.
 - By clicking submit your answers will be recorded and saved.

