

Health and Wellness Survey 2017

1) Gender

- Male
- Female
- Transgender

3) Race/ethnicity (please select all that apply)

- Black/African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American/Alaska Native
- Other _____

4) Classification

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

5) 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.
- Residence Hall
- Fraternity/Sorority

6) What is your military status?

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

7) Age

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

8) 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

9) Height

feet		inches
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

10) GPA

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

11) Which best describes your current relationship status?

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

12) Which of the following best describes you?

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

13) Is this your first semester at UA (Spring 2016)?

- Yes
- No

14) Would you be interested in obtaining **medical services (seeing a doctor/medical provider) via your personal device (smartphone, computer, or tablet)?**

- Yes
- No

15) Would you be interested in obtaining **mental health services (seeing a counselor/therapist/psychiatrist) via your personal device (smartphone, computer, or tablet)?**

- Yes
- No

16) Have you driven after drinking any amount of alcohol:

- | | | |
|-------------------------------|-----------------------|-----------------------|
| | Yes | No |
| During the past 30 days?..... | <input type="radio"/> | <input type="radio"/> |
| During this school year?..... | <input type="radio"/> | <input type="radio"/> |

17) Have you used any of the following tobacco products in the past 30 days on any of UA's campuses or properties?

- | | | |
|--------------------|-----------------------|-----------------------|
| | Yes | No |
| Cigarettes?..... | <input type="radio"/> | <input type="radio"/> |
| E-Cigarettes?..... | <input type="radio"/> | <input type="radio"/> |

18) 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

19) 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

20) 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

21) 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



22) 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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (smoking).....	<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"/>
Pain pills (oxy, vicodin, Percocet, etc.)..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (valium, Xanax, sleeping pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritalin/Adderall/Concerta.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy/Molly/MDMA.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Illegal Drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Recall the last time you drank alcohol...

Not applicable, I don't drink alcohol

23a) How recent was the last time you drank?

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

23b) How many drinks* did you have?

<input type="text"/>	<input type="text"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

23c) Over how many hours did you drink?

<input type="text"/>	<input type="text"/>
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9



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

	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"/>
Ads about cold and flu prevention.....	<input type="radio"/>	<input type="radio"/>
Ads about general health and wellness.....	<input type="radio"/>	<input type="radio"/>
Ads related to services at Campus Health.	<input type="radio"/>	<input type="radio"/>
Living Wild e-magazine.....	<input type="radio"/>	<input type="radio"/>

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

	Yes	No
"Get the Flu Shot" 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 (Facebook/Twitter).....	<input type="radio"/>	<input type="radio"/>
Other Campus Health media.....	<input type="radio"/>	<input type="radio"/>

26) 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"/>
Make my own drinks to limit the amount of alcohol that I have..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit the amount of money that I bring or spend on alcohol.....	<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"/>

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

- Depression
- Anxiety
- Neither

30) 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

27) 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 2 days 4 days 6 days
- 1 day 3 days 5 days 7 days

28) 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 in the last year?

	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	Age of 1st experience
Oral.....	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Vaginal.....	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Anal.....	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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

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

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

- Not Applicable
- Never
- Rarely
- Usually
- Always

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

- Yes
- No
- Don't know

38) Have you ever used the Campus Health Service?

- Yes
- No

39) Were you aware that you do NOT need medical insurance to be seen at Campus Health?

- Yes
- No

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

- Yes
- No
- Unsure

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

- Yes
- No

42) 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

36) 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 do not drink alcohol

	Within the past 30 days	Within this school year	Not in past school year
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"/>
Drove while under the influence of alcohol.....	<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"/>

43) Have you received the following vaccinations/shots?

	Yes	No	Don't know
Hepatitis B.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human Papillomavirus/HPV.....	<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"/>

44) Have you had a flu shot in the last year? (since August 2016)

- Yes
- No

45) Are you aware of the UA's policies around tobacco use on campus?

- Yes
- No

46) Have these policies caused you to decrease/stop using tobacco?

- Yes
- No
- N/A

37) 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"/>

*HPPS Includes SexTalk Column, Red Cup Q&A, Stressbusters, BASISCS, Body Smart, 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, Free Condom Friday, etc.

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

51) Within the past 12 months , how often have the following affected your academic performance? (select all that apply)	Received a lower grade on an exam/ important project	Received a lower grade in the course	Received an incomplete or dropped the course	Considered dropping out of school	N/A
Alcohol use.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold, flu, or other acute infection.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep (lack of).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use (illegal OR prescription drugs)..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52) 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

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

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

54) 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
- No

55) Are you familiar with the National Suicide Prevention Lifeline? (800) 273-TALK

- Yes
- No

56) Have you used the National Suicide Prevention Lifeline?

- Yes
- No

57) Are you aware of suicide prevention resources?

- Yes
- No

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

Yes No

- Were you in a **physical fight**? Yes No
- Were you **physically assaulted** (do not include sexual assault)? Yes No
- Were you **verbally threatened**? Yes No
- Have you experienced **bullying**? Yes No
- Have you experienced **hazing**? Yes No
- Have you experienced **hate crimes** or **discrimination** (race/ethnicity, gender, sexual orientation, religion, etc.)? Yes No
- Were you **sexually touched** without your consent? Yes No
- Was **sexual penetration attempted** (vaginal, anal, oral) without your consent? Yes No
- Were you **sexually penetrated** (vaginal, anal, oral) without your consent? Yes No
- Were you a victim of **stalking** (e.g. waiting for you outside your classroom, residence, or office; repeated emails/phone calls)? Yes No
- 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

59) How often do you eat fruits and/or vegetables at meals and snacks?

	Always	Often	Sometimes	Never
Breakfast.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snacks.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Yes No

- Dieted..... Yes No
- Vomited or used laxatives..... Yes No
- Taken diet pills..... Yes No
- Exercised more..... Yes No
- Smoked cigarettes..... Yes No
- Misused prescription drugs..... Yes No

Did you complete pages 2 and 3?

Thank you for completing this survey!