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

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

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

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

9) Weight

10) Height

11) GPA

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
- Reserves
- US Veteran
- Discharged
- Active Duty

- 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

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

- **Tobacco (smoke, chew, hookah)***
- **E-cigarettes/JUULs/Vape (tobacco)***
- **Alcohol (beer, wine, liquor)***
- **Marijuana (smoking 'flower' or 'bud')***
- **Marijuana (vaping or concentrate)***
- **Marijuana (edibles)***
- **Cocaine***
- **Heroin***
- **Oxy/Vicodin/Percocet/Fentanyl***
- **Sedatives (Xanax, Valium, sleeping pills)***
- **Ritalin/Adderall/Concerta***
- **Molly/MDMA/Ecstasy***
- **Other Illegal Drugs***

*DO NOT include drugs prescribed to you by your physician.

### 25) Recount the last time you drank 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?**

- **25c) Over how many hours did you drink?**

*DO NOT include drugs prescribed to you by your physician.

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

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

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

- 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
- Drink beer or other lower alcohol content drinks
- 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) 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

### 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?

- 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
32) Which types of sexual intercourse have you ever had?
- Oral ○ ☐
- Vaginal ○ ☐
- Anal ○ ☐

34) Have you ever had any of the following Sexually Transmitted Diseases (STDs)?
- Genital Herpes ○ ☐
- Chlamydia ○ ☐
- Gonorrhea ○ ☐
- Genital Warts (HPV, Condyloma) ○ ☐
- Molluscum Contagiosum ○ ☐
- HIV/AIDS ○ ☐
- Other Sexually Transmitted Disease(s) ○ ☐

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

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 ○
- 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 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?
- Human Papillomavirus/HPV (Gardasil) ○
- Meningococcal disease (meningitis) ○
- Varicella (chicken pox) ○

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 Commend 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

<table>
<thead>
<tr>
<th>Were you in a physical fight?</th>
<th>○ 0 times  ○ 1-4 times  ○ 5-8 times  ○ 9 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you physically assaulted (do not include sexual assault)?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Were you verbally threatened?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Have you experienced bullying?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Have you experienced hazing?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Have you experienced hate crimes or discrimination (race/ethnicity, gender, sexual orientation, religion, etc.)</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Were you sexually touched without your consent?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Was sexual penetration attempted (vaginal, anal, oral) without your consent?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
<tr>
<td>Were you sexually penetrated (vaginal, anal, oral) without your consent?</td>
<td>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</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>○ 0 times  ○ 1 time  ○ 2 times  ○ 3 or more times</td>
</tr>
</tbody>
</table>

Have you been in an intimate relationship that was:

| Emotionally abusive? (called derogatory names, yelled at, ridiculed) | ○ Yes  ○ No |
| PHYSICALLY ABUSIVE? (kicked, slapped, punched) | ○ Yes  ○ No |
| Sexually abusive? (forced to have sex when you didn't want to, forced to perform or have an unwanted sexual act performed on you) | ○ Yes  ○ 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

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

| ○ Not important at all | ○ Dieted | ○ Vomited or used laxatives |
| ○ More important than some things in my life | ○ Taken diet pills | ○ Exercised more |
| ○ More important than most things in my life | ○ Smoked cigarettes/vaped | ○ Misused prescription drugs |
| ○ Most important thing | ○ Avoided food | |

54) Within the past 12 months, have you done any of the following to lose weight? Yes No

| Enjoyment | ○ Yes  ○ No |
| Stress | ○ Yes  ○ No |
| Anxiety | ○ Yes  ○ No |

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

| ○ Enjoyment | ○ Depression |
| Stress | ○ Loneliness |
| Anxiety | ○ Boredom |

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

| ○ 0 times | ○ 1 time |
| ○ 2 times | ○ 3 or more times |

57) 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 | |

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

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

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

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Did you complete pages 2 and 3?

Thank you for completing this survey!