

Health and Wellness Survey 2020

1) Gender (mark all that apply)

- Male
- Female
- Agender
- Transgender
- Non Binary
- Genderqueer or Gender non-conforming

2) Race/ethnicity (mark all that apply)

- Black/African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Middle Eastern/North African
- Native American/Alaska Native
- Another identity not listed here _____

3) Classification

- Freshman
- Sophomore
- Junior
- Senior
- Grad/Professional

5) Which of the following are you involved in? (mark all that apply)

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

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

- Yes
- No

6) Are you the first in your family to attend college?

- Yes
- No

7) Living arrangements

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

8) Age

--	--

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

9) Weight

--	--	--	--

 lbs

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

10) Height

feet		inches

- 3
- 4
- 5
- 6
- 7
- 8
- 9

11) GPA

--	--	--

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 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) What is your military status?

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

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

- Yes
- No

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

- Yes
- No

17) 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

18) 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

19) 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

20) 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

21) 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

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

--	--

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

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

--	--

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



24) How often have you used the following substances?

*DO NOT include drugs prescribed to you by your physician

	Not Used	Used in past year	Used in past 30 days
Tobacco (smoke, chew, hookah).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes/JUULs/Vape (tobacco).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (smoking 'flower' or 'bud')...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (vaping or concentrate).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (edibles).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oxy/Vicodin/Perocet/Fentanyl.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (Xanax, Valium, sleeping pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritalin/Adderall/Concerta.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Molly/MDMA/Ecstasy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Illegal Drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26) During this school year, did you access the following Campus Health media?

Yes No

Sex Talk Columns.....	<input type="radio"/>	<input type="radio"/>
Red Cup Q&A Columns.....	<input type="radio"/>	<input type="radio"/>
NutriNews Columns.....	<input type="radio"/>	<input type="radio"/>
General health and wellness media.....	<input type="radio"/>	<input type="radio"/>
Media about services at Campus Health..	<input type="radio"/>	<input type="radio"/>
Living Wild website.....	<input type="radio"/>	<input type="radio"/>
Flu-related posters.....	<input type="radio"/>	<input type="radio"/>
STD "Get Yourself Tested" posters.....	<input type="radio"/>	<input type="radio"/>
Alcohol-related posters.....	<input type="radio"/>	<input type="radio"/>
"Free Condom Friday" posters.....	<input type="radio"/>	<input type="radio"/>
"Cats After Dark" posters.....	<input type="radio"/>	<input type="radio"/>
Social Media (Twitter/Insta/Facebook)...	<input type="radio"/>	<input type="radio"/>
Other Campus Health media.....	<input type="radio"/>	<input type="radio"/>
Suicide prevention posters.....	<input type="radio"/>	<input type="radio"/>
Stressbusters app.....	<input type="radio"/>	<input type="radio"/>

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

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

29) How difficult has anxiety or depression made it for you to do your work, study, go to class, or get along with other people (diagnosed or not)?

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

Recall the last time you drank alcohol...

- Not applicable, I don't drink alcohol

25a) How recent was the last time you drank?

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

25b) How many drinks* did you have?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

25c) Over how many hours did you drink?

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |



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

- Not applicable, I don't drink alcohol

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

30) 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

31) Have you experienced the following?

	No	Yes, in past year	Yes, in past 30 days
Felt things were hopeless.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt overwhelmed by all you had to do.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt exhausted (not from physical activity).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt very lonely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt very sad.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt so depressed that it was difficult to function..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt overwhelming anxiety.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt overwhelming anger.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentionally cut, burned, bruised, or otherwise injured yourself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32) 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"/>

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

- Not applicable
- Never
- Rarely
- Usually
- Always

34) Have you ever had any of the following Sexually Transmitted Diseases (STDs)?

	Yes	No
Genital Herpes	<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>
Gonorrhea	<input type="radio"/>	<input type="radio"/>
Genital Warts (HPV, Condyloma)	<input type="radio"/>	<input type="radio"/>
Molluscum Contagiosum	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>
Other Sexually Transmitted Disease(s)	<input type="radio"/>	<input type="radio"/>

35) Did you know you can get tested at Campus Health without the details showing on your Bursar's account?

Yes No

36) Have you been tested for any Sexually Transmitted Diseases (STDs) in the last year?

Yes
 No
 Don't know

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

Zero Three to five
 One Six or more
 Two

38) 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

	Within the past 30 days	Within this school year	Not in past school year
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"/>

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)

	Yes	No	Never Used
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) Main.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAPS North (in NorthRec at Honor's Village).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Promotion and Preventive Services (HPPS*)....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40) Have you ever used Campus Health?

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?

	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"/>

46) Have you had a flu shot since August 2019?

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

*HPPS Includes: Free Condom Friday, SexTalk Column, Red Cup Q&A, Stressbusters, 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, events, brochures, posters, etc.

Did you complete page 2?

51) 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"/>

56) 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

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

0 times

1 time

2 times

3 or more times

58) 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? Please mark all that apply.

Yes—from CAPS (Counseling and Psych Services)

Yes—from a provider off-campus

No

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

<p>53) Compared to other things in your life, how important is weight to you?</p> <p><input type="radio"/> Not important at all</p> <p><input type="radio"/> More important than some things in my life</p> <p><input type="radio"/> More important than most things in my life</p> <p><input type="radio"/> Most important thing</p>	<p>54) Within the past 12 months, have you done any of the following to lose weight?</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Dieted.....</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vomited or used laxatives...</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Taken diet pills.....</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Exercised more.....</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Smoked cigarettes/vaped....</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Misused prescription drugs.</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Avoided food.....</td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>		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"/>	Avoided food.....	<input type="radio"/>	<input type="radio"/>
	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"/>																							
Avoided food.....	<input type="radio"/>	<input type="radio"/>																							

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

60) Are you familiar with the National Crisis Line (741741)? Yes No

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

55) Do you ever turn to food for any of the following reasons? (mark all that apply)

<input type="radio"/> Enjoyment	<input type="radio"/> Depression
<input type="radio"/> Stress	<input type="radio"/> Loneliness
<input type="radio"/> Anxiety	<input type="radio"/> Boredom

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

63) 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"/>

64) 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!