

Health and Wellness Survey 2019

1) Gender

- Male
- Female
- Transgender
- Other _____

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

6) Which of the following extracurricular activities are you involved in? (mark all that apply)

- Fraternity/Sorority member
- Sports Club Participant
- Intercollegiate Athlete
- Intramural Athlete

2) Living arrangements

- House/apt./etc.
- Dorm
- Fraternity/Sorority
- No stable residence

5) Are you in the Honor's college?

- Yes
- No

7) What is your military status?

- Not in US Military
- US Veteran
- Active Duty
- Reserves
- Discharged

8) Age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

9) Weight

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

lbs

10) Height

feet		inches
3	0	0
4	1	1
5	2	2
6	3	3
7	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

11) GPA

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
	6	6
	7	7
	8	8
	9	9

12) Which best describes your current relationship status?

- Single (not dating)
- Casually dating
- Exclusively dating one person
- Engaged
- Married/Partnered
- Open relationship
- Other _____

13) Which of the following best describes you?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Queer
- Questioning
- Asexual

14) Is this your first semester at UA?

- Yes
- No

15) Are you an out-of-state student?

- Yes
- No

16) Do you live in an off-campus housing complex (District, The Mark, Aspire, Sol y Luna, The Seasons, Zona Verde, The Retreat, etc.)?

- Yes
- No

17) In the last 12 months, have you attended a Cats After Dark evening event on campus?

- Yes
- No

18) In the last 12 months, have you received counseling/therapy for mental or emotional health?

- Yes—from CAPS (Counseling and Psych Services)
- Yes—from an off-campus provider
- No

19) 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
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

20) Aside from when you are in class, about how many hours per week do you usually spend some time physically with friends or acquaintances?

- 0 hours
- 1—5 hours
- 6—15 hours
- 16 + hours

21) 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

22) 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

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

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

24) When you party, how many drinks* do you usually have?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9



34) Which types of sexual intercourse have you ever had?

	Yes	No
Oral.....	<input type="radio"/>	<input type="radio"/>
Vaginal.....	<input type="radio"/>	<input type="radio"/>
Anal.....	<input type="radio"/>	<input type="radio"/>

35) How often have you and your partner(s) used a condom?

- Not applicable
- Never
- Rarely
- Usually
- Always

36) Thinking about the last time you did not use a condom during penetrative sex, why? (mark all that apply)

- I/my partner uses another form of contraception
- A condom was not available
- I forgot to use a condom
- I didn't want to use a condom
- My partner didn't want to use a condom
- I didn't feel comfortable suggesting/insisting that we use a condom
- I was too intoxicated or drunk
- I/my partner wanted to get pregnant
- Not applicable

37) Have you been tested for any Sexually Transmitted Infections (STIs) in the last year?

- Yes
- No
- Don't know

38) How many different people have you had vaginal or anal intercourse with this school year?

- Zero
- One
- Two
- Three to five
- Six or more

39) If you have experienced any of the following DUE TO DRINKING ALCOHOL, please indicate the most recent time frame: (mark only one per item)

Not Applicable, I don't drink alcohol

	Not in past school year	Within this school year	Within the past 30 days
Drove after drinking any amount of alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a hangover.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been sick.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed a class.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged property.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had memory loss.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experienced threats of physical violence.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed poorly on a test or important project.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used marijuana or other drugs while drinking.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in trouble with school authorities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been left in a potentially dangerous situation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gotten into a fight or argument.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in trouble with the police.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did something you later regretted.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passed out.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received an MIP alcohol citation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received a lower grade in a class.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41) Have you ever used the Campus Health Service?

- Yes
- No

42) Do you have medical insurance that requires you to go somewhere other than Campus Health for medical care?

- Yes
- No
- Unsure

43) Have you purchased health insurance on the Health Insurance Marketplace?

- Yes
- No

44) 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

45) Were you aware that a voluntary Basic Dental Insurance Plan is available through the UA?

- Yes
- No

46) Have you received the following vaccinations/shots?

	Yes	No	Don't know
Human Papillomavirus/HPV (Gardasil)..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal disease (meningitis).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Varicella (chicken pox).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47) Have you had a flu shot since August 2018?

- Yes
- No

40) 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)

	Yes	No	Never Used
Dept. Campus Recreation (Rec Center, classes, intramurals, Outdoor Adventures, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus Health Service			
Medical Services.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling and Psych Services (CAPS).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Promotion and Preventive Services (HPPS*)....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48) Have you ever been in treatment for alcohol or other drug problems?

- Yes
- No

49) Are you currently in treatment for alcohol or other drug problems?

- Yes
- No

50) Are you currently in recovery for alcohol or other drug problems?

- Yes
- No

51) Are you interested in recovery programming for alcohol and other drugs at the UA?

- Yes
- No

*HPPS Includes Free Condom Friday, SexTalk Column, Red Cup Q&A, Stressbusters, BASICS, Body Positive, Navigating Relationships, Cooking on Campus, The Buzz, Campus Health TV videos, SHADE, e-checkup to go, nutrition counseling, health presentations, QPR Suicide Prevention training, Facebook Page, Living Wild e-newsletter, events, brochures, posters, etc.

Did you complete page 2?

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

	Yes	No
Were you in a physical fight ?	<input type="radio"/>	<input type="radio"/>
Were you physically assaulted (do not include sexual assault)?	<input type="radio"/>	<input type="radio"/>
Were you verbally threatened ?	<input type="radio"/>	<input type="radio"/>
Have you experienced bullying ?	<input type="radio"/>	<input type="radio"/>
Have you experienced hazing ?	<input type="radio"/>	<input type="radio"/>
Have you experienced hate crimes or discrimination (race/ethnicity, gender, sexual orientation, religion, etc.)	<input type="radio"/>	<input type="radio"/>
Were you sexually touched without your consent?	<input type="radio"/>	<input type="radio"/>
Was sexual penetration attempted (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
Were you sexually penetrated (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
Were you a victim of stalking (e.g. waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?	<input type="radio"/>	<input type="radio"/>
Have you been in an intimate relationship that was:		
Emotionally abusive? (called derogatory names, yelled at, ridiculed)	<input type="radio"/>	<input type="radio"/>
Physically abusive? (kicked, slapped, punched)	<input type="radio"/>	<input type="radio"/>
Sexually abusive? (forced to have sex when you didn't want to, forced to perform or have an unwanted sexual act performed on you)	<input type="radio"/>	<input type="radio"/>

57) 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

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

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

59) 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—from CAPS (Counseling and Psych Services)
- Yes—from a provider off-campus
- No

53) In the last 12 months, were you ever hungry but did not eat because there was not enough money for food? Yes No

54) Compared to other things in your life, how important is weight to you?

- Not important at all
- More important than some things in my life
- More important than most things in my life
- Most important thing

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

	Yes	No
Dieted.....	<input type="radio"/>	<input type="radio"/>
Vomited or used laxatives...	<input type="radio"/>	<input type="radio"/>
Taken diet pills.....	<input type="radio"/>	<input type="radio"/>
Exercised more.....	<input type="radio"/>	<input type="radio"/>
Smoked cigarettes/vaped....	<input type="radio"/>	<input type="radio"/>
Misused prescription drugs.	<input type="radio"/>	<input type="radio"/>

56) Compared to other people your age, how much do you worry about your weight and/or body shape?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="radio"/> A lot less | <input type="radio"/> A little more |
| <input type="radio"/> A little less | <input type="radio"/> A lot more |
| <input type="radio"/> About the same | |

60) Are you familiar with the National Suicide Prevention Lifeline phone number (1-800-273-TALK)? Yes No

61) Are you familiar with the National Suicide Prevention Lifeline text line (741741)? Yes No

62) Have you used the National Suicide Prevention Lifeline (phone or text)? Yes No

63) Are you aware of suicide prevention resources? Yes No

64) In the past year, have you used any of the following? Yes No

Street opioids (heroin, opium).....	<input type="radio"/>	<input type="radio"/>
Prescription opioids without a prescription (oxy, Vicodin, Fentanyl, Percocet or other).....	<input type="radio"/>	<input type="radio"/>
Xanax (bars) without a prescription.....	<input type="radio"/>	<input type="radio"/>

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

Did you complete pages 2 and 3?

Thank you for completing this survey!