<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Gender</td>
<td>Male, Female, Transgender, Other</td>
</tr>
<tr>
<td>2) Living arrangements</td>
<td>House/apt./etc., Dorm, Fraternity/Sorority, No stable residence</td>
</tr>
<tr>
<td>3) Race/ethnicity (please select all that apply)</td>
<td>Black/African American, Asian/Pacific Islander, Caucasian, Hispanic/Latino, Middle Eastern/North African, Native American/Alaska Native, Other</td>
</tr>
<tr>
<td>4) Classification</td>
<td>Freshman, Sophomore, Junior, Senior, Grad/Professional</td>
</tr>
<tr>
<td>5) Are you in the Honor’s college?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>6) Which of the following extracurricular activities are you involved in? (mark all that apply)</td>
<td>Fraternity/Sorority member, Sports Club Participant, Intercollegiate Athlete, Intramural Athlete</td>
</tr>
<tr>
<td>7) What is your military status?</td>
<td>Not in US Military, Reserves, US Veteran, Discharged, Active Duty</td>
</tr>
<tr>
<td>8) Age</td>
<td></td>
</tr>
<tr>
<td>9) Weight</td>
<td></td>
</tr>
<tr>
<td>10) Height</td>
<td></td>
</tr>
<tr>
<td>11) GPA</td>
<td></td>
</tr>
<tr>
<td>12) Which best describes your current relationship status?</td>
<td>Single (not dating), Casually dating, Exclusively dating one person, Engaged, Married/Partnered, Open relationship, Other</td>
</tr>
<tr>
<td>13) Which of the following best describes you?</td>
<td>Heterosexual, Gay, Lesbian, Bisexual, Queer, Questioning, Asexual</td>
</tr>
<tr>
<td>14) Is this your first semester at UA?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>15) Are you an out-of-state student?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>16) Do you live in an off-campus housing complex (District, The Mark, Aspire, Sol y Luna, The Seasons, Zona Verde, The Retreat, etc.)?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>17) In the last 12 months, have you attended a Cats After Dark evening event on campus?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>18) In the last 12 months, have you received counseling/therapy for mental or emotional health?</td>
<td>Yes—from CAPS (Counseling and Psych Services), Yes—from an off-campus provider, No</td>
</tr>
<tr>
<td>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?</td>
<td>0 days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days</td>
</tr>
<tr>
<td>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?</td>
<td>0 hours, 1—5 hours, 6—15 hours, 16 + hours</td>
</tr>
<tr>
<td>21) How often, if ever, have you had 5 or more drinks* in one sitting?</td>
<td>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</td>
</tr>
<tr>
<td>22) How often do you usually party?</td>
<td>Never, Once or twice a year, Once or twice a month, Once a week, Twice a week, 3 or more times a week</td>
</tr>
<tr>
<td>23) Average number of drinks* you consume in a typical week</td>
<td></td>
</tr>
<tr>
<td>24) When you party, how many drinks* do you usually have?</td>
<td></td>
</tr>
</tbody>
</table>
25) How often have you used the following substances?  
*DO NOT include drugs prescribed to you by your physician

<table>
<thead>
<tr>
<th>Substance</th>
<th>Not Used</th>
<th>Used in past year</th>
<th>Used in past 30 days</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/vaping)</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>
</tr>
<tr>
<td>Oxy/Vicodin/Percocet/Fentanyl</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives (Xanax, Valium, sleeping pills)</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26) How recent was the last time you drank? 
- Within the past 30 days 
- Within this school year 
- More than one year ago

26b) How many drinks* did you have?  
- Within the past 30 days 
- Within this school year 
- More than one year ago

26c) Over how many hours did you drink?  
- More than 1 hour 
- 1 to 2 hours 
- 2 to 3 hours 
- 3 to 4 hours 
- 4 to 5 hours 
- 5 to 6 hours 
- 6 to 7 hours 
- 7 to 8 hours 
- 8 to 9 hours 
- 9 to 10 hours 
- 10 to 11 hours 
- 11 to 12 hours 
- 12 to 13 hours 
- 13 to 14 hours 
- 14 to 15 hours 
- 15 to 16 hours 
- 16 to 17 hours 
- 17 to 18 hours 
- 18 to 19 hours 
- 19 to 20 hours 
- 20 to 21 hours 
- 21 to 22 hours 
- 22 to 23 hours 
- 23 to 24 hours 
- 24 to 25 hours 
- 25 to 26 hours 
- 26 to 27 hours 
- 27 to 28 hours 
- 28 to 29 hours 
- 29 to 30 hours 
- 30 or more hours

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

- Yes 
- No

<table>
<thead>
<tr>
<th>Material</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Talk Columns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Cup Q&amp;A Columns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NutriNews Columns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ads about cold and flu prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ads about general health and wellness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ads related to services at Campus Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living Wild e-magazine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes 
- No

<table>
<thead>
<tr>
<th>Media</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu-related posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STD “Get Yourself Tested” posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol-related posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Free Condom Friday” posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Cats After Dark” posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Media (Twitter/Instagram/Facebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Campus Health media</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Never, Never, Never Give Up” Poster</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29) When you drink, how often do you do the following?  
- Not applicable, I don’t drink alcohol

<table>
<thead>
<tr>
<th>Action</th>
<th>Never</th>
<th>Rarely</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop drinking at least 1 to 2 hours before I go home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate with non-alcoholic beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a designated driver when I know that I will be drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set a limit on the number of drinks I will have</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink beer or other lower alcohol content drinks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid drinking games</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat before and during the time I am drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuse to ride with a driver who has been drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid pre-gaming/pre-partying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid shots of hard liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Depression
- Anxiety
- Autism Spectrum Disorder
- Eating Disorder (e.g., anorexia, bulimia, binge eating)
- Learning Impairment
- Trauma and stressor-related disorder (e.g., PTSD)
- None of the above

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) 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

33) Have you experienced the following?  
- Yes, in past year
- Yes, in past 30 days
- No

<table>
<thead>
<tr>
<th>Experience</th>
<th>No Applied</th>
<th>Yes, in past year</th>
<th>Yes, in past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt things were hopeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt overwhelmed by all you had to do</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt exhausted (not from physical activity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt very lonely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt very sad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt so depressed that it was difficult to function</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt overwhelming anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt overwhelming anger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intentionally cut, burned, bruised, or otherwise injured yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
34) Which types of sexual intercourse have you ever had?  
   Yes  No  
   Oral……………  ○  ○  
   Vaginal………..  ○  ○  
   Anal……………  ○  ○  

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  
   ○ Three to five  
   ○ One  
   ○ Six or more  
   ○ Two  

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  
   ○ 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………………………………………...  

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.)……………………………………………………………..  
   ○ Campus Health Service  
     ○ Medical Services……………………………………………………………..  
     ○ Counseling and Psych Services (CAPS)…………………………………  
     ○ Health Promotion and Preventive Services (HPPS*)……………………..  

*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.

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)…………………..  
   ○ Meningococcal disease (meningitis)…………………..  
   ○ Varicella (chicken pox)……………………………………  

47) Have you had a flu shot since August 2018?  
   ○ Yes  
   ○ No  

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  

Did you complete page 2?
52) Within the last 12 months: (Please mark the appropriate column for each row)  
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you in a physical fight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you physically assaulted (do not include sexual assault)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you verbally threatened?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you experienced bullying?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you experienced hazing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you experienced hate crimes or discrimination (race/ethnicity, gender, sexual orientation, religion, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you sexually touched without your consent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was sexual penetration attempted (vaginal, anal, oral) without your consent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you sexually penetrated (vaginal, anal, oral) without your consent?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you a victim of stalking (e.g. waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

56) Compared to other people your age, how much do you worry about your weight and/or body shape?  
- A lot less  
- A little less  
- About the same  
- A little more  
- A lot more

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

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

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

Did you complete pages 2 and 3?  
Thank you for completing this survey!