

## Introduction

# National Faculty and Staff Health Assessment

## "Assessing the Health of Faculty, Staff and Graduate Student Employees"

The ACHA-NFSHA asks about various aspects of your health and is completely voluntary. You may skip any question you do not want to answer. You may complete the survey in multiple sessions. Use the buttons at the bottom of the survey to navigate through the survey. Do not use your browser's back button.

By clicking the 'Begin Survey' button below, you agree that:

The purpose of this study has been thoroughly explained to you; you are at least 18 years of age; and you consent to participate in the survey.

Please direct any questions about the survey to the campus contact identified in your survey invitation email.

## NFSHA SURVEY

### General Wellness

1) How would you describe your general overall health?

Excellent

Fair

Very Good

Poor

Good

Don't Know

**2) My college/university cares about my health and well-being.**

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

**3) Do you believe the health and well-being of university staff and faculty impact student success and learning?**

Yes

No

Don't Know

Not Applicable

**4) How important do you feel it is to model positive health and wellness behavior to students?**

Extremely important

Very important

Moderately important

Slightly important

Not at all important

Not Applicable

**5) Within the last 12 months have you received a flu vaccination (shot or mist)?**

Yes

No

Don't Know

6) Within the last 12 months, how often did you...

	Never	Rarely	Sometimes	Most of the Time	Always	Not Applicable
Experience pain, discomfort, or numbness in your <b>hands, wrists, arms, or shoulders</b> when using a computer or working at a desk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience pain, discomfort, or numbness in your <b>hands, wrists, arms, or shoulders</b> when performing work tasks <b>NOT</b> at a desk or a computer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience pain, discomfort, or numbness in your <b>neck or low back</b> when using a computer or working at a desk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experience pain, discomfort, or numbness in your <b>neck or low back</b> when performing work tasks <b>NOT</b> at a desk or a computer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copyright ACHA 2017  
Reproduction Prohibited

7) How long has it been since you had the following checked? (Please mark the appropriate column for each row)

	Less than 12 months ago	1 year ago but less than 2 years ago	2 years ago but less than 3 years ago	3 years ago but less than 5 years ago	5 or more years ago	Never	Don't Know
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triglycerides (blood fat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Has a doctor or other healthcare provider told you that you currently have any of the following conditions? (Please mark the appropriate column for each row)

	No	Yes, Diagnosed/No Treatment	Yes, Diagnosed/Received Treatment
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated blood sugar or diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevated cholesterol level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low back injury or spine problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up?

0 days

1 day

2 days

3 days

4 days

5 days

6 days

7 days

10) During the past 7 days, on average, how many hours of sleep did you get during a 24-hour period?

Hours

Minutes

Copyright ACHA 2017  
Reproduction Prohibited

**11) In the last 12 months have you experienced the following? (Please mark the appropriate column for each row)**

	Yes	No
Experienced difficulty falling asleep	<input type="radio"/>	<input type="radio"/>
Experienced difficulty staying asleep	<input type="radio"/>	<input type="radio"/>
Used an over-the-counter medication to promote sleep	<input type="radio"/>	<input type="radio"/>
Used a prescription medication to promote sleep	<input type="radio"/>	<input type="radio"/>
	Yes	No
Experienced difficulty coping with stressful events or situations	<input type="radio"/>	<input type="radio"/>
Felt so depressed that it was difficult to function	<input type="radio"/>	<input type="radio"/>
Felt overwhelming anxiety	<input type="radio"/>	<input type="radio"/>
Felt overwhelmed by all you had to do	<input type="radio"/>	<input type="radio"/>

Copyright ACHA 2017  
Reproduction Prohibited

## Work Performance

12A) Within the last 12 months, how often have the following negatively impacted your performance and/or productivity at work? (Please mark the appropriate column for each row)

	Never	Rarely	Sometimes	Most of the time	Always	Not Applicable, have not experienced within the last 12 months
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death of a close friend or family member	<input type="radio"/>	<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"/>	<input type="radio"/>
Financial concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of quality sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe headaches/migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A family member's (child, parent, spouse/partner) special needs, illness, injury or surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own special needs, illness, injury or surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence in my home (spouse/partner, child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12B) Within the last 12 months, how often have the following negatively impacted your performance and/or productivity at work? (Please mark the appropriate column for each row)**

	Never	Rarely	Sometimes	Most of the time	Always	Not Applicable, have not experienced within the last 12 months
Personal problem with addiction to alcohol or drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addiction to alcohol or drugs of a close friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of interest in my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of tools and resources to perform functions of my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copyright ACHA 2017  
 Reproduction Prohibited



12C) Within the last 12 months, how often have the following negatively impacted your performance and/or productivity at work? (Please mark the appropriate column for each row)

	Never	Rarely	Sometimes	Most of the time	Always	Not Applicable, have not experienced within the last 12 months
Relationship in my personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stressful environment within my department/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor or Management support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Work Culture

A culture of wellness refers to norms, standards, and structures that are helpful for individuals' wellness to include: Supportive leadership and colleagues, environmental cues and resources that support healthy living.

13) My college/university promotes a culture of wellness.

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Don't Know

**14) Please indicate whether each of the following are a barrier that prevents you from participating in wellness-at-work programs.**

	Yes	No
Job responsibilities make it difficult to participate (shift work, coverage, fee based work)	<input type="radio"/>	<input type="radio"/>
I forget to attend or participate	<input type="radio"/>	<input type="radio"/>
Concerns about confidentiality	<input type="radio"/>	<input type="radio"/>
Lack of personal motivation	<input type="radio"/>	<input type="radio"/>
Time management (have trouble fitting anything else into my busy schedule)	<input type="radio"/>	<input type="radio"/>
	Yes	No
Schedule of programs do not work for me	<input type="radio"/>	<input type="radio"/>
Wellness programs are not offered at a convenient location	<input type="radio"/>	<input type="radio"/>
My supervisor does not allow me to attend	<input type="radio"/>	<input type="radio"/>
Lack of interest in wellness activities available to me	<input type="radio"/>	<input type="radio"/>
Injury or disability	<input type="radio"/>	<input type="radio"/>
	Yes	No
Cost	<input type="radio"/>	<input type="radio"/>
Not supported by coworkers	<input type="radio"/>	<input type="radio"/>
Do not feel comfortable participating in wellness-at-work programs	<input type="radio"/>	<input type="radio"/>
Do not have the knowledge needed to participate	<input type="radio"/>	<input type="radio"/>
Other (please specify		

**15) Within the last 12 months I have felt... (Please mark the appropriate column for each row)**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
My work is consistent with my values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My office/department values my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor provides the support that I need to cope with the demands of my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have received adequate feedback to judge my work performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The flow of communication within my office/department clearly defines expectations so I know how to effectively do my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been offered opportunities to learn and grow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My department values the balance between my job and life outside the work setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Safety and Violence

16) My college/university is concerned about my safety.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

17) How safe do you feel: (Please mark the appropriate column for each row)

	Not safe at all	Somewhat unsafe	Somewhat safe	Very safe	Not Applicable
On this campus (daytime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On this campus (nighttime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the community surrounding this campus (daytime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the community surrounding this campus (nighttime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18) Within the last 12 months, how often did you: (Please mark the appropriate column for each row)

	Never	Rarely	Sometimes	Most of the time	Always	Not Applicable, did not do this activity within the last 12 months
Wear a seatbelt when you rode in a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you rode a bicycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you rode a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copyright ACHA 2017  
Reproduction Prohibited

**19A) In the past twelve months, have you observed any of the following behaviors among your coworkers?**

	Yes	No
Ignoring phone calls or emails from coworkers	<input type="radio"/>	<input type="radio"/>
Silent treatment towards coworkers	<input type="radio"/>	<input type="radio"/>
Spreading gossip about coworkers	<input type="radio"/>	<input type="radio"/>
Coworkers are excluded from work-related social gatherings	<input type="radio"/>	<input type="radio"/>

	Yes	No
Coworkers take credit for work or ideas of others	<input type="radio"/>	<input type="radio"/>
Coworkers make insults about personal lives of others	<input type="radio"/>	<input type="radio"/>
Coworkers display intimidating or humiliating behaviors toward others	<input type="radio"/>	<input type="radio"/>
Coworkers are being ignored/ostracized by others	<input type="radio"/>	<input type="radio"/>

	Yes	No
Coworkers experience verbal abuse	<input type="radio"/>	<input type="radio"/>
Coworkers experience physical abuse	<input type="radio"/>	<input type="radio"/>
Coworkers experience sexual abuse	<input type="radio"/>	<input type="radio"/>
Misuse of authority within an organization for personal or financial gain	<input type="radio"/>	<input type="radio"/>

**19B) In the past twelve months, have the following behaviors been directed toward you in the workplace?**

	Yes	No
Ignoring my phone calls or emails	<input type="radio"/>	<input type="radio"/>
Silent treatment towards me	<input type="radio"/>	<input type="radio"/>
Spreading gossip about me	<input type="radio"/>	<input type="radio"/>
Coworkers exclude you from work-related social gatherings	<input type="radio"/>	<input type="radio"/>

	Yes	No
Coworkers take credit for your work or your ideas	<input type="radio"/>	<input type="radio"/>
Coworkers make insults about your personal life	<input type="radio"/>	<input type="radio"/>
Coworkers display intimidating or humiliating behaviors	<input type="radio"/>	<input type="radio"/>
Verbal abuse	<input type="radio"/>	<input type="radio"/>

	Yes	No
Physical abuse	<input type="radio"/>	<input type="radio"/>
Sexual abuse	<input type="radio"/>	<input type="radio"/>
Supervisor abuses their power over me	<input type="radio"/>	<input type="radio"/>
Coworkers are ignoring/ostracizing me.	<input type="radio"/>	<input type="radio"/>

**Workplace bullying refers to repeated, unreasonable actions of individuals (or a group) directed towards an employee (or a group of employees), which are intended to intimidate, degrade, humiliate, or undermine; or which create a risk to the health or safety of the employee(s).**

20) In the last twelve months, I have missed work due to being bullied in workplace.

Yes

No

Not Applicable, I haven't been bullied

21) Please indicate the extent to which you agree or disagree with each of the following statements: In the last twelve months:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
My <b>emotional</b> health (irritability, inability to concentrate, anxiety, depression, etc.) has been negatively affected due to being bullied at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My <b>physical</b> health (headaches, diarrhea, impaired immune system, diabetes, etc.) has been negatively affected due to being bullied at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My <b>stress</b> (social isolation, family issues, marriage issues, etc.) level has been increased due to being bullied at work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next two questions ask about physical activity. The levels of intensity can be characterized in terms of breathing difficulty. A person doing moderate physical activity can typically talk, but not sing while doing the activity. A person doing vigorous physical activity typically cannot say more than a few words without pausing for a breath while doing the activity.



22A) In the past 7 days, how many (total) minutes did you spend doing moderate physical activity?  
Examples: Walking briskly, water aerobics, biking slower than 10 miles per hour, doubles tennis. (Only include activities done for 10 minutes or more at a time.)

Minutes

22B) In the past 7 days, how many (total) minutes did you spend doing vigorous physical activity?  
Examples: Jogging or running, swimming laps, biking more than 10 miles per hour, aerobic dance, singles tennis. (Only include activities done for 10 minutes or more at a time.)

Minutes

22C) In the last 7 days, how many days did you spend doing exercises to strengthen or tone your muscles? Examples: push ups, sit ups, weightlifting/training

Days

23) In the past 30 days, how often do you use the stairs instead of an elevator or escalator?

Always

Most of the time

Some of the time

Rarely

Never

Not Applicable

**24) In the past 30 days, on average which of the following best represents how much time you spend sitting while at work?**

10% (approx. 48 mins per day)

20% (approx. 1.6 hours per day)

30% (approx. 2.4 hours per day)

40% (approx. 3.2 hours per day)

50% (approx. 4.0 hours per day)

60% (approx. 4.8 hours per day)

70% (approx. 5.6 hours per day)

80% (approx. 6.4 hours per day)

90% (approx. 7.2 hours per day)

100% (approx. 8.0 hours per day)

**25) Has a doctor or other health care provider instructed you to restrict your current physical activity?**

Yes

No

**26) Do you currently have difficulty walking or using stairs or require an assistive device to help with mobility?**

Yes

No

### **Weight and Nutrition**

**27) I consider myself to be:**

Underweight

A healthy weight

Overweight

Obese

Unsure

**28) Are you trying to do any of the following about your weight?**

I am not trying to do anything about my weight

Stay the same weight

Lose weight

Gain weight

**29) In the last week, how many servings of fruit did you eat on average per day? (One serving is a medium piece of fresh fruit, ½ cup of fresh, frozen, or canned fruit, ¼ cup of dried fruit, ¾ cup of 100% fruit juice)**

0 servings/day

1-2 servings/day

3-4 servings/day

5-6 servings/day

>6 servings/day

**30) In the last week, how many servings of vegetables did you eat on average per day? (One serving is ½ cup of fresh, frozen, or canned vegetables, ¾ cup 100% vegetable juice, 1 cup salad greens)**

0 servings/day

1-2 servings/day

3-4 servings/day

5-6 servings/day

>6 servings/day

**31) In the last week, how many servings of whole grains did you eat on average per day? (One serving is 1 slice of whole grain bread, 1 mini whole grain bagel, 1 cup of whole grain ready-to-eat cereal, ½ cup cooked brown/wild rice, whole grain pasta, or oatmeal, 1 small 6" inch whole grain tortilla)**

0 servings/day

1-2 servings/day

3-4 servings/day

5-6 servings/day

>6 servings/day

**32) In the last week, how many servings of low-fat dairy or calcium fortified products did you eat on average per day? (One serving is 1 cup of fat-free or low-fat milk, yogurt, or calcium fortified juice, 1/3 cup shredded low-fat or reduced-fat cheese, 1.5 ounces of natural cheese or about the size of 6 dice)**

- 0 servings/day
- 1-2 servings/day
- 3-4 servings/day
- 5-6 servings/day
- >6 servings/day

**33) In the last week, how many ounces of lean proteins did you eat on average per day?**

**One ounce is 1 egg; ¼ cup cooked beans or peas, roasted soybeans, or tofu; 2 tablespoons of hummus; 1 tablespoon of peanut butter or almond butter; ½ ounce nuts and seeds (12 almonds, 24 pistachios, 7 walnut halves); or 1 ounce lean beef, pork, chicken, fish (about the size of a matchbook cover)**

**For example:**

**3 ounces of lean beef, pork, poultry, or fish = size of a deck of cards**

**If you ate 2 eggs, 1 small hamburger, and 1/2 cup of beans throughout the day = 7 ounces total**

- 0-2 ounces per day
- 3-5 ounces per day
- 6-8 ounces per day
- 9-11 ounces per day
- More than 11 ounces per day

**34) In the last week, how many servings of sugar-sweetened beverages did you drink on average per day? (One serving is 12 oz of soda, 8 oz of sugar-sweetened, flavored water or sports drink, 6 oz of sugar sweetened coffee, tea, or juice)**

- 0 servings/day
- 1-2 servings/day
- 3-4 servings/day
- 5-6 servings/day
- >6 servings/day

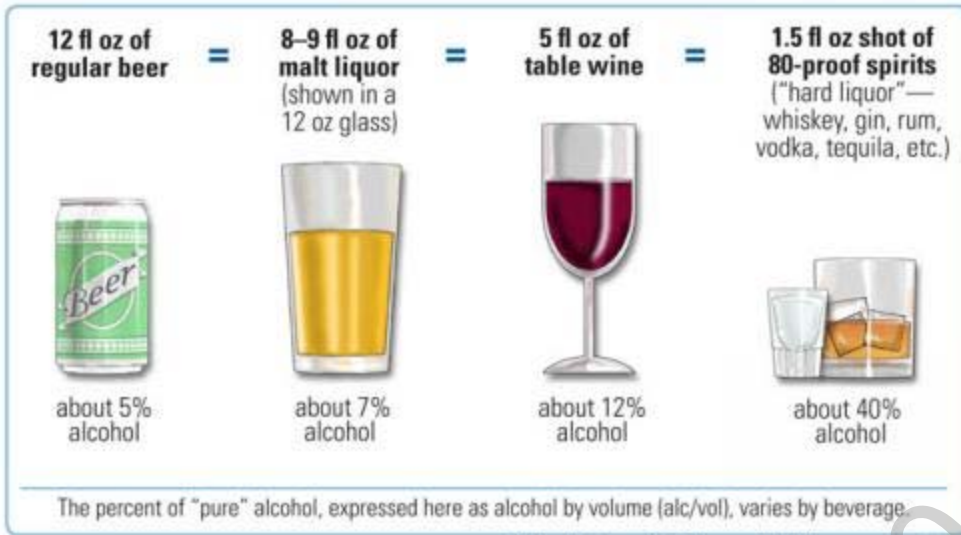
## Alcohol and Tobacco Use

35) Within the last 30 days, on how many days did you use: (Please mark the appropriate column for each row)

	Never used	Have used, but not in last 30 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, little cigars, clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco(chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco from a water pipe (hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A standard drink of alcohol is defined as:

- 12 fluid ounces of regular beer
- 8-9 ounces malt liquor
- 5 fluid ounces table wine
- 1 ½ ounce shot of 80 proof liquor



36) Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting?

- Not Applicable, don't drink
- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 times
- 10 or more times

37) On a typical day or evening when you drink, how many drinks do you usually have? (If you did not drink alcohol, please enter 0)

Number of Drinks

38) In the last 12 months, have you felt the need to reduce your drinking?

- Yes
- No
- Not Applicable, don't drink

**39) In the last 12 months, has a family member, friend, colleague, or anyone expressed concern about your drinking or suggested you reduce your consumption?**

Yes

No

Not Applicable, don't drink

**40) Are you having any financial, work, family, or other problems as a result of your drinking?**

Yes

No

Not Applicable, don't drink

**41) Are you in recovery from alcohol or other substance abuse or dependence?**

Yes

No

**This part of the survey will help us understand your personal characteristics. While we strive to present an inclusive list of options for the questions that follow, the categories may not represent your full identity nor use the language you prefer. For the purpose of this survey, please indicate which choice best describes you.**

## Demographic Characteristics

### 42) How do you usually describe yourself? (Mark all that apply)

American Indian or Native Alaskan

Asian or Asian American

Arab/Middle Eastern/North African Origin

Black or African American

Hispanic or Latino/a

Native Hawaiian or Other Pacific Islander Native

White

Biracial or Multiracial

Another Identity (please specify)

### 42A) Are you:

Mexican, Mexican Am., Chicano

Puerto Rican

Cuban

Another Hispanic, Latino, or Spanish origin

### 42A) Are you:

East Asian (e.g., Chinese, Japanese, Korean, Taiwanese)

Southeast Asian (e.g., Cambodian, Vietnamese, Hmong, Filipino)

South Asian (e.g., Indian, Pakistani, Nepalese, Sri Lankan)

Other Asian

### 43) How old are you?

Years



44) What is your height in feet (') and inches (")?

45) What is your weight in pounds?

 Pounds

46) What sex were you assigned at birth, such as on an original birth certificate?

Female

Male

47) Do you identify as transgender?

No

Yes

48) Which term do you use to describe your gender identity?

Woman

Man

Trans woman

Trans man

Genderqueer

Another identity (please specify)

**49) What term best describes your sexual orientation?**

Straight/Heterosexual

Bisexual

Gay

Lesbian

Pansexual

Queer

Questioning

Another identity (please specify)

**50) Relationship status:**

Single, never married

Single, divorced

Separated

Engaged

Married

Widowed

Other (Please specify)

**51) Highest level of education:**

Grades 1-8

Grades 9-11 (some high school)

High school graduate or GED

Some college (no degree)

Trade/technical/vocational

Associate's degree

Bachelor's degree

Master's degree

Doctoral Degree

Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

**52) Within the past 30 days, how often did you worry whether your food would run out before you got money to buy more?**

Never

Sometimes

Often

**53) Within the past 30 days, how often did the food you bought not last and you did not have money to get more?**

Never

Sometimes

Often

**54) Within the past 12 months, to what extent have your values, sense of purpose, faith or spirituality been useful to you?**

Not applicable

To no extent

To little extent

To some extent

To great extent

To very great extent

**55) Are you currently or have you been a member of the Armed Services?**

No

Yes and I have served in geographic area of hazardous duty

Yes and I have not served in a geographic area of hazardous duty

## Employment Information

### 56) Employee Classification: (Choose your primary position)

Staff

Adjunct Faculty

Faculty

Administration

Graduate Student

Resident

Other

### 57) Pay type:

Hourly

Salaried

### 58) What shift do you usually work?

Day (1st)

Evening (2nd)

Night (3rd)

### 59) What is your yearly appointment?

9 month

10 month

11 month

12 month

**60) Employment status:**

Part-time without benefits

Part-time with benefits

Full-time without benefits

Full-time with benefits

**61) Are you:**

Employed by the college/university

Employed by an outsourced group

**62) Do you have health insurance?**

No

Yes

I don't know

**63) Years of employment at this institution or outsourced group at this institution:**

<=5

6-10

11-15

16-20

21-25

26-30

31-35

36-40

More than 40 years

64) Are you a member of an employment union?

No

Yes

The End

Almost there! Please hit the "submit survey" button below.

Copyright ACHA 2017  
Reproduction Prohibited