Health and Wellness Survey 2018

1) Gender
- Male
- Female
- Transgender
- Other ________

2) Living arrangements
- House/apt./etc.
- Residence Hall
- Fraternity/Sorority

3) Race/ethnicity (please select all that apply)
- Black/African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Middle Eastern/North African
- Native American/Alaska Native
- Other ________

4) Classification
- Freshman
- Sophomore
- Junior
- Senior
- Grad/Professional

5) Which of the following extracurricular activities are you involved in? (mark all that apply)
- Fraternity/Sorority member
- Sports Club Participant
- Intercollegiate Athlete
- Intramural Athlete

6) What is your military status?
- Not in US Military
- Reserves
- US Veteran
- Discharged
- Active Duty

7) Age

8) Weight

9) Height

10) GPA

11) Which best describes your current relationship status?
- Single (not dating)
- Casually dating
- Exclusively dating one person
- Engaged
- Married/Partnered
- Other ________

12) Which of the following best describes you?
- Heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Questioning
- Asexual

13) Is this your first semester at UA?
- Yes
- No

14) Are you an out-of-state student?
- Yes
- No

15) Would you be interested in obtaining medical services (seeing a doctor/medical provider) via your personal device (smartphone, computer, or tablet)?
- Yes
- No

16) Would you be interested in obtaining mental health services (seeing a counselor/therapist/psychiatrist) via your personal device (smartphone, computer, or tablet)?
- Yes
- No

17) In the past year, have you used any of the following?
- Street opioids (heroin, opium)
- Prescription opioids without a prescription (oxy, Vicodin, Fentanyl, Percocet or other)
- Xanax (bars) without a prescription
- Yes
- No

18) Have you ever tried to control, cut down, or stop using any of the above?
- Yes
- No

19) How often, if ever, have you had 5 or more drinks* in one sitting?
- Never
- Not in the past two weeks
- Once in the past two weeks
- Twice in the past two weeks
- 3 to 5 times in the past 2 weeks
- 6 or more times in the past two weeks

20) How often do you usually party?
- Never
- Once or twice a year
- Once or twice a month
- Once a week
- Twice a week
- 3 or more times a week

21) Average number of drinks* you consume in a typical week

22) When you party, how many drinks* do you usually have?
23) How often have you used the following substances?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Used in past 30 days</th>
<th>Used in past year</th>
<th>Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco (smoke, chew, hookah)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-cigarettes/JUULs/Vape</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (smoking)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (edibles)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Oxy, Vicodin, Percocet, Fentanyl</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives (Xanax, Valium, sleeping pills)</td>
<td></td>
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<tr>
<td>Ritalin/Adderall/Concerta</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Molly/MDMA/Ecstasy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other Illegal Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24) Recall the last time you drank alcohol...

- Not applicable, I don’t drink alcohol

24a) How recent was the last time you drank?

- Within the past 30 days
- Within this school year
- More than one year ago

24b) How many drinks* did you have?

- [ ] 1-2 drinks
- [ ] 3-4 drinks
- [ ] 5-6 drinks
- [ ] 7-9 drinks
- [ ] 10-19 drinks
- [ ] 20 or more drinks

24c) Over how many hours did you drink?

- [ ] 1-2 hours
- [ ] 3-4 hours
- [ ] 5-6 hours
- [ ] 7-8 hours
- [ ] 9 or more hours

25) During this school year, did you see the following Campus Health materials in the Daily Wildcat or emailed to you?

- [ ] Sex Talk Columns
- [ ] Red Cup Q&A Columns
- [ ] NutriNews Columns
- [ ] Ads about cold and flu prevention
- [ ] Ads about general health and wellness
- [ ] Ads related to services at Campus Health
- [ ] Living Wild e-magazine

26) During this school year, did you see the following Campus Health media around campus or online?

- [ ] Flu-related posters
- [ ] STD “Get Yourself Tested” posters
- [ ] Alcohol-related posters
- [ ] “Free Condom Friday” posters
- [ ] “Cats After Dark” posters
- [ ] Social Media (Twitter/Instagram/Facebook)
- [ ] Other Campus Health media

27) When you drink, how often do you do the following?

- Not applicable, I don’t drink alcohol

- Stop drinking at least 1 to 2 hours before I go home
- Alternate with non-alcoholic beverages
- Have a designated driver when I know that I will be drinking
- Set a limit on the number of drinks I will have
- Make my own drinks to limit the amount of alcohol that I have
- Limit the amount of money that I bring or spend on alcohol
- Avoid drinking games
- Eat before and during the time I am drinking
- Refuse to ride with a driver who has been drinking
- Avoid pre-gaming/pre-partying
- Avoid shots of hard liquor

28) On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

- [ ] 0 days
- [ ] 2 days
- [ ] 4 days
- [ ] 6 days
- [ ] 1 day
- [ ] 3 days
- [ ] 5 days
- [ ] 7 days

29) Within the past school year, how would you rate the overall stress you have experienced?

- [ ] No stress
- [ ] Less than average stress
- [ ] Average stress
- [ ] More than average stress
- [ ] Tremendous stress

30) Have you ever been diagnosed with any of the following? (mark all that apply)

- [ ] Depression
- [ ] Anxiety
- [ ] Neither

31) How difficult has anxiety or depression made it for you to do your work, study, go to class, or get along with other people?

- [ ] Not difficult at all
- [ ] Somewhat difficult
- [ ] Very difficult
- [ ] Not applicable

32) Have you experienced the following in the last year?

- [ ] Felt things were hopeless
- [ ] Felt overwhelmed by all you had to do
- [ ] Felt exhausted (not from physical activity)
- [ ] Felt very lonely
- [ ] Felt very sad
- [ ] Felt so depressed that it was difficult to function
- [ ] Felt overwhelming anxiety
- [ ] Felt overwhelming anger
- [ ] Intentionally cut, burned, bruised, or otherwise injured yourself

33) Yes, in past 30 days

34) Yes, in past year

35) No
33) Which types of sexual intercourse have you ever had?
- Oral
- Vaginal
- Anal

34) How many different people have you had vaginal or anal intercourse with this school year?
- Zero
- One
- Two
- Three to five
- Six or more

36) How often have you and your partner(s) used a condom?
- Not Applicable
- Never
- Rarely
- Usually
- Always

37) Have you been tested for any Sexually Transmitted Infections (STIs) in the last year?
- Yes
- No
- Don't know

38) If you have experienced any of the following DUE TO DRINKING ALCOHOL, please indicate the most recent time frame:
- Not Applicable, I don't drink alcohol
- Drank and drove after drinking any amount of alcohol
- Had a hangover
- Been sick
- Missed a class
- Damaged property
- Been hurt or injured
- Had memory loss
- Experienced threats of physical violence
- Performed poorly on a test or important project
- Used marijuana or other drugs while drinking
- Been in trouble with school authorities
- Been left in a potentially dangerous situation
- Gotten into a fight or argument
- Been in trouble with the police
- Did something you later regretted
- Passed out
- Received an MIP alcohol citation
- Received a lower grade in a class

39) Have any of the following services helped you remain a student at the UA? (*If you have never used these services, please mark the third column)
- Dept. Campus Recreation (Rec Center, classes, intramurals, Outdoor Adventures, Etc.)
- Campus Health Service
- Medical Services
- Counseling and Psych Services (CAPS)
- Health Promotion and Preventive Services (HPPS*)

40) Have you ever used the Campus Health Service?
- Yes
- No

41) Do you have medical insurance that requires you to go somewhere other than Campus Health for medical care?
- Yes
- No
- Unsure

42) Have you purchased health insurance on the Health Insurance Marketplace?
- Yes
- No

43) What is your primary form of health insurance?
- My college/university sponsored plan
- My parents' plan
- Another plan
- I don't have health insurance
- I am not sure if I have health insurance

44) Were you aware that a voluntary Basic Dental Insurance Plan is available through the UA?
- Yes
- No

45) Have you received the following vaccinations/shots?
- Human Papillomavirus/HPV
- Meningococcal disease (meningitis)
- Varicella (chicken pox)
- Don't know

46) Have you had a flu shot in the last year? (since August 2017)
- Yes
- No

47) Have you ever been in treatment for alcohol or other drug problems?
- Yes
- No

48) Are you currently in treatment for alcohol or other drug problems?
- Yes
- No

49) Are you currently in recovery for alcohol or other drug problems?
- Yes
- No

50) Are you interested in recovery programming for alcohol and other drugs at the UA?
- Yes
- No

Did you complete page 2?
51) Within the past 12 months, how often have the following affected your academic performance? (select all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Received a lower grade on an exam/important project</th>
<th>Received a lower grade in the course</th>
<th>Received an incomplete or dropped the course</th>
<th>Considered dropping out of school</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Anxiety</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Cold, flu, or other acute infection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Depression</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Eating Disorder</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Relationship problems</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Sleep (lack of)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Stress</td>
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<td>☐</td>
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<td>☐</td>
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<tr>
<td>Substance use (illegal OR prescription drugs)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

52) How many times during the past school year have you seriously considered attempting suicide?

- ☐ 0 times
- ☐ 1-4 times
- ☐ 5-8 times
- ☐ 9 or more times

53) How many times during the past school year have you attempted suicide?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 or more times

54) If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

- ☐ Yes
- ☐ No

55) Are you familiar with the National Suicide Prevention Lifeline phone number (1-800-273-TALK)?

- ☐ Yes
- ☐ No

56) Are you familiar with the National Suicide Prevention Lifeline text (741741)?

- ☐ Yes
- ☐ No

57) Have you used the National Suicide Prevention Lifeline (phone or text)?

- ☐ Yes
- ☐ No

58) Are you aware of suicide prevention resources?

- ☐ Yes
- ☐ No

59) Within the last 12 months: (Please mark the appropriate column for each row)

- Were you in a physical fight?
- Were you physically assaulted (do not include sexual assault)?
- Were you verbally threatened?
- Have you experienced bullying?
- Have you experienced hazing?
- Have you experienced hate crimes or discrimination (race/ethnicity, gender, sexual orientation, religion, etc.)
- Were you sexually touched without your consent?
- Was sexual penetration attempted (vaginal, anal, oral) without your consent?
- Were you sexually penetrated (vaginal, anal, oral) without your consent?
- Were you a victim of stalking (e.g. waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?
- Have you been in an intimate relationship that was:
  - Emotionally abusive? (called derogatory names, yelled at, ridiculed)
  - Physically abusive? (kicked, slapped, punched)
  - Sexually abusive? (forced to have sex when you didn’t want to, forced to perform or have an unwanted sexual act performed on you)

60) How often do you eat fruits and/or vegetables at meals and snacks?

- Never
- Sometimes
- Often
- Always

61) Within the past 12 months, have you done any of the following to lose weight?

- Dieted........................................... ☐ ☐
- Vomited or used laxatives............ ☐ ☐
- Taken diet pills........................... ☐ ☐
- Exercised more............................. ☐ ☐
- Smoked cigarettes/vaped............. ☐ ☐
- Misused prescription drugs..... ☐ ☐

Did you complete pages 2 and 3?

Thank you for completing this survey!