UH Hilo Health and Wellness Survey

Thank you for your participation. This survey will take approximately 10 minutes. You will need to complete it all in one sitting. When you are finished, you will be given a link to a separate form to provide contact information to receive a gift card if you were one of the first 100 to complete the survey. Your contact information will not be linked to your survey information. If you do not provide your contact information in the next form, we will not be able to provide the gift card. This information will be used to improve programs on campus for all students.

* Required

1. Age *

2. What best describes your affiliation with UH Hilo? *
   * Mark only one oval.
   - 1st year student
   - 2nd year student
   - 3rd year student
   - 4th year student
   - 5th year + student
   - graduate student
   - post-graduate student
   - Other:

3. Housing
   * Mark only one oval.
   - On-Campus Dorm
   - Off-Campus
   - Other:

4. Gender *
   * Mark only one oval.
   - Non-binary
   - Female
   - Prefer not to say
   - Male
   - Trans
   - Other:
5. **Sexuality** *
   *Mark only one oval.*
   - [ ] Straight or Heterosexual
   - [ ] Gay or Lesbian
   - [ ] Bisexual
   - [ ] Asexual
   - [ ] Questioning
   - [ ] Prefer not to say
   - [ ] Other:

6. **Ethnicity (check all that apply)** *
   *Check all that apply.*
   - [ ] African American/Black
   - [ ] American Indian or Alaska Native
   - [ ] Asian Indian
   - [ ] Chinese
   - [ ] Filipino/a
   - [ ] Hispanic/Latino
   - [ ] Japanese
   - [ ] Native Hawaiian or Part Hawaiian
   - [ ] Pacific Islander
   - [ ] White
   - [ ] Multiracial
   - [ ] Prefer not to say
   - [ ] Other:

7. **Disability Status** *
   *Mark only one oval.*
   - [ ] I have a disability and am registered with Disability Services
   - [ ] I have a disability and am not registered with Disability Services
   - [ ] I do NOT have a disability

8. **Military Status** *
   *Mark only one oval.*
   - [ ] I am a veteran/ active duty/ National Guard
   - [ ] None
   - [ ] Other:
9. Do you feel that you have the support network and other resources (internal and external) you need to succeed in school? *
Mark only one oval.

☐ Yes
☐ No
☐ Maybe - I'll tell you after grades come out...
☐ I wish I had more
☐ Other: ____________________________

10. Do you know about these on-campus student support resources? (check all that apply) *
Check all that apply.

☐ Career and Academic Advising
☐ Student Medical Services
☐ Counseling Services
☐ Kihohana, The Academic Success Center (Tutoring)
☐ Disability Services
☐ Campus Security
☐ Campus Recreation
☐ Kipuka Native Hawaiian Student Center
☐ Pacific Island Student Center
☐ Veteran's Center
☐ Women's Center
☐ Minority Access and Achievement
☐ Student Support Services Program
☐ International Student Services
☐ LGBTQ+ Center
☐ Athletic Academic Services
☐ First Year Experience
☐ Other: ____________________________

11. Do you feel that UH helps you find off campus resources if you need them? *
Mark only one oval.

☐ Yes
☐ No

12. In your opinion how problematic is student stress at UH Hilo? *
Mark only one oval.

1 2 3 4 5
Not very Problematic ☐ ☐ ☐ ☐ ☐ Very Problematic

13. In your opinion how problematic is student drinking at UH Hilo? *
Mark only one oval.

1 2 3 4 5
Not very Problematic ☐ ☐ ☐ ☐ ☐ Very Problematic
14. In your opinion how problematic is student substance use at UH Hilo? *  
*Mark only one oval.

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not very Problematic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Problematic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Any comments?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Have you helped a friend with mental health challenges in the past year? *  
*Mark only one oval.

☐ Yes
☐ No
☐ Other:

17. Did/Do you feel prepared to help a friend with mental health challenges in the past year? *  
*Mark only one oval.

☐ Yes
☐ No
☐ Other:

18. If a friend needed help with mental health challenges, how do/did you help? (check all that apply) *  
*Check all that apply.

☐ Listen to them and talk with them
☐ Give them advice
☐ Walk them to counseling
☐ Look up information with them
☐ I don't know how to help
☐ Check in on them
☐ Spend time with them doing the things we like to do/ invite them to hang out
☐ Remind them of their strengths
☐ Other:

________________________________________________________________________
19. If you gave/give them advice, what do you suggest? (check all that apply) *

Check all that apply.

☐ Talk to family
☐ Talk to a pastor or other faith leader
☐ Seek help on the internet
☐ Exercise
☐ Talk to a professional
☐ Go outside
☐ Volunteer or get involved in something
☐ Other:

20. How would you know that substance use or drinking was problematic for you or a friend? (check all that apply) *

Check all that apply.

☐ Someone got hurt (car accident, fight, self, etc.) related to the drinking or substance use
☐ It was affecting relationships (other people getting upset or saying something)
☐ It was affecting work, sports, etc.
☐ It was affecting academics (missing class, assignments, etc.)
☐ It was affecting energy level or the ability to do things normally enjoyed
☐ It was affecting physical or mental health
☐ It was being used as a coping mechanism instead of addressing a problem in life
☐ Other:

21. Have you helped a friend with substance use or drinking in the past year? *

Mark only one oval.

☐ Yes
☐ No
☐ Other:

22. Did/Do you feel prepared to help a friend with substance use or drinking in the past year? *

Mark only one oval.

☐ Yes
☐ No
☐ Does not apply
☐ Other:

23. Have you or a friend ever tried reducing your drinking or substance use while at UH Hilo?  

Mark only one oval.

☐ Yes
☐ No
☐ Does not apply
☐ Other:
24. If so, what supported you or the friend in that process? (check all that apply) *

Check all that apply.

- Nothing, I/they did it on my own
- Friends
- Family
- Knowledge/education about how much the drinking caused problems or didn't fix things
- Professional: medical, counselor, etc.
- Cultural practices
- Connection with the environment
- Spirituality
- Other: ________________________________

25. In your opinion, is there anything that UH can do to help support those who are trying to reduce drinking or substance use? (check all that apply) *

Check all that apply.

- Campaign to reduce stigma and shame
- Education about how to reduce problem drinking and/or substance use
- Education about effects of alcohol and substance use on relationships, academics, and work
- Education about how to help friends with problem alcohol and substance use
- Support groups for those who want to reduce
- Other: ________________________________

26. Have you referred a friend to UH Counseling or Medical Services for mental health concerns? *

Mark only one oval.

- Yes
- No
- Not applicable
- Other: ________________________________

27. If yes, why? (check all that apply)

Check all that apply.

- I know the provider and/or had heard good things
- I know that going to see a professional will help my friend
- I didn't know how to help anymore, and my friend still needed help
- Other: ________________________________

28. If no, why not? (check all that apply)

Check all that apply.

- I had a previous bad experience
- I was too busy
- I didn't know where it was
- I didn't know if it would help them/ don't trust them to provide my friend with what they need
- Other: ________________________________
29. Have you experienced health challenges that made it difficult to function this year? *
   Mark only one oval.
   ☐ Yes
   ☐ No
   ☐ Other: __________________________________________

30. Have you personally utilized UH Medical Services in the past year? *
   Mark only one oval.
   ☐ Yes
   ☐ No
   ☐ Other: __________________________________________

31. If you answered no, what prevented you from accessing needed services on-campus? (check all that apply)
   Check all that apply.
   ☐ Did not know on-campus medical services were available
   ☐ Did not know where to go
   ☐ Did not have health concerns or did not want medical services support
   ☐ Ashamed or embarrassed
   ☐ Discouraged by friends or family to seek help
   ☐ No insurance
   ☐ Did not think they would/could help
   ☐ Other: __________________________________________

32. Have you utilized UH Counseling Services in the past year? *
   Mark only one oval.
   ☐ Yes
   ☐ No
   ☐ Other: __________________________________________

33. If you answered no, what prevented you from accessing needed Counseling Services on-campus? (check all that apply)
   Check all that apply.
   ☐ Did not know on campus Counseling services were available
   ☐ Did not know where to go
   ☐ Did not have health concerns or did not want counseling services support
   ☐ Ashamed or embarrassed
   ☐ Discouraged by friends or family to seek help
   ☐ Do not feel comfortable with the location
   ☐ Other: __________________________________________
34. Have you heard about these programs/services offered by UH Student Health and Wellness Programs? (check all that apply) *

Check all that apply.

☐ Stall Talk
☐ HeartMath
☐ Relaxation Station
☐ Labyrinth
☐ Community of Hei
☐ Suicide Prevention Lifeline cards in the bathrooms
☐ QPR (Question, Persuade, Refer) Suicide Prevention Gatekeeper Training Course
☐ Kognito At-Risk for Student Training course (for students to learn how to help other students with mental health concerns)
☐ Mindfulness Classes or drop-in sessions

35. Have you participated in any UH Student Health and Wellness Programs outreach and prevention activities in the past year (ie - relaxation stations, walking labyrinth, tabling, and/or read Stall Talks in campus bathrooms)? *

Mark only one oval.

☐ Yes
☐ No
☐ Other: ____________________________

36. If you answered no, what prevented you from participating? (check all that apply) *

Check all that apply.

☐ Did not know about it
☐ Did not have time
☐ Not interested
☐ Time/and or location of activity
☐ Other: ____________________________

37. What activities, events, programs, or other supports would help you and others like you relieve stress? Is there anything that is specific to you or your culture? *

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

38. What does the slogan "No Shame, No Blame" mean to you? *

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
39. In your opinion, what is the biggest barrier to students seeking help when they are stressed? (check all that apply) *
   Check all that apply.
   [ ] they don't want others to see them differently
   [ ] they feel they should be able to deal with it themselves
   [ ] they don't want others to know they are struggling
   [ ] Other: __________________________

40. Do you have any ideas about how we can help reduce these barriers so students can seek help when they need it? *

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

41. Have you been to UH Hilo's Counseling Services website? *
   Mark only one oval.
   [ ] Yes
   [ ] No

42. If yes, do you have any comments or suggestions?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

43. I would like to learn more about: (check all that apply) *
   Check all that apply.
   [ ] Sleep
   [ ] Anxiety
   [ ] Depression
   [ ] How to help a friend in crisis
   [ ] How to manage relationships
   [ ] Conflict resolution
   [ ] Substance Use and Misuse
   [ ] Alcohol Use and Misuse
   [ ] Other: __________________________
44. **How would you like to learn these things? (check all that apply) *  

*Check all that apply.*

- I’ll go to a page on Counseling Services’s website when I need to find the information
- On a Stall Talk
- I’ll Google it and read about it online when I need to find the information
- At a Student Health and Wellness workshop
- Presentation in one of my classes
- Passing by Student Health and Wellness tabling
- Talk Story sessions at my club or sports team
- A video or social media post from UH
- Other: __________________________

45. **Check the proposed activities that you would attend/access if we offered them on our campus (check all that apply) *  

*Check all that apply.*

- "Let’s Talk" sessions: 15 min. to talk informally with a counselor at a variety of locations around campus
- Heartmath biofeedback stress management training program at a variety of locations around campus
- Videos from Student Health and Wellness Programs about stress management for social media
- Student Peer Support Group (Join a team of students who train for 6 sessions to learn how to help other students with stress management)
- Anonymous group gratitude webpage
- Follow SHWP social media posts about stress management
- Other: __________________________

46. **In your opinion, what can UH Hilo do to support well-being for you and others like you? *  

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

47. **How valuable do you think this survey is for developing programs for supporting student mental health on campus? *  

*Mark only one oval.*

1  2  3  4  5  
not at all  ○ ○ ○ ○ ○  extremely

48. **How stressful was it for you to complete this survey? *  

*Mark only one oval.*

1  2  3  4  5  
not at all  ○ ○ ○ ○ ○  extremely
49. **How difficult was it to understand the questions?** *

*Mark only one oval.*

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>extremely</td>
</tr>
</tbody>
</table>

not at all

50. **Any last comments?**

---

---

---

---

---

---

**Mahalo! Please see the next screen.**