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## 2020 Student Quality of Life (QOL) Survey

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### Survey Flow

- I. Consent Form (1 Question)
  - II. Participant Eligibility (1 Question)
  - III. General/Overall Health (9 Questions)
  - IV. Physical Health (6 Questions)
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  - VII. Student/Health Services (6 Questions)
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## I. Consent Form

### QI Informed Consent Form to Participate in Research

*Please read this form which describes the study in some detail. A member of the research team will describe this study to you and answer all of your questions. Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. If you do not want to take part, you can call my office at any time to let me know (Isabella Alfonso, 813-316-8467) or you can tell me when I call you. If you choose not to take part, this will have no effect on your current or future health care at Shands Hospital at the University of Florida. If you have any questions about your rights as a research subject, you can phone the Institutional Review Board at 352-273-9600.*

### Study Title:

Quality of Life Status in Minority Students: A needs assessment for the College of Public Health & Health Professions at the University of Florida

IRB # 202001784

### Persons Conducting the Research:

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**Purpose:**

Based on a brief literature review, studies have shown that there is a lack of research assessing the quality of life of college students, both undergraduate and graduate students. This needs assessment will aim to fill in the gap in data collection and research around college students quality, particularly among racial and ethnic minorities. The results of the data will help to provide better understanding of students' needs and help to tailor current and future services offered by the University of Florida. The study will highlight the needs of the College of Public Health & Health Profession undergraduate and graduate students through a Quality of Life questionnaire, which will cover the following topics: overall health, physical health, mental health, food security, student & health services, and an optional section designed to assess the impact of current events on student's health.

**What you will do:**

This study will be conducted through Qualtrics and you will be asked questions regarding topics related to your overall health and wellness.

**Time required:**

The survey should not take more than 20 minutes to complete and can be done on any electronic device.

**Possible risks and benefits:**

There are no potential benefits for participating in this study.  
This study is categorized as "minimal" risk posing very little to no risk to you as a voluntary participant. All information collected is anonymous and will not contain any personal identifiers that can link you to your responses. You will be asked questions that may be upsetting to you, some of which ask about: drug use, alcohol use, and history of assault. Your participation in this

survey is voluntary.

**Confidentiality:**

All surveys will be conducted anonymously and will not ask for any personal identifying factors. Researchers will take appropriate steps to protect any information they collect about you. However, there is a slight risk that information about you could be revealed inappropriately or accidentally. Qualtrics uses encryption methods to ensure protection of your information, but information will remain anonymous as there are no personal identifiers that will be asked in the survey.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

**Compensation:**

There is no compensation for your participation in this study.

**Agreement:**

You have been informed about this study's purpose, procedures, possible benefits, and risks; the alternatives to being in the study; and how your privacy will be protected. You have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. By continuing this survey, you confirm that you are 18 or older.

If you consent to participate in this study, please select "I agree to participate" to continue; if you do not consent to participate, please select "I do not wish to participate."

- ☐ I agree to participate (1)
- ☐ I do not wish to participate (2)

## II. Participant Eligibility

**Q2** Are you a student at the College of Public Health and Health Professions at the University of Florida?

*You are considered a student at the College of Public Health and Health Professions at the University of Florida if you are in any capacity a degree or non-degree seeking student (e.g., main campus, online, undergraduate, graduate, PhD, combined or joint degree programs, professional programs, etc.)*

- ☐ Yes (1)
- ☐ No (2)

### III. General/Overall Health

**Q3** How would you describe your overall health?

- ☐ Poor (1)
- ☐ Fair (2)
- ☐ Good (3)
- ☐ Very Good (4)
- ☐ Excellent (5)
- ☐ Prefer not to answer (6)

**Q4** What **THREE** health concerns are MOST important to you? Please select **ONLY 3**.

- ☐ Sleep (1)
- ☐ Stress (2)
- ☐ Chronic disease (3)
- ☐ Sexual Health (4)
- ☐ Nutrition (5)
- ☐ Alcohol and/or Substance use (6)
- ☐ Mental illness (7)
- ☐ Infectious disease (8)
- ☐ Women's health (9)
- ☐ Dental health (10)
- ☐ Physical activity (11)
- ☐ Injury (12)
- ☐ Violence (13)
- ☐ Other (14) \_\_\_\_\_
- ☐ Prefer not to answer (15)

**Q5** During the past 30 days, have often you felt very healthy and full of energy?

- ☐ Always (1)
- ☐ Very often (2)
- ☐ Sometimes (3)
- ☐ Rarely (4)
- ☐ Never (5)

- ☐ Prefer not to answer (6)

Q6 Have you ever been **diagnosed with an ongoing or chronic condition** by a healthcare provider?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know or cannot recall (3)
- ☐ Prefer not to answer (4)

*(If respondent answered yes to Q6, then Q7 was displayed)*

**Q7** Because you answered **yes** to ever having been diagnosed with an ongoing or chronic condition, to what extent during the past 12 months did this ongoing or chronic condition **affect your academic performance**?

- ☐ My condition(s) did not affect my academic performance. (1)
- ☐ My condition(s) negatively impacted my academic performance. (2)
- ☐ My condition(s) delayed progress towards my degree. (3)
- ☐ Don't know (4)
- ☐ Prefer not to answer (5)

**Q8** Within the past 12 months, have any of the following affected your academic performance? Please select ALL that apply.

- ☐ Assault (physical) (1)
- ☐ Assault (sexual) (2)
- ☐ Allergies (3)
- ☐ Anxiety (4)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) (5)
- ☐ Concussion or traumatic brain injury (TBI) (6)
- ☐ COVID-19 (7)
- ☐ Depression (8)
- ☐ Eating disorder/problem (9)
- ☐ Headaches/migraines (10)
- ☐ Influenza or influenza-like illness (11)
- ☐ Injury (12)
- ☐ Premenstrual syndrome (PMS), painful periods, or menstrual cramping (13)
- ☐ Post-traumatic stress disorder (PTSD) (14)
- ☐ Short-term illness (excluding upper-respiratory illness, influenza, and COVID-19) (15)
- ☐ Upper respiratory illness (for example: sinus infection, colds, sore throat, etc.) (16)
- ☐ Sleep difficulties (17)
- ☐ Stress (18)
- ☐ Other (please specify) (19) \_\_\_\_\_
- ☐ Prefer not to answer (20)

**Q9** On average, how many alcoholic drinks do you have per week?

- ☐ None (1)
- ☐ 1-3 (2)
- ☐ 4-7 (3)
- ☐ 7-10 (4)
- ☐ 10+ (5)

- ☐ Prefer not to answer (6)

**Q10** How often, if ever, do you use tobacco products (for example: cigarettes, e-cigarettes, cigars, chewing tobacco, etc.)?

- ☐ Never (1)
- ☐ Former user (2)
- ☐ Rarely or social user (3)
- ☐ Sometimes (4)
- ☐ Often (5)
- ☐ Every day (6)
- ☐ Prefer not to answer (7)

**Q11** How often, if ever, do you use recreational drugs or substances of any kind (for non-medical uses)?

- ☐ Never (1)
- ☐ Former user (2)
- ☐ Rarely or social user (3)
- ☐ Sometimes (4)
- ☐ Often (5)
- ☐ Every day (6)
- ☐ Prefer not to answer (7)

## IV. Physical Health

**Q12** How would you rate your physical health, which includes physical illness and injury, over the past 12 months?

- ☐ Poor (1)
- ☐ Fair (2)
- ☐ Good (3)
- ☐ Very Good (4)
- ☐ Excellent (5)
- ☐ Prefer not to answer (6)

**Q13** During the past 12 months, how often did **poor physical health** keep you from doing your usual activities, such as self-care, work, or recreation?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ Often (3)
- ☐ Don't Know (4)
- ☐ Prefer not to answer (5)

**Q14** How would you describe your weight?

- ☐ Very underweight (1)
- ☐ Slightly underweight (2)
- ☐ About the right weight (3)
- ☐ Slightly overweight (4)
- ☐ Very overweight (5)
- ☐ Prefer not to answer (6)

**Q15** Are you trying to do any of the following about your weight?

- ☐ I am not trying to do anything about my weight (1)
- ☐ I am trying to gain weight (2)
- ☐ I am trying to maintain the same weight (3)
- ☐ I am trying to lose weight (4)
- ☐ Prefer not to answer (5)

**Q16** On average, during the past 12 months, how many days per week did you exercise?

- ☐ None (1)
- ☐ 1-2 days (2)
- ☐ 3-4 days (3)
- ☐ 5-7 days (4)
- ☐ I don't know (5)
- ☐ Prefer not to answer (6)



**Q17** During the past 12 months, how often did you want to exercise but felt that you didn't have time?

- ☐ Never (1)
- ☐ Sometimes (2)
- ☐ Often (3)
- ☐ Don't know (4)
- ☐ Prefer not to answer (5)

## V. Mental Health

**Q18** During the past 30 days, how would you rate the **overall level of stress** you have experienced?

- ☐ No stress (1)
- ☐ Low (2)
- ☐ Moderate (3)
- ☐ High (4)
- ☐ Extremely high (5)
- ☐ Prefer not to answer (6)

**Q19** How would you rate your **overall mental health** over the past 12 months?

- ☐ Poor (1)
- ☐ Fair (2)
- ☐ Good (3)
- ☐ Very good (4)
- ☐ Excellent (5)
- ☐ Prefer not to answer (6)

**Q20** During the past 12 months, what how much **sleep** do you typically get on the **average weeknight** (excluding naps)?

- ☐ Less than 4 hours (1)
- ☐ 4-6 hours (2)
- ☐ 6-8 hours (3)
- ☐ 8-10 hours (4)

- ☐ 10+ hours (5)
- ☐ Don't know (6)
- ☐ Prefer not to answer (7)

**Q21** If, in the future, you were to have a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know (3)
- ☐ Prefer not to answer (4)

**Q22** During the past 12 months, have you had problems or challenges with any of the following? Please select ALL that apply.

- ☐ Academics (1)
- ☐ Career (2)
- ☐ Finances (3)
- ☐ Procrastination (4)
- ☐ Faculty (5)
- ☐ Family (6)
- ☐ Intimate relationships (7)
- ☐ Roommate/housemate (8)
- ☐ Peers (9)
- ☐ Personal appearance (10)
- ☐ Health of someone close to me (11)
- ☐ Death of a family member, friend, or someone close to me (12)
- ☐ Bullying (for example: making threats, spreading rumors, physical or verbal attacks, excluding someone from a group, etc.) (13)
- ☐ Cyberbullying (use of technology to harass, threaten, embarrass, or target another person) (14)



**Q24** In the **last 12 months**, did you do any of the following because **there wasn't enough money for food**?

	Yes (1)	No (2)	Don't Know (3)	Prefer not to answer (4)
Eat less than you felt you should (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skip meals (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not eat for a whole day (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hungry but didn't eat (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lose weight (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## VII. Student/Health Services

**Q25** Have you received psychological or mental health services in the past 12 months?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

*(If respondents answered yes to Q25, they were displayed Q26)*

**Q26** Where were the psychological or mental health services you received in the past 12 months provided?

- ☐ My current campus health and/or counseling center (1)
- ☐ A mental health provider in the local community near my campus (2)
- ☐ A mental health provider in my hometown (3)
- ☐ A mental health provider not described above (please specify) (4)

- 
- ☐ Prefer not to answer (5)

**Q27** During the past 12 months, have you visited any **healthcare provider** (for example, a nurse practitioner, physician assistant, primary care doctor, or other type of medical doctor)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

*(If respondents answered YES to Q27, then they were displayed Q28.)*

**Q28** Where were the **healthcare services** you received in the past 12 months provided?

- ☐ My current campus health center (1)
- ☐ A healthcare service provider in the local community near my campus (2)
- ☐ A healthcare service provider in my hometown (3)
- ☐ A healthcare service provider not described above (please specify) (4)  
\_\_\_\_\_
- ☐ Prefer not to answer (5)

**Q29** Which of these **on-campus** health and wellness services have you utilized in the **past 12 months**? Please select ALL that apply.

- ☐ Student Health Care Center (1)
- ☐ Counseling & Wellness Center (CWC) (2)
- ☐ U Matter, We Care (3)
- ☐ GatorWell Health Promotion Services (4)
- ☐ Campus recreation & fitness facilities (e.g. gyms & recreational sports facilities) (5)
- ☐ Other (6) \_\_\_\_\_
- ☐ I have not utilized any on-campus services (7)

**Q30** What kind of health insurance do you have?

- ☐ Private (employer or someone else's employer / individual plan / Florida coverage) (1)
- ☐ Medicare (2)
- ☐ Medicaid (3)

- ☐ Military / VA (4)
- ☐ Other gov't (5)
- ☐ Currently uninsured (6)
- ☐ Don't know (7)
- ☐ Prefer not to answer (8)

## VIII. Demographics

**Q31** What is your current degree program?

- ☐ Undergraduate (1)
  - ☐ Graduate - Masters Program (e.g., MS, MPH, MHA) or Combination/Joint Degree Program (2)
  - ☐ Doctoral - PhD or Professional Program (e.g., Au.D., OTD, DPT) or Combination/Joint Degree Program (3)
  - ☐ Non-degree Seeking (Graduate or Professional Certificate) (4)
  - ☐ Other degree program not listed (5)
- 
- ☐ Prefer not to answer (6)

**Q32** What is your enrollment status?

- ☐ Full-time (1)
- ☐ Part-time (2)
- ☐ Other (3)
- ☐ Prefer not to answer (4)

**Q33** Please select your age category

- ☐ 18-22 years (1)
- ☐ 22-26 years (2)

- ☐ 26-30 years (3)
- ☐ 30-34 years (4)
- ☐ 35-39 years (5)
- ☐ 40 and over (6)
- ☐ Prefer not to answer (7)

**Q34** Please indicate your sex.

- ☐ Female (1)
- ☐ Male (2)
- ☐ Intersex (3)
- ☐ Sexual identity not listed (4) \_\_\_\_\_
- ☐ Don't know (5)
- ☐ Prefer not to answer (6)

**Q35** Do you consider yourself member of the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQIA+) community?

- ☐ Yes (1)
- ☐ No (2)
- ☐ No, but I identify as an Ally (3)
- ☐ Don't know (4)
- ☐ Prefer not to answer (5)

**Q36** How do you usually describe yourself? Please select **ALL** that apply.

- ☐ Indigenous American or Native American (1)
- ☐ Alaskan Native (8)
- ☐ Asian (2)
- ☐ Black or African American (3)
- ☐ Middle Eastern, West Asian, or North African (9)

- ☐ Native Hawaiian or Other Pacific Islander (4)
- ☐ Hispanic, Latino/a/x, or Hispanic-White (7)
- ☐ Non-Hispanic White (6)
- ☐ Prefer not to answer (11)

**Q37** What is your employment status?

- ☐ Employed (1)
- ☐ Self-employed/Freelance (2)
- ☐ Interning (3)
- ☐ Out of work and looking for work (4)
- ☐ Out of work but not currently looking for work (5)
- ☐ Homemaker (6)
- ☐ Student (7)
- ☐ Volunteer (8)
- ☐ Military/Forces (9)
- ☐ Retired (10)
- ☐ Unable to work (11)
- ☐ Other (12)
- ☐ ☒ Prefer not to answer (13)

**Q38** What is your household's estimated yearly income?

- ☐ Less than \$20,000 (1)
- ☐ \$20,000 - \$49,000 (2)
- ☐ \$50,000 - \$79,000 (3)
- ☐ \$80,000 - \$119,000 (4)
- ☐ More than \$120,000 (5)
- ☐ Don't know (6)



- ☐ Prefer not to answer (7)

**Q39** Which of the following best describes your current housing situation?

- ☐ Campus or university housing (1)
- ☐ Off-campus or other non-university housing (2)
- ☐ Parent/guardian/other family member's home (3)
- ☐ Temporarily staying with a relative, friend, or "couch surfing" until I find housing. (4)
- ☐ Homeowner (5)
- ☐ Shelter (6)
- ☐ I currently do not have a place to live (7)
- ☐ Other housing situation not listed (8)
- 
- ☐ Prefer not to answer (9)

## IX. Final Questions (OPTIONAL)

**Q40** How have you been impacted by the coronavirus pandemic, also known as COVID-19? Please select ALL that apply.

- ☐ Job loss (1)
- ☐ Reduced work hours (2)
- ☐ Serious difficulty working from home (3)
- ☐ Serious difficulty completing school online (4)
- ☐ Feelings of isolation (5)
- ☐ Worry, fear, or anxiety for the future (6)
- ☐ Worry, fear, or anxiety for loved ones (7)
- ☐ Worry, fear, or anxiety for personal health/safety (8)
- ☐ Loss of sleep (9)
- ☐ Loss of motivation / energy / productivity (10)
- ☐ Depression (11)
- ☐ Conflict or arguments at home (12)
- ☐ Emotional abuse at home (13)
- ☐ Physical abuse at home (14)
- ☐ Sexual abuse at home (15)
- ☐ I was diagnosed with COVID-19 (16)

- ☐ Experienced a family member or close friend who had COVID-19 (17)
- ☐ Experienced being a healthcare worker on the front lines (18)
- ☐ OTHER - Experienced one or more of these options, but prefer not to respond to any or all (19)
- ☐ OTHER- Experienced none of these (20)

**Q41** How have the recent protests surrounding the deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, and many other people of color, impacted you? Please select ALL that apply.

- ☐ Angered (1)
- ☐ Empowered (2)
- ☐ Confusion (3)
- ☐ Fearful (4)
- ☐ Hopeful (5)
- ☐ Saddened (6)
- ☐ Loss of sleep (7)
- ☐ Attended protests (8)
- ☐ Inability to focus on school, work, or activities (9)
- ☐ Experienced arguments or conflict with friends and/or family (10)
- ☐ Motivated to learn more about racism and social justice (11)
- ☐ Other not listed (12) \_\_\_\_\_
- ☐ OTHER - Experienced one or more of these options, but prefer not to respond to any or all (13)
- ☐ OTHER - Experienced none of these (14)

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*End of Survey*