



Default Question Block

Campus Health Service Health and Wellness Survey

Student Disclaimer Form

You are invited to voluntarily complete this survey. The Campus Health Service Health and Wellness Survey is administered annually to collect information about University of Arizona students' health-related behaviors including substance use, mental health, sexual activity, nutrition, etc. There are no guaranteed benefits associated with completing this survey; but the information will be used to develop programming and to analyze health trends. The aggregate data may also be included in publications, presentations and reports. **This survey takes approximately 15 minutes to complete.** You will not be compensated for your participation. Please read each item carefully.

This survey is anonymous, so please answer honestly.

There is a possibility that information revealed during this survey may be sensitive in nature and could possibly cause emotional distress to a participant. Should that occur, the following Campus Health resources are available to assist the participant:

Counseling & Psych Services (CAPS) [Home | CAPS Website \(arizona.edu\)](#) 520-621-3334

Health Promotion [Health Promotion | Campus Health \(arizona.edu\)](#) 520-621-6483

You can obtain further information from Rachel Abraham, MPH at (520) 621-3941. If you have questions concerning your rights as a research subject, you may contact the Human Subjects Protection Program office at (520) 626-6721 or online at:

<https://research.arizona.edu/compliance/human-subjects-protection-program>

Thank you for your participation!

NOTE: If you have received an invitation for this survey in multiple classes, please only complete it ONCE.

Which class are you taking this survey from? (Course number: eg. SPAN 250)

Department code (eg. SPAN)

Course number (eg. 250)

OPTIONAL: course name

What is your gender? (mark all that apply)

- Man
- Woman
- Agender
- Transgender
- Non Binary
- Genderqueer or Gender Nonconforming
- An identity not listed

What is your race/ethnicity? (mark all that apply)

- Black/African American
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latinx
- Middle Eastern/North African
- Native American/Alaska Native

An identity not listed

What is your Class Standing?

- First year
 Sophomore
 Junior
 Senior
 Grad/Professional

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

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

Are you the first in your family to attend college?

- Yes
 No

Which best describes your living arrangements?

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

Which dorm do you live in?

Do you live in an off-campus housing complex (District, oLive, The Mark, Aspire, Sol y Luna, The

Seasons, Zona Verde, The Retreat/Cottages, The Hub, etc.)?

- Yes
- No

What is your Age?

What is your weight? (in pounds)

75 118 160 203 245 288 330 373 415 458 500

Weight

What is your height?

3 4 5 6 7

Feet

0 1 2 3 4 5 7 8 9 10 11 12

Inches

What is your current GPA? (best guess if unsure)

0 0.4 0.8 1.2 1.6 2 2.4 2.8 3.2 3.6 4

GPA

Which best describes your current relationship status?

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

Do you consider yourself to be (mark all that apply):

- Heterosexual or straight
- Gay or Lesbian
- Bisexual
- Asexual
- Queer
- Questioning
- An identity not listed

What is your military status? (mark response which best describes you)

- Not in US military
- US veteran
- Active duty
- Reserves
- Guard
- Military spouse
- Military dependent

Are you an Honors Student?

- Yes
- No

Are you a Pell Grant recipient?

- Yes
 No
 Unsure

Do you identify as a person with a disability?

- Yes
 No

In the last 12 months, have you received counseling/therapy for mental or emotional health from any of the following? (mark all that apply)

- CAPS (Counseling & Psych Services)
 Other on-campus provider (not CAPS)
 Off-campus provider (in-person)
 Off-campus provider (remote)
 No

On average, how many hours **per day** do you spend on your cell phone?

- Less than 1 hour
 1 - 2 hours
 3 - 4 hours
 5 - 6 hours
 7+ hours

Have you ever felt the need to cut down or limit your cell phone usage?

- Yes
 No

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?

How often do you...

	Rarely	Sometimes	Often
...feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you describe your overall...

	Excellent	Very Good	Good	Fair	Poor
...physical health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since August 2024, have you needed any of the following but did not seek help because you couldn't afford it?

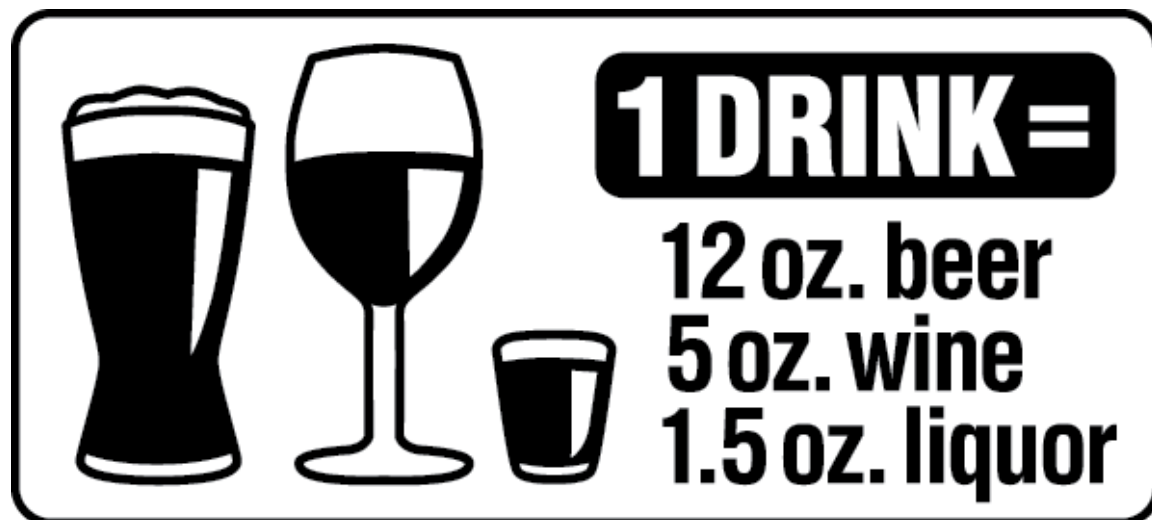
	Yes	No
Medical services when sick	<input type="radio"/>	<input type="radio"/>
Routine medical services (like an annual physical)	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>
Medications prescribed by your doctor	<input type="radio"/>	<input type="radio"/>

Do you consider yourself to be physically active?

- Yes
- No
- Somewhat

On how many of the past 7 days did you intentionally perform exercise?

For the following questions, use the below reference for a standard drink:



How many alcoholic drinks* do you usually have when you are in a social setting?

What is the average amount of drinks* you usually consume in a typical week?

How often, if ever, have you had 5 or more drinks* in one sitting?

- Never
- Not in the past 2 weeks
- Once in the past 2 weeks
- Twice in the past 2 weeks
- 3 to 5 times in the past 2 weeks
- 6 or more times in the past 2 weeks

How often do you usually drink alcohol in a social setting?

- Never
- Once or twice a year
- Once or twice a month
- Once a week
- Twice a week

3 or more times a week

How often have you used the following substances? (do not include drugs prescribed to you by your physician)

(if never used, mark 'not used')

	Used in the past 30 days	Used since August 2024	Not used
Tobacco (smoke, chew, hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes/JUUL/Vape (nicotine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine pouches (ZYN, on!, velo, etc.)	<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/Percocet/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"/>

How recent was the last time you drank?

- Within the past 30 days
- Within this school year
- More than one year ago
- Not applicable, I do not drink alcohol

How many drinks* did you have?

Over how many hours did you drink?

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

	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 drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a ride service or have a designated driver when I am out drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set a limit on the number of drinks that I have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink beer, hard seltzer, 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 or 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"/>

What is the most recent time you have experienced any of the following DUE TO DRINKING ALCOHOL?

(if you have never experienced, select 'not in the past year')

	Within the past 30 days	Since August 2024	Not in the past year
Drove after drinking any amount of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blackout (forgot where I was or what I did for a long period of time and cannot remember, even when someone reminds me)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed a class	<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"/>

	Within the past 30 days	Since August 2024	Not in the past year
Did something you later regretted	<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"/>

Since August 2024, have you felt the need to stop or cut down...

	Yes	No
...tobacco (smoke, chew, hookah)	<input type="radio"/>	<input type="radio"/>
...e-cigarettes/JUUL/Vape (nicotine)	<input type="radio"/>	<input type="radio"/>
...nicotine pouches (ZYN, on!, velo, etc.)	<input type="radio"/>	<input type="radio"/>
...alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>
...marijuana	<input type="radio"/>	<input type="radio"/>
...other illegal drugs	<input type="radio"/>	<input type="radio"/>

Since August 2024, has someone close to you suggested that you should stop or cut down your use of...

	Yes	No
...tobacco (smoke, chew, hookah)	<input type="radio"/>	<input type="radio"/>
...e-cigarettes/JUUL/Vape (nicotine)	<input type="radio"/>	<input type="radio"/>
...nicotine pouches (ZYN, on!, velo, etc.)	<input type="radio"/>	<input type="radio"/>
...alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>
...marijuana	<input type="radio"/>	<input type="radio"/>
...other illegal drugs	<input type="radio"/>	<input type="radio"/>

Since August 2024, have you tried to stop or cut down your use of...

	Yes	No
...tobacco (smoke, chew, hookah)	<input type="radio"/>	<input type="radio"/>
...e-cigarettes/JUUL/Vape (nicotine)	<input type="radio"/>	<input type="radio"/>
...nicotine pouches (ZYN, on!, velo, etc.)	<input type="radio"/>	<input type="radio"/>

	Yes	No
...alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>
...marijuana	<input type="radio"/>	<input type="radio"/>
...other illegal drugs	<input type="radio"/>	<input type="radio"/>

Have you experienced symptoms for more than 4 weeks after your initial COVID-19 illness (long COVID) not due to other conditions? Examples include fatigue, brain fog, heart racing, headaches, or worsening mood.

- Yes
 No
 Not applicable, I have not had COVID-19

What is your current COVID-19 vaccination status?

- Not vaccinated
 Partially vaccinated (only one dose of initial two-dose series, not including J&J)
 Primary vaccine series
 Primary vaccine series + one or more original (monovalent/bivalent) boosters
 Primary vaccine series + all recommended boosters (monovalent vaccine)

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

	Yes	No
Campus Health Website (health.arizona.edu)	<input type="radio"/>	<input type="radio"/>
CAPS Website (caps.arizona.edu)	<input type="radio"/>	<input type="radio"/>
@UAZCampusHealth on Instagram, X (formally Twitter), or Facebook	<input type="radio"/>	<input type="radio"/>
Stressbusters app	<input type="radio"/>	<input type="radio"/>

Which @UAZCampusHealth social media accounts do you follow? (mark all that apply)

- Instagram
 X (formally Twitter)
 Facebook

Would you recommend following @UAZCampusHealth social media accounts to a friend?

- Yes
 No
 Maybe

Have you used any of the information you've learned on @UAZCampusHealth social media to improve your health or wellbeing?

- Yes
 No

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

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

- Depression
 Anxiety
 Attentional Disorder (e.g. ADHD)
 Disordered Eating (e.g. anorexia, bulimia, binge eating disorder, avoidant restrictive food intake disorder, unspecified eating disorder)
 Post-Traumatic Stress Disorder (PTSD)
 Other mental health diagnosis
 None of the above

Since August 2024, have you used prescription medication for any of the following diagnoses?

- | | Yes | No |
|------------|-----------------------|-----------------------|
| Depression | <input type="radio"/> | <input type="radio"/> |

	Yes	No
Anxiety	<input type="radio"/>	<input type="radio"/>
Attentional Disorder (e.g. ADHD)	<input type="radio"/>	<input type="radio"/>
Disordered Eating (e.g. anorexia, bulimia, binge eating disorder, avoidant restrictive food intake disorder, unspecified eating disorder)	<input type="radio"/>	<input type="radio"/>
Post-Traumatic Stress Disorder (PTSD)	<input type="radio"/>	<input type="radio"/>
Other mental health diagnosis	<input type="radio"/>	<input type="radio"/>

Since August 2024, how would you rate the overall stress you have experienced?

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

Have you experienced the following?

	Yes, in the past 30 days	Yes, since August 2024	No
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"/>

Did you know that you can access Counseling & Psych Service (CAPS) for virtual visits?

- Yes

No

If you have wanted to use mental health services but have not, what are the main barriers preventing you from seeking help? (mark all that apply)

- Financial reasons
- Stigma
- Haven't gotten around to it
- Scheduling issues
- Don't know where to go
- Feel embarrassed or ashamed
- Lack of on campus appointment availability
- Something else:

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"/>

Since August 2024, how many different people have you had vaginal or anal intercourse with?

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

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

- Not applicable
- Never
- Rarely
- Usually

Always

Do you currently use a form of birth control? (not including condoms)

Yes

No

Which type(s) of birth control do you use? (mark all that apply)

Oral Contraceptive Pills

IUD (e.g. Mirena, Kyleena, Skyline, ParaGuard)

Implant (e.g. Nexplanon)

Injection

Vaginal ring (e.g. NuvaRing, EluRyng)

Patch (e.g. Twirla, Xulane)

Other

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

Yes

No

Don't know

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

Yes

No

Have you used any of the following healthcare services in the last 12 months? (mark all that apply)

Dental

Dermatology

Emergency Room

Gynecology

Hospital

- Imaging and Radiology
- Lab Work
- Optometry
- Physical Therapy
- Primary Care
- Speech and Hearing
- Specialist
- Urgent Care
- Other
- I haven't used healthcare services

Have you used any of the following services?

*Health Promotion includes: Health Promotion Hideaway, Free Condom Friday, Health & Wellness Presentations/Events, EveryBODY Arizona, Cooking on Campus, SHADE Class, QPR Suicide Prevention training, brochures, posters, etc.

	Yes	No
Campus Health Medical Services	<input type="radio"/>	<input type="radio"/>
CAPS (Counseling & Psych Services)	<input type="radio"/>	<input type="radio"/>
Nutrition Services	<input type="radio"/>	<input type="radio"/>
Health Promotion	<input type="radio"/>	<input type="radio"/>
Campus Recreation (Rec Center, Intramurals, Outdoor Adventures, etc.)	<input type="radio"/>	<input type="radio"/>

Why have you not used Campus Health for healthcare services? (mark all that apply)

- Appointment availability/ scheduling system
- Clinic hours
- Cost
- I haven't needed healthcare services
- I received healthcare services off-campus
- I'm not aware of the services offered at Campus Health
- Location of Campus Health
- Parking
- Past experiences at Campus Health

Other

Have any of the following services helped you remain a student at the U of A?

*Health Promotion includes: Health Promotion Hideaway, Free Condom Friday, Health & Wellness Presentations/Events, EveryBODY Arizona, Cooking on Campus, SHADE Class, QPR Suicide Prevention training, brochures, posters, etc.

	Yes	No
Campus Health Medical Services	<input type="radio"/>	<input type="radio"/>
CAPS (Counseling and Psych Services)	<input type="radio"/>	<input type="radio"/>
Nutrition Services	<input type="radio"/>	<input type="radio"/>
Health Promotion	<input type="radio"/>	<input type="radio"/>
Campus Recreation (Rec Center, Intramurals, Outdoor Adventures, etc.)	<input type="radio"/>	<input type="radio"/>

Would you recommend the Campus Health service(s) that you've used to a friend?

	Yes	No
Campus Health Medical Services	<input type="radio"/>	<input type="radio"/>
CAPS (Counseling and Psych Services)	<input type="radio"/>	<input type="radio"/>
Nutrition Services	<input type="radio"/>	<input type="radio"/>
Health Promotion	<input type="radio"/>	<input type="radio"/>

How did you learn about Campus Health? (mark all that apply)

- Orientation/Campus tour
- Campus Health website
- Campus email
- Parent or guardian
- Friend or classmate
- Professor or TA
- RA or other Residence Life staff

- Another UA service (e.g. - ASUA, Thrive, Campus Recreation, Cultural or Resource Centers, Dean of Students, etc.)
- Social media
- Other:
- I did not know about Campus Health

Did you know you could be seen at a reduced cost at Campus Health without health insurance?

- Yes
- No

What is your primary form of health insurance?

- My college/university sponsored plan
- My parents' plan
- AHCCCS (Medicaid in Arizona)
- Another plan
- I don't have health insurance
- I am not sure if I have health insurance

Is Campus Health in network with your health insurance?

<https://health.arizona.edu/fees-insurance-overview>

- Yes
- No
- Unsure

Have you received the following vaccinations/shots?

	Yes	No	Don't know
Human Pappilomavirus/HPV (Gardasil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningococcal conjugate or MenACWY [Menactra®, Menveo®, and MenQuadfi® (meningitis)]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serogroup B meningococcal or MenB (Bexsero® and Trumenba®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yes

No

Don't know

Varicella (chicken pox)

Have you had a flu shot since August 2024?

 Yes No

In the last 12 months, were you ever hungry but did not eat because there was not enough money for food?

 Yes No

Does your weight negatively affect the way you feel about yourself?

 Yes No

Have you ever or do you currently suffer from disordered eating? (e.g. restricted eating, over-exercising, binge eating, vomiting, misuse of laxatives, shame around eating, etc.)

 Yes No

Since August 2024, have you ever felt so focused on food, weight and/or body image that it negatively affects your quality of life?

 Yes No

Do you find yourself comparing your food or body to those on social media in a way that negatively affects your mental wellbeing?

 Yes No

The following portion discusses sensitive questions pertaining to sexual assault and violence. If you need support, please visit:

<https://caps.arizona.edu/>

<https://caps.arizona.edu/crisis>

<https://survivoradvocacy.arizona.edu/>

Since August 2024, have you experienced discrimination based on any of the following elements of your identity?

	Yes	No
Race or ethnicity	<input type="radio"/>	<input type="radio"/>
Gender or gender presentation	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>
Something else: <input style="width: 250px; height: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

If you have experienced discrimination, how serious would you characterize the worst incident?

- Very serious (hate crime, physical violence, something affecting your livelihood, etc.)
- Somewhat serious
- Less serious (microaggressions, small comments, etc.)

Within the last 12 months, have you been in an intimate relationship that was:

	Yes	No
Emotionally abusive (called derogatory names, yelled at, ridiculed, etc.)	<input type="radio"/>	<input type="radio"/>
Physically abusive (kicked, slapped, punched, etc.)	<input type="radio"/>	<input type="radio"/>

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, etc.)

Have you experienced any of the following since August 2024 DUE TO DRINKING ALCOHOL?

Yes

No

Someone had sex with me without MY consent

Had sex with someone without THEIR consent

Had unprotected sex when I wouldn't normally

Within the last 12 months, have you been...

Yes

No

Physically assaulted (do not include sexual assault)

In a physical fight

Verbally attacked

Harassed online

Stalked

Since August 2024 have you seriously considered attempting suicide?

 Yes No

Since August 2024 have you attempted suicide?

 Yes No

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 & Psych Services)

Yes - from a provider off-campus

No

Are you familiar with the 988 Suicide & Crisis Lifeline (free to call or text 24/7)?

Yes

No

Are you familiar with the National Crisis Text Line (741741)?

Yes

No

Have you **used** the 988 Suicide & Crisis Lifeline (phone or text)

Yes

No

Are you aware of suicide prevention resources?

Yes

No

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