



Introduction

National Faculty and Staff Health Assessment

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.

General Wellness

General Wellness

1) How would you describe your general overall health?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> Don't know |

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

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

- No
- Yes
- Don't know

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

- Not applicable
- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

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

- No
- Yes
- Don't know

Have you been vaccinated against COVID-19?

- No
- Yes

How many total doses (or shots) of COVID-19 vaccine have you received? Include total doses (of any brand) given for your initial/primary vaccination as well as booster shots.

doses (or shots)

Was your first COVID-19 vaccine the Johnson & Johnson vaccine?

- No
- Yes

Have you tested positive for COVID-19 within the last 12 months?

- No
- Yes

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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) Over the last 2 weeks, what is the average amount of sleep you have gotten on weeknights (excluding naps)? (Please select the response closest to your answer)

- Less than 4 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

11A) How long does it usually take for you to fall asleep at night once you close your eyes?

- Under 5 minutes
- 5-15 minutes
- 16-30 minutes
- 31 minutes – 1 hour
- Over 1 hour

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

	No	Yes
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"/>
Experienced difficulty coping with stressful events or situations	<input type="radio"/>	<input type="radio"/>
	No	Yes
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"/>

Work Performance

Work Performance

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

	I did not experience this issue/not applicable	I have experienced this issue, but my work performance/productivity has not been affected	I have experienced this issue, and it negatively impacted my work performance/productivity
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19	<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"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of quality sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severe headaches/migraines	<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"/>
My own special needs, illness, injury or surgery	<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"/>

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

	I did not experience this issue/not applicable	I have experienced this issue, but my work performance/productivity has not been affected	I have experienced this issue, and it negatively impacted my work performance/productivity
Personal problem with addiction to alcohol or drugs	<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"/>
Lack of interest in my work	<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"/>

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

	I did not experience this issue/not applicable	I have experienced this issue, but my work performance/productivity has not been affected	I have experienced this issue, and it negatively impacted my work performance/productivity
Relationship in my personal life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with coworkers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stressful environment within my department/unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisor or management support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Work Culture

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 agree
- Agree
- Neutral
- Disagree
- Strongly disagree
- Don't know

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

	No	Yes
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"/>

	No	Yes
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"/>

	No	Yes
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 <input type="text"/>	<input type="radio"/>	<input type="radio"/>

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

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My work is consistent with my values.	<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"/>
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"/>
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"/>

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
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"/>
I have been offered opportunities to learn and grow.	<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"/>

Safety and Violence

Safety and Violence

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

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

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

	No	Yes
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"/>
	No	Yes
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"/>
	No	Yes
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"/>

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

	No	Yes
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"/>
	No	Yes
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"/>
	No	Yes
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.

- Not applicable, I have not been bullied in the workplace in the last 12 months.
- No
- Yes

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

	Not applicable, I have not been bullied in the workplace in the last 12 months	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
My emotional 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 physical 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 stress (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.**

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.**

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, 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)

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

- No
- Yes

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

- No
- Yes

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

- Not applicable (e.g., I have a disability, or a job that does not require me to move between floors)
- Never
- Rarely
- Some of the time
- Most of the time
- Always

Weight and Nutrition

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, 1/2 cup of fresh, frozen, or canned fruit, 1/4 cup of dried fruit, 3/4 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 1/2 cup of fresh, frozen, or canned vegetables, 3/4 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, 1/2 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; 1/4 cup cooked beans or peas, roasted soybeans, or tofu; 2 tablespoons of hummus; 1 tablespoon of peanut butter or almond butter; 1/2 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

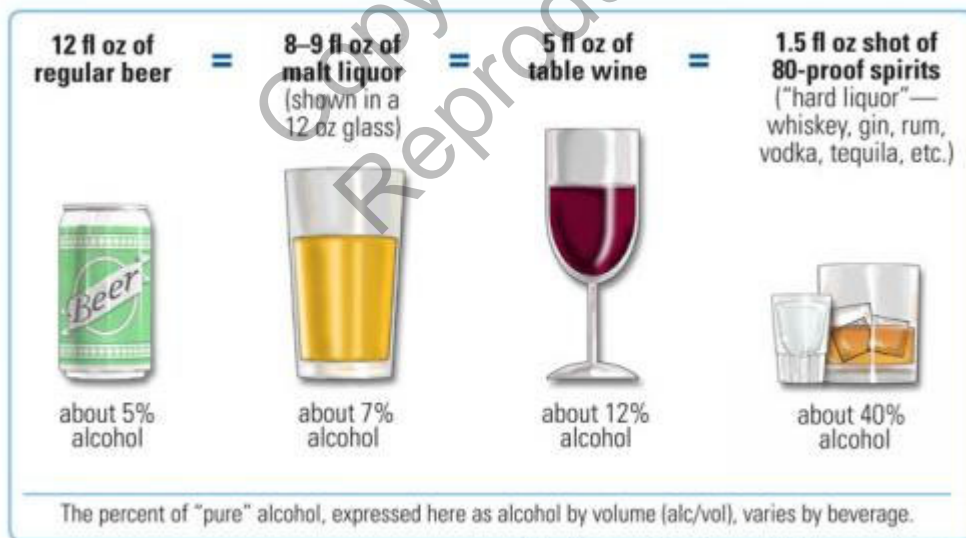
Alcohol and Tobacco Use

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 or other vape products	<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?

- | | |
|---|--|
| <input type="radio"/> Not applicable, don't drink | <input type="radio"/> 5 times |
| <input type="radio"/> None | <input type="radio"/> 6 times |
| <input type="radio"/> 1 time | <input type="radio"/> 7 times |
| <input type="radio"/> 2 times | <input type="radio"/> 8 times |
| <input type="radio"/> 3 times | <input type="radio"/> 9 times |
| <input type="radio"/> 4 times | <input type="radio"/> 10 or more times |

37) When you drink alcohol, how many drinks do you typically 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?

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

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?

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

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

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

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate how often each of the statements below is descriptive of you.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

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?

- Female
- Male
- Intersex

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
- Agender
- Genderfluid
- Intersex
- Nonbinary
- Another identity (please specify)

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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:

- | | |
|--|---|
| <input type="radio"/> Grades 1-8 | <input type="radio"/> Associate's degree |
| <input type="radio"/> Grades 9-11 (some high school) | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school graduate or GED | <input type="radio"/> Master's degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> Doctoral Degree |
| <input type="radio"/> Trade/technical/vocational | <input type="radio"/> Professional Degree (e.g., MD, DDS, DVM, LLB, JD) |

52) For the following statements, please say whether the statement was often true, sometimes true, or never true for you in the last 30 days.

	Often True	Sometimes True	Never True
The food that I bought just didn't last, and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53) In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes, almost every day
- Yes, some days, but not every day
- Only 1 or 2 days
- No

54) In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No

55) In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No

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

- To no extent
- To little extent
- To some extent
- To great extent
- To very great extent

57) 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

Employment Information

58) Employee Classification: (Choose your primary position)

- Staff
- Adjunct Faculty
- Faculty
- Administration
- Graduate/professional student, fellow, resident or post-doc
- Other

59) Pay type:

- Hourly
- Salaried

60) What shift do you usually work?

- Day (1st)
- Evening (2nd)
- Night (3rd)

61) What is your yearly appointment?

- 9 month
- 10 month
- 11 month
- 12 month

62) Employment status:

- Part-time without benefits
- Part-time with benefits
- Full-time without benefits
- Full-time with benefits

63) Are you:

- Employed by the college/university
- Employed by an outsourced group

64) Do you have health insurance?

- No
- Yes
- I don't know

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65) 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

66) Are you a member of an employment union?

- No
- Yes

The End

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

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