Defy The Odds: Exercise Forecasting and Motivation Strategies for Prolonged-Sitting Jobs

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6/16/2026

University of Wisconsin-Madison
Consent to Participate in Research
and
Authorization to Use Protected Health Information for Research

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Study Title for Participants: EFIT

Formal Study Title: *Defy The Odds: Exercise Forecasting and Motivation Strategies for Prolonged-Sitting Jobs*

Lead Researcher: *Wan-chin Kuo*

Institution: *University of Wisconsin-Madison School of Nursing*

Key Information

The information in this section is to help you decide whether or not to be a part of this study. You can find more detailed information later on in this form.

Why are researchers doing this study?

The purpose of this study is to find better ways to help people who spend most of their workday sitting, such as office workers, drivers, and other sedentary professions, become more physically active during their free time. We want to understand whether providing personalized daily messages and motivational support can help people feel more confident and motivated to exercise.

We invite you to take part in this research study because your job requires you to sit for long periods of time, which makes you part of the group we are studying to better understand how to support physical activity among workers in sedentary occupations.

What will I need to do in this study?

During this study, you will be asked to wear a smartwatch every day for at least 30 days. The smartwatch will track your physical activity so we can understand your daily movement patterns. You will complete brief surveys at three time points: Day 0, Day 20, and Day 30. These surveys will ask about your physical activity, motivation, expectations about exercise, and exercise experiences. Beginning on Day 21, you will receive one daily message via your phone. We expect that you will be in this research study for 30 days. At the end of this study, you will take a one-on-one interview with the research staff to share your user experience.

You can find detailed information about the study procedures in the section called **If I take part in the study, what will I do?**

What are some reasons I might – or might not – want to be in this study?

You may want to be in this study if you are:	You may NOT want to be in this study if you:
• Comfortable answering questions about your physical activity behaviors • Willing and able to carry a smartwatch at work and at home • Interested in contributing to scientific knowledge even though you won't benefit directly from the study. • Interested in research that tests the usability of machine learning in health and well-being	• Want to be in a study that might help improve your own health. • May not have time to complete study questionnaires. • Are uncomfortable answering personal questions in an interview setting. • Do not want to be in the study that involves machine learning technology

Do I have to be in the study?

No, you do not have to be in this study. Taking part in research is voluntary. If you decide not to be in this study, your choice will not affect your healthcare or any services you receive. There will be no penalty to you. You will not lose medical care or any legal rights. You can ask all the questions you want before you decide.

Detailed Information

The following is more detailed information about this study in addition to the information listed above.

How is research different from health care?

When you take part in a research study, you are helping to answer a research question. Study tests and procedures are not for your health care.

Who can I talk to about this study?

If you have questions, concerns, or complaints, or think that participating in the research has hurt you, talk to the research team at
Wan-chin Kuo
Email: wkuo4@wisc.edu
Office: 608-2639886

If you have concerns about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. UW Staff not part of the study team will work with you to address concerns and assist in resolving any complaints.

What does the study involve?

We will recruit 10 office workers and 10 truck drivers, and both worker groups will do the same study activities.

This study contains three major components: **device**, **prediction**, & **message**.

How do the **devices** work? You will wear a smartwatch and install a study APP in your phone for 30 days. We will collect the following data in your smartwatch: activity, stress, breathing, and heart rate. This study APP allows our team to retrieve data from your smartwatch and send you 2 questions per day: (1) what type of exercise you did yesterday, and (2) which city you were in.

How does **prediction** work? During these 30 days, we will guess how likely you are to exercise based on the information we collect from the smartwatch and the two daily questions. The prediction will be based on our computer calculations. Yet, because this prediction is still in the hypothesis stage, we cannot guarantee its accuracy.

How do the **messages** work? Starting on Day 21, while you keep wearing the smartwatch and answering the two questions, you will receive one message every day: (1) how likely you are to exercise today, and (2) a motivation message tailored to your expectations.

If I take part in the study, what will I do?

1. In-person visit **(Day 0): 30 minutes**
    a. Informed Consent
    b. A brief survey (your background information, such as age, gender, race, and physical activity questions)
    c. Pick up the smartwatch
    d. Install the study APP

2. Between visits **(Day 0- Day 20):**
    a. Answer two questions from the APP per day: types of exercise you did and which city you were in
    b. Starting on Day 21, you will receive a message each day
    c. Complete a short survey about physical activity and user experience on **Day 20 (16 minutes)**

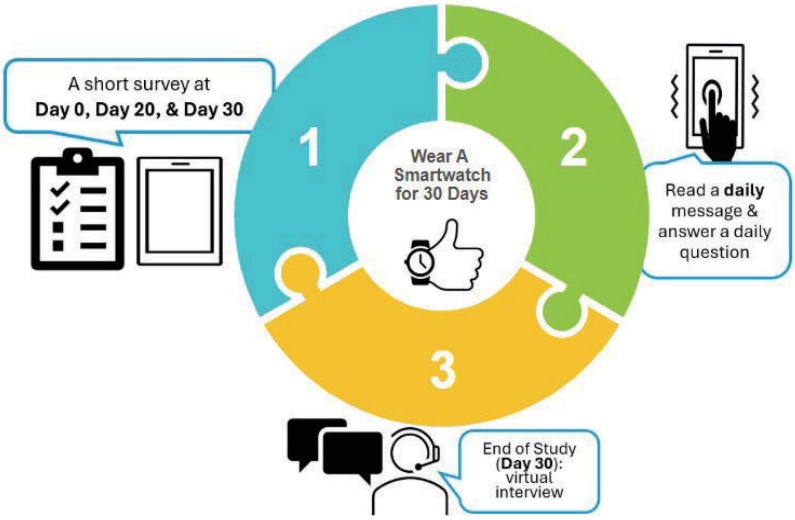


Figure 1. Visualization of the 30-day study

3. End of study virtual visit **(Day 30):**
    a. A 30-minute virtual interview with our staff about your exercise experience.
    b. Complete a short survey about physical activity and user experience on **Day 30 (16 minutes)**

Interview Recordings
As part of the study, we will collect audio recordings during the interview. The purpose of the recordings is to accurately transcribe your user experience and prevent the interviewers from forgetting things you share. A written copy (transcript) of the recordings will be made for use in the research. During transcription, any information that might reveal you, such as where you work or your neighborhood, will be masked. Once the transcripts are completed, the audio recordings will be deleted.

Protected health information (PHI) used in this study
Protected health information, also called PHI, is information about your physical or mental health that includes your name or other information that can identify you, like your date of birth or medical record number. To do this study, we will use the following kinds of **PHI:**

- **Information about your physical activity behaviors**
- **Things you tell the researchers about your health**

What happens if I say yes, but I change my mind later?

You can leave the research at any time. If you choose to leave the study, your choice will not affect your healthcare or any services you receive. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

If you decide to leave the research within the 30-day study period, there will be no penalty to you. If you decide to leave the research, please contact the investigator so they can stop sending your daily message.

If you stop being in the research, already collected data may not be removed from the study database. If you agree, this data will be handled the same as research data. Your authorization for researchers to use your protected health information (PHI) does not have an end date. However:

- You can choose to take back your authorization for researchers to use your health information. You can do this at any time before or during your participation in the research.
- If you take back your authorization, information that was already collected may still be used and shared with others, but the researchers will no longer be able to collect NEW information about you.
- If you take back your authorization, you will not be able to take part in the research study.
- To take back your authorization, you will need to tell the researchers by writing to the Lead Researcher, Wan-Chin Kuo, at 4121 Signe Skott Cooper

Hall, 701 Highland Avenue, Madison, WI 53705, email to the research team at metar@nursing.wisc.edu, OR call 608-263-9886.

Will being in this study help me in any way?

You are not expected to benefit directly from participating in this study. Your participation in this research study may benefit others in the future by helping scientists learn more about strategies to promote physical activity among workers in prolonged-sitting jobs.

What are the study risks?

The risks associated with each study activity are summarized in the following table.

Activity	Summary of Risks
Questionnaires and Interview	During tasks that involve memory, you may become bored. There are no physical risks to these tests. Some of the questions you will be asked on the questionnaires or interviews are personal and may make you feel reluctant to answer. You may skip any questions you do not feel comfortable answering.
Wear smartwatch	There are no physical risks to wearing the smartwatch. However, there might be an inconvenience when you wear it.

Risk of Breach of Confidentiality: Because your personal information will be obtained, there is a small possibility that your study information could become known to someone who is not involved in performing or monitoring this study. We will take many safety steps to protect your confidentiality.

Concerns about AI-Related Confidentiality:

This study does not use commercial AI tools like ChatGPT or Google Gemini to analyze data. Your information will never be given to any generative AI tools either. We use a computer program called supervised machine learning to study your exercise habits. The program helps us see which facts are most important for your exercise, such as whether the daily weather affects your activity more than the day of the week. Your privacy is very important to us, so we keep all your data on a secure drive at the School of Nursing.

Who has access to the information collected for the research?

We have strict rules to protect your personal information and protected health information (PHI). We will limit the use and disclosure of your personal information, including research study and health information, to people who have a need to review this information. The study is protected by a Certificate of Confidentiality from the National Institutes of Health. This means that even if the police or courts ask to look at the data we have collected, we will not share any information that would identify you as a participant in the study.

However, we cannot promise complete confidentiality. Federal or state laws may permit or require us to show information to university or government officials and to study sponsors responsible for carrying out or monitoring this study. This includes the University of Wisconsin and its representatives and affiliates, including those responsible for ensuring compliance, such as the Human Research Protection Program. We may also have to tell appropriate authorities, such as child protective services or health care providers, if we learn during the study that you or others are at risk of harm (for example, due to child or elder abuse, or suicidal thoughts).

Authorizing the research team to use your PHI means that we can release it to the people or groups listed in this form for the purposes described in this form. Once your health information is released outside UW-Madison, it may not be protected by privacy laws and might be shared with others.

Also, with appropriate confidentiality and protections, we might use information that we collect during this study for other research or share it with other researchers without additional consent from you, however, we will remove identifiable information prior to sharing the information outside this institution.

> **ExpiWell, Inc.:** To collect data from your smartwatch for research purposes (activity, stress, breathing, and heart rate) and send you two questions every day, we will install the university-approved ExpiWell app on your phone. This APP will sync your smartwatch data to our research portal. All the information will be coded with a Participant ID, data collection date (MM/DD/YY), and data collection times (00:00). No IP addresses or other identifiers will be retained in the data. At the end of this study, we will remind you to uninstall the ExpiWell APP.

Will information from this study go in my medical record?

None of the information we collect for this study will go into your medical record.

Will my information be used in other research?

This study is collecting data from you. All the information we collect for this study will be stored as coded data that will be kept within the University of Wisconsin-Madison and its affiliates. Only the study team will have a code key that can be used to link to your identifying information. The code key will be securely stored. There is no end date for how long we will keep your coded data.

Because data from this research study can be useful for different kinds of research, organizations like the National Institutes of Health (NIH) have created large databases that collect data from research studies. To advance science, we would like to make the data available for other research studies that may be done in the future. However, when sharing these data to researchers outside of UW-Madison, all the data will be recoded as **anonymized data**. This means that in the recoding process, all links to identifiers are broken and rows in the dataset will be scrambled; neither direct nor indirect identifiers

will be in the anonymized dataset. To use these anonymized data, future researchers must seek approval from this institution (i.e., University of Wisconsin-Madison) and a review by an institutional review board (IRB) may be required. The core study team (McDonald & Kuo) will review all requests to utilize the anonymized data. They will also be responsible for checking to confirm that IRB review has been obtained before the release of any anonymized data.

Participating in this study means you agree to share your data with us. You can change your mind later, but researchers might still use your data if they have already been analyzed, coded, or shared. All the information we collect will be coded, and the coded data will be stored and used for research purposes.

Participating in this study means you agree to let this study team share your **anonymized data** with researchers outside of this institution. If you change your mind and no longer wish to have us store or share your data, you should contact the investigator. As long as the data are still identifiable at UW-Madison, we will be able to delete it from our research records. Once we have shared anonymized data, however, we will not be able to get it back. In addition, if the anonymized data has already been used for new research, the information from that research may still be used.

Will I receive the results of research tests?

There is no physical assessment. In this study, you will not be informed of any test results or unexpected findings.

What else do I need to know?

What happens if I am injured or get sick because of this study?

The risks associated with this study are low and similar to those of regular physical activity-promoting messages. However, if you get hurt or sick outside the study site, such as during leisure-time physical activity, you should call your doctor or 911 if it's an emergency. Possible risks include muscle soreness, fatigue, or minor injury, as you plan to engage in physical activity in your leisure time. If you are injured or become sick because of participating in this study, you should obtain medical care as you normally would. The research team can assist in explaining the study to your healthcare provider if needed. The study does not provide medical treatment or compensation for injury, and any costs related to care will be billed to you or your insurance.

Will I receive anything for participating?

If you participate in this study, you will

- Receive $80 cash upon the completion of this in-person visit and baseline assessment.
- You will keep the smartwatch and decide how you want to use it.

Permission to communicate about the study by email. We request your email address so we can send reminders about visits and updates about study participation.

Email is generally not a secure way to communicate about your health, as there are many ways for unauthorized users to access email. You should avoid sending sensitive, detailed personal information by email. Email should also not be used to convey information of an urgent nature. If you need to talk to someone immediately, please contact Wan-Chin Kuo, Principal Investigator, at metar@nursing.wisc.edu or **(608) 263-9886**. You do not have to provide your email address to participate in this study if you prefer not to.

How many people will be in this study? We expect about 20 people to be in this research study.

Who is funding/supporting this study? This study is funded by the Midwest Center for Occupational Health and Safety (MCOHS), a center grant from the National Institute of Health to the University of Minnesota.

Clinical Trials. Clinical trials are required to be registered publicly to ensure scientific transparency. This study will be registered on the website http://www.ClinicalTrials.gov. However, your information remains strictly confidential. Any published results are limited to aggregated summaries of the whole group's outcomes rather than individual experiences.

Agreement to participate in the research study

You do not have to sign this form. If you refuse to sign, however, you cannot take part in this research study. If you sign the line below, it means that:

- You have read this consent and authorization form.
- You have had a chance to ask questions about the research study, and the researchers have answered your questions.
- You want to be in this study.
- You give authorization for your protected health information to be used and shared as described in this form.

Signature of participant	Date
Printed name of participant	
Signature of person obtaining consent	Date
Printed name of person obtaining consent	