Florida Medical Student Wellness Survey

Thank you for participating in this important survey of medical student wellness, which is being conducted at all medical schools in Florida. Your responses cannot be linked to you in any way. Therefore, you can be completely candid when responding.

This project represents a major priority in medical school training. We want to identify areas where support could be provided to help medical students succeed.

Due to the importance of the study, all data will remain anonymous, and results will be reported in aggregate form (meaning, it will even be impossible to determine which school students attend). No email addresses or IP addresses are being collected.

The following questionnaire asks a variety of questions about medical student wellness, including personal health, stressors, coping strategies, risky behaviors, resources, quality of life, etc. Some of the items are personal/sensitive in nature. Please remember that all

responses will be kept completely anonymous. You may choose to skip any items you do not wish to answer, or discontinue the survey at any time. This survey has been reviewed and approved by the appropriate IRBs, and each agreed there were no significant risks to your participation. There are no direct benefits to you for participating in the study, though results may be used to improve the medical school experience in the future. If you have any questions or concerns about your participation in this study, please contact the Principal Investigator, The questionnaire should take 15-30 minutes to complete. Thank you for answering all of the questions, and for doing so honestly.

Florida Medicai Student Wellness Survey
1. In order to participate, please click on the button below to confirm that you understand this survey is
completely anonymous and that your answers cannot be linked to you in any way.
I understand that my responses are anonymous and wish to participate

Florida Medical Student Wellness Survey
THESE FIRST ITEMS ASK ABOUT YOUR OVERALL WELL-BEING AS A MEDICAL STUDENT.

2. Overall, how would you rate your PHYSICAL health during the past 4 weeks? Excellent Very Good Good) Fair Poor Very Poor 3. Overall, how would you rate your physical health <u>before</u> beginning medical school? Excellent Very Good Good Fair Poor O Very Poor 4. Since beginning medical school, how has your general physical health changed? Significantly Worse Moderately Worse A Little Worse No Change A Little Improved Moderately Improved Significantly Improved

5. Overall, how would you rate your PSYCHOLOGICAL health during the past 4 weeks? Excellent Very Good Good) Fair Poor Very Poor 6. Overall, how would you rate your psychological health before beginning medical school? Excellent Very Good Good Fair Poor O Very Poor 7. Since beginning medical school, how has your general psychological health changed? Significantly Worse Moderately Worse A Little Worse No Change A Little Improved Moderately Improved Significantly Improved

8. During the past 4 weeks, how much energy did you have? Very Much Quite a Lot Some A Little None 9. In the past 4 weeks, how much sleep have you gotten each night, on average? No sleep 1 hour 2 hours 3 hours 4 hours 5 hours 6 hours 7 hours 8 hours 9 hours 10 hours) 11 hours 12 or more hours 10. Which do you consider this to be? Significantly less sleep than needed Slightly less sleep than needed Just the right amount of sleep Slightly more sleep than needed Significantly more sleep than needed

	\/am : 4	cribe your eating habi	Fainh le c 101	\/a
mount of food	Very healthy	Fairly healthy	Fairly unhealthy	Very unhealthy
amount of food onsumed	0	0	0	0
Quality of food onsumed	\bigcirc	\bigcirc	\bigcirc	\bigcirc
mount of sugary everages consumed	\circ	0	\circ	
mount of caffeine onsumed				

Florida Medical Student Wellness Survey
THE NEXT ITEMS ASK ABOUT YOUR MEDICAL SCHOOL TRAINING EXPERIENCE, INCLUDING PROBLEMS THAT HAVE BEEN REPORTED BY OTHER MEDICAL STUDENTS. WE WILL NEVER ASK FOR ANY INDENTIFYING INFORMATION, INCLUDING THE NAME OF YOUR MEDICAL SCHOOL, SO YOU CAN ANSWER HONESTLY.

Florida Medical Stu	udent Wellness S	Survey			
12. Currently, how Very Satisfied Somewhat Satis Indifferent Somewhat Diss Very Dissatisfied	atisfied	rith your medical s	chool training ex	kperiences?	
13. How concerned a	re you about:				
	Not at all concerned	A little concerned	Moderately concerned	Very concerned	Extremely concerned
Your ability to pay bills currently?		\circ	0	\circ	
Your student loan debt?				0	
Your financial future as a physician?	0	0	\circ	0	

	Yes	No
osychiatric or emotional distress?	0	
disruptive behavior?	\bigcirc	0
substance use?	\circ	0
sexual harassment?	\bigcirc	
discrimination towards you?	0	
violent behavior?		
oullying behavior?		
other problem?	\circ	\bigcirc
	g, has anyone in your medical scho Yes	ool ever expressed concern that YOU exh
5. During your medical trainin		
5. During your medical trainin osychiatric or emotional distress?		
5. During your medical trainin bsychiatric or emotional distress? disruptive behavior?		
5. During your medical training psychiatric or emotional distress? disruptive behavior? substance use?		
5. During your medical training posychiatric or emotional distress? disruptive behavior? substance use? sexual harassment of others? discrimination towards		
5. During your medical training osychiatric or emotional distress? disruptive behavior? substance use? sexual harassment of others? discrimination towards others?		
5. During your medical training psychiatric or emotional distress? disruptive behavior? substance use? sexual harassment of others? discrimination towards others? violent behavior?		
lease specify) 5. During your medical trainin psychiatric or emotional distress? disruptive behavior? substance use? sexual harassment of others? discrimination towards others? violent behavior? bullying behavior? other problem?		

6. Bullying in medical school may include things like name-calling, humiliating students in front of peers, hreatening students with bad grades or a ruined career, or even pushing a student or throwing a medical estrument at him or her. To be considered bullying, it would be in excess of what you feel is reasonable for tudents who are "paying their dues" as part of training. Have you ever been subjected to any of the following in your medical school training?			
ave you ever been subjected to	o any of the following in your r Yes	nedical school training?	
oullying from an attending physician?			
oullying from a classroom professor?	0		
oullying from a resident or fellow?	0	0	
oullying from another medical student?		\bigcirc	
oullying from medical school administration?	0	0	
oullying from a nurse?		\bigcirc	
oullying from a nurse?	0	O O	
oullying from other staff?	other student being subjected Yes	to any of the following in your medical school No	
oullying from other staff? 7. Have you ever observed and aining? oullying from an attending physician? oullying from a			
oullying from other staff? 7. Have you ever observed <u>and</u> aining? Dullying from an			
oullying from other staff? 7. Have you ever observed and aining? oullying from an attending physician? oullying from a classroom professor? oullying from a resident			
oullying from other staff? 7. Have you ever observed and aining? oullying from an attending physician? oullying from a classroom professor? oullying from a resident or fellow? oullying from another			
coullying from other staff? 7. Have you ever observed and aining? coullying from an actending physician? coullying from a classroom professor? coullying from a resident cor fellow? coullying from another medical student? coullying from medical			

	Medical Student Wellness Survey
18. H	low would you describe the level of competitiveness among students in your medical school?
	Severe (hypercompetitive)
\bigcirc	Significant
\bigcirc	Moderate
\bigcirc	Mild
\bigcirc	None (very cooperative)
19. H	low would you describe the level of stress you have experienced as a medical student?
	Severe, and debilitating
\bigcirc	Significant, but manageable
\bigcirc	Moderate
\bigcirc	Mild
	None

	Not at all	A little	A moderate amount	A lot
Academic workload				
nadequate study habits	\bigcirc	\bigcirc		\circ
Poor time-management skills	\bigcirc		\bigcirc	\circ
Competition with peers	\bigcirc			
Time spent commuting				
Conflicts in work-life palance	\bigcirc		\bigcirc	\bigcirc
Romantic relationship management	\circ	\circ	0	\circ
-amily demands	\bigcirc	\bigcirc	\bigcirc	
Financial difficulties				\bigcirc
Psychological/psychiatric condition	\bigcirc		\bigcirc	\bigcirc
Other medical condition	\bigcirc		\circ	\bigcirc
Exposure to human suffering	\bigcirc	\bigcirc	\bigcirc	\bigcirc
her (please specify)				
21. Have you ever be Yes, both before and Yes, only during me Yes, only before me No, never 22. Have you ever the Yes, both before and Yes, only during me	d during medical school dical school dical school bught of committing d during medical school dical school		ad?	
21. Have you ever be Yes, both before and Yes, only during me Yes, only before me No, never 22. Have you ever the Yes, both before and	d during medical school dical school dical school bught of committing d during medical school dical school		ad?	

F	Florida Medical Student Wellness Survey
	23. Listed below are National Suicide Hotlines, which provide free counseling: 1-800-SUICIDE (1-800-784-2433) 1-800-273-TALK (1-800-273-8255)
	Please click "Next" to continue
	○ Next

Florida Medical Student Wellness Survey
NEXT WE ASK ABOUT VARIOUS STRATEGIES THAT INDIVIDUALS USE TO COPE WITH PHYSICAL PROBLEMS, PSYCHOLOGICAL SYMPTOMS, AND STRESS. PLEASE ANSWER AS HONESTLY AS POSSIBLE.

4. During medical school	, how often have	you used these methods	s of stress reduction?)
	Frequently	Occasionally	Rarely	Never
Exercise	0	0	0	
Sports	0	0	0	0
Yoga/Pilates	0	0	0	0
Meditation	0	0	0	0
Relaxation training		\bigcirc	0	
Prayer or worship	0	0	0	\circ
Television/movies				
Video games	0	\circ		
Sleeping	\bigcirc			
Skipping lectures	0	\circ		
Playing music		\bigcirc		\circ
Listening to music	\circ	\circ	\circ	
Massage or other spa services		0	\circ	\circ
Reading				
Extracurricular activities				
Talking to confidant				
Shopping				
Eating				
Social activities without alcohol		0	\circ	0
Social activities involving alcohol consumption	\bigcirc	\bigcirc		\bigcirc
Drinking alcohol alone				
Using mood-altering drugs	\circ	\circ	\circ	0
Hobbies				
Playing with pet(s)	\bigcirc	\circ	\circ	0
Cooking				
Taking "fun" classes	0	\bigcirc	\circ	0

	Frequently	Occasionally	Rarely	Never
Other	\circ	\bigcirc	\circ	\bigcirc
please specify)				

Florida Medical Student Wellness Survey			
25. <u>During medical school</u> , has struggling emotionally or psycony Yes, often Yes, once in a while No, never		from resources to help students who are	
26. Are you aware of the following psychologically:	ng resources for medical students v	vho are struggling emotionally or	
	No	Yes	
Counseling/wellness center within the medical school?	0		
Counseling/wellness center within the university?	\bigcirc		
Private mental health services in the community?			
Professionals Resource Network?	\bigcirc		
27. Which of the following resources have you utilized during medical school? (select all that apply) None Counseling/wellness center within the medical school Counseling/wellness center within the university Private mental health services in the community Professionals Resource Network Other			
(please specify)			

Florida Medical Student Wellness Survey				
28. Please comment on how useful/helpful you found the resource(s) to be.				

	Significant Barrier	Minimal Barrier	No Barrier
Concerns about confidentiality	\circ	\circ	\circ
Concerns about negative impact on academic career	\circ		0
Concerns about negative impact on icensure			
Concerns about negative impact on professional career	\circ		
Cost	\bigcirc	\bigcirc	
Difficulty scheduling around other obligations	\bigcirc		
nconvenient location		\bigcirc	
Lack of time	\bigcirc	\bigcirc	\bigcirc
Unaware of how to access help	\bigcirc	0	\bigcirc
Other			
lease specify)			
	liscouraged you from seek help would negatively affe	ing support for psychological o	or emotional difficulties due

Florida Medical Student Wellness Survey	
31. Who discouraged you? (select all that apply)	
Another medical student	
Resident/Fellow	
Professor/Attending Physician	
School Administrator	
Healthcare provider (e.g. personal physician)	
Spouse Other family member	
Other family member	
Other (please specify)	

Florida Medical Student Wellness Survey
32. Of the following, who was your PRIMARY source of personal support during the past 6 months?
No One
Spouse/Romantic partner
Parent
Sibling
Children
Other Family Member
Other medical student(s)
Friend(s) outside of medical school
12-Step Sponsor
Counselor or Therapist
Peer Advocate
Professor/Attending Physician
Medical school Student Affairs officer
Other Other
(please specify)

	n the past 6 months, who did you talk openly with when you had a serious problem, or when you needed
some	eone to be supportive? (select all that apply)
	No One
	Spouse/Romantic partner
	Parent
	Sibling
	Children
	Other Family Member
	Other medical student(s)
	Friend(s) outside of medical school
	12-Step Sponsor
	Counselor or Therapist
	Peer Advocate
	Professor/Attending Physician
	Medical school Student Affairs officer
	Other

Florida Medical Student Wellness Survey 34. Which over-the-counter medications have you taken in the past 30 days? (select all that apply) Allergy Medications (e.g. Benadryl, Claritin, Sudafed) Cold remedies (e.g. Alka Seltzer, Dristan, Robitussin and Vicks) Diuretics (e.g. Diurex/Pamabrom) Laxatives (e.g. Ex-Lax) Nicotine replacement (e.g. Commit, Nicotrol, Nicoderm) Pain Relievers/fever reducers (e.g. Advil, Alleve, Bayer, Excedrin, Motrin, Tylenol) Sleep Aids (e.g. Unisom, Tylenol PM) Sleep prevention (e.g. No Doz) Weight Loss (e.g. Alli, Dexatrim, Metabolife) I have not taken any over-the-counter medication in the past 30 days Other (please specify)

35. Which prescription medications have you taken in the past 30 days? (Select all that apply) Please include ALL medications, regardless of how you obtained them. DO NOT include vitamins or birth control.
Anticonvulsants (e.g. Depakote, Lamictal)
Antidepressants (e.g. Lexapro, Paxil, Pristiq)
Antipsychotics (e.g. Abilify, Seroquel, Zyprexa)
Antiretrovials (e.g. Epivir, Isentress, Nevirapine)
Barbiturates (e.g. Fioricet)
Benzodiazepines (e.g. Ativan, Xanax, Klonopin)
Beta Blockers (e.g. Propranolol)
Chemotherapy (e.g. Xeloda, Cytoxan, Idamycin, Gleevec)
Combination Drugs (e.g. Symbyax)
Diuretics (e.g. Lasix)
Erectile Dysfunction Drugs (e.g. Viagra, Cialis)
Hormone Replacement therapy
Muscle Relaxers (e.g. Carisoprodol, Soma)
Opioids (e.g. Oxycontin, Vicodin, Methadone, Percocet)
Sleep Aids (e.g. Lunesta, Ambien)
Stimulants (e.g. Adderall, Concerta, Vyvanse)
I have not taken any prescription medications in the past 30 days
Other
(please specify)

	nich other types of medications or supplements have you taken in the past 30 days? (select all that
	Please include ALL medications and supplements, regardless of how you obtained them. DO NOT vitamins or birth control.
	offee/espresso or caffeinated soda
	igh-caffeine drinks (e.g. Red Bull, Monster, etc.)
E	nergy shots (e.g. 5 hour energy, Rockstar Energy Shot, NOS PowerShot)
Н	erbal remedies (e.g. Salvia, Valerian, Melatonin, St. Johns wort, etc.)
M	ledical marijuana
I ł	haven't used any other medications or supplements in the past 30 days
o	ther
(please s	specify)

Florida Medical Student Wellness Survey
THE FOLLOWING ITEMS ASK ABOUT TOBACCO, ALCOHOL, AND OTHER DRUG USE. <u>PLEASE BE COMPLETELY HONEST WHEN ANSWERING THESE QUESTIONS.</u> NO IDENTIFYING INFORMATION IS BEING COLLECTED ABOUT YOU OR YOUR MEDICAL SCHOOL. ALL RESPONSES ARE COMPLETELY ANONYMOUS AND CANNOT BE LINKED TO YOU IN ANY WAY.

Florida Medical Student Wellness Survey				
37. Have you ever smoked cigarettes?				
Yes				
○ No				

Florida Medical S	Student Wellness Survey				
38. At what age did you smoke your first cigarette?					
Age in years					
	er tried to quit or cut down on your cigarette smoking?				
<u> </u>	ore and during medical school				
<u> </u>	ng medical school				
	ore medical school				
No, never					
40. Have you sm	noked any cigarettes in the past 6 months?				
Yes					
No					

in a day?	that you smoked in the past 6 months, about how many cigarettes would you usually	y s
Less than 5 c	igarettes	
5 to 14 cigare		
15 to 25 cigar	rettes per day	
26 to 40 cigar	rettes per day	
More than 40	cigarettes per day	

Florida Medical Student Wellness Survey	
42. Have you ever smoked electronic or "e-cigarettes"?	
Yes	
○ No	
O NO	

3. How would you describe your usual pattern of smoking e-cigarettes in the past 6 months? I have not used e-cigarettes in the past 6 months Every day		dent weilness Survey
I have not used e-cigarettes in the past 6 months Every day 5 or 6 days a week 3 or 4 days a week 1 or 2 days a week		
Every day 5 or 6 days a week 3 or 4 days a week 1 or 2 days a week	3. How would you	describe your usual pattern of smoking e-cigarettes in the past 6 months?
5 or 6 days a week 3 or 4 days a week 1 or 2 days a week	I have not used o	e-cigarettes in the past 6 months
3 or 4 days a week 1 or 2 days a week	Every day	
1 or 2 days a week	5 or 6 days a we	ek
	3 or 4 days a we	ek
Less than once a week	1 or 2 days a we	ek
	Less than once a	a week

	ed smokeless tobac	cco like snuff, c	hew, dip, or ar	y others more t	han 5 times in yo	our life
Yes						
No						

	e your usual pattern of u		acco <u>in the past o n</u>	<u>1011t113</u> :
	tobacco in the past 6 months	i		
Every day				
5 or 6 days a week				
3 or 4 days a week 1 or 2 days a week				
Less than once a week				
Less than once a week				

Florida Medical S	tudent Wellness Survey
46. What other k	inds of tobacco have you used in the past 6 months? (select all that apply)
	ed any other form of tobacco
Cigars or Ciga	arillos
Hookah	
Pipe	
Other tobacco	p products (e.g., kreteks, bidis, snus)

Florida Medical Student Wellness Survey
47. Have you ever had an alcoholic drink in your life?
Yes
No

48. How many standard alcoholic drinks did you have in the past 7 days?
1 standard drink = 1 beer, 1 glass of wine, 1 shot of hard liquor
Total # of standard drinks
40. How would you door this amount?
49. How would you describe this amount? Significantly less than usual
Slightly less than usual
About the same as usual
Slightly more than usual
Significantly more than usual
50. On the days that you drank in the past 6 months, how much wine, beer, or liquor would you usually have in a day?
1 standard drink = 1 beer, 1 glass of wine, 1 shot of hard liquor
Total # of standard drinks
51. On the day you drank THE MOST in the past 6 months, how much wine, beer, or liquor did you have?
1 standard drink = 1 beer, 1 glass of wine, 1 shot of hard liquor
Total # of standard drinks
52. On how many days in the past 6 months did you drink that much?
Total # of days

53. During medical school, have you had more than 3 drinks (if female) or more than 4 drinks (if male) in one
day <u>on an exam day or the day after?</u> Yes, usually
Yes, often
Yes, once or twice
No, never
54. How has your drinking behavior changed since beginning medical school?
I began drinking significantly more alcohol
I began drinking slightly more alcohol
No change
I began drinking slightly less alcohol
I began drinking significantly less alcohol
55. Have you ever tried to quit or cut down on your drinking?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never
56. In your lifetime, have you ever felt you had a drinking problem?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never

Florida Medical Student Wellness Survey
57. Have you ever used marijuana (cannabis, weed, hashish)?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never

58. How has your use of ma	arijuana changed sir	nce beginning med	cal school?	
I began using significantly r	nore			
I began using slightly more				
No change				
I began using slightly less				
I began using significantly le	ess			

	it wellness Survey
9. On average, how w	ould you describe your usual pattern of marijuana use in the past 6 months?
5-7 days per week	
2-4 days per week	
About 1 day per week	
1-3 days per month	
At least once, but less	s than 1 day per month
I have not used at all i	in the past 6 months

Spice, K2, "bath salts," "herbal incense," or other synthetic drugs Inhalants (nitrous oxide, Dust-Off, paint thinner, glue) NON-PRESCRIPTION stimulants (cocaine, crack, methamphetamine, speed) Ecstasy (X. MDMA) NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids None	rida Medicai	Student Wellness Survey	
Spice, K2, "bath salts," "herbal incense," or other synthetic drugs Inhalants (nitrous oxide, Dust-Off, paint thinner, glue) NON-PRESCRIPTION stimulants (cocaine, crack, methamphetamine, speed) Ecstasy (X, MDMA) NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids			
Inhalants (nitrous oxide, Dust-Off, paint thinner, glue) NON-PRESCRIPTION stimulants (cocaine, crack, methamphetamine, speed) Ecstasy (X, MDMA) NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids	60. Which of th	e following substances have you <u>ever</u> used? (Select all that apply)	
NON-PRESCRIPTION stimulants (cocaine, crack, methamphetamine, speed) Ecstasy (X, MDMA) NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids	Spice, K2, "	bath salts," "herbal incense," or other synthetic drugs	
Ecstasy (X, MDMA) NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids	Inhalants (n	itrous oxide, Dust-Off, paint thinner, glue)	
NON-PRESCRIPTION opiates (opium, heroin) Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids	NON-PRES	CRIPTION stimulants (cocaine, crack, methamphetamine, speed)	
Hallucinogens (LSD, PCP, mushrooms) Anabolic steroids	Ecstasy (X,	MDMA)	
Anabolic steroids	NON-PRES	CRIPTION opiates (opium, heroin)	
	Hallucinoge	ens (LSD, PCP, mushrooms)	
None None	Anabolic ste	eroids	
	None		

Florida Medical Student Wellness Survey
61. When did you use the substance(s) listed in the previous question?
Both before and during medical school
Only during medical school
Only before medical school

	overall use of the substance	(s) changed since beginn	ning medical school?
I began using significantly m	ore		
I began using slightly more			
No change			
I began using slightly less			
I began using significantly le	SS		

63. On av	verage, how would you describe your usual pattern of using the substance(s) noted previously	,
past 6 m		-
5-7	lays per week	
2-4	lays per week	
Abou	at 1 day per week	
1-3 0	lays per month	
At le	ast once, but less than 1 day per month	
O I hav	e not used at all in the past 6 months	

Florida Medical Student Wellness Survey
64. Have you ever (even 1 time) used a prescription stimulant like Adderall, Ritalin, Concerta, or Vyvanse, either with or without a prescription?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never

65. How has you	use of prescription s	timulants changed	d since beginning	medical school?	
	significantly more				
I began using	slightly more				
O No change					
I began using	slightly less				
I began using	significantly less				

	Yes	No
to get high?	\bigcirc	0
out of curiosity?	\bigcirc	\bigcirc
because you were pressured to take them?	0	
to stay awake?	\bigcirc	\bigcirc
to eat less or lose weight?	0	
to help you study?	\bigcirc	
to take an exam?	0	0
because of competitive nature of medical school?		
to relax?	0	\bigcirc
just because?	\bigcirc	
to treat ADHD symptoms?	0	
because your parents or doctor told you to?		
because they seem safer than street drugs?	\circ	
67. On average, how would you months? 5-7 days per week 2-4 days per week About 1 day per week 1-3 days per month At least once, but less than 1 I have not used at all in the page	day per month	prescription stimulant use in the past 6

Florida Medical Student Wellness Survey
68. Were the prescription stimulants you used prescribed for you?
Yes, every time
Yes, most of the time
Sometimes yes, sometimes no
No, never

Florida Medical Student Wellness Survey
69. Have you ever (even 1 time) used a prescription opiate/opioid like Vicodin, Oxycontin, Percocet, or Methadone either with or without a prescription?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never

70. Hov	v has your use of pres	scription opiates	/opioids changed	since beginning	medical school?	
	egan using significantly mo		, - p	g		
	egan using slightly more					
	change					
Olb	egan using slightly less					
	egan using significantly les	SS				

to get high?	Yes	No O
out of curiosity?		
because you were pressured to take them?	0	0
to function?	0	
to relax, calm down, or relieve stress?	0	0
to sleep?	\bigcirc	
to relieve pain?		0
just because?		\bigcirc
,		
because your parents or	0	
because your parents or doctor told you to? because they seem safer than street drugs?	you describe your usual pattern o	of prescription opiate/opioid use in the past
because your parents or doctor told you to? because they seem safer than street drugs? 72. On average, how would		of prescription opiate/opioid use in the past
because your parents or doctor told you to? because they seem safer than street drugs? 72. On average, how would months? 5-7 days per week 2-4 days per week About 1 day per week 1-3 days per month	1 day per month	of prescription opiate/opioid use in the past

Florida Medical Student Wellness Survey
72. Were the prescription epistos/episide you used prescribed for you?
73. Were the prescription opiates/opioids you used prescribed for you? Yes, every time
Yes, most of the time
Sometimes yes, sometimes no
No, never
140, never

Florida Medical Student Wellness Survey
74. Have you ever tried to quit or cut down on use of ANY illicit or prescription drugs? Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never
75. In your lifetime, have you ever felt you had a problem with ANY drug use?
Yes, both before and during medical school
Yes, only during medical school
Yes, only before medical school
No, never

THE NEXT ITEMS ASK ABOUT GENERAL LIFESTYLE HABITS AND OVERALL WELL-BEING. PLEASE ANSWER HONESTLY. YOUR RESPONSES WILL REMAIN ANONYMOUS.

Florida Medical Student Wellness Survey
76. How would you rate your level of happiness since beginning medical school?
Extremely happy
Moderately happy
Somewhat happy
Somewhat unhappy
Moderately unhappy
Extremely unhappy
77. How has your overall level of happiness changed since beginning medical school?
Significantly happier
Moderately happier
Slightly happier
No change
Slightly less happy
Moderately less happy
Significantly less happy

Florida Medical Student Wellness Survey
78. Have you ever felt sad or depressed most days for a period of 2 weeks or more, or have you ever been told by a health professional that you had depression?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey
79. Some people become extremely anxious when performing specific tasks (e.g., eating, public speaking) in front of other people because they fear they will seriously embarrass or humiliate themselves. They may try to avoid social interactions or may have panic attacks when forced to participate.
Have you ever experienced clinically-significant problems with this, or have you ever been told by a health professional that you had social anxiety or social phobia?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey
80. Some people tend to be "worriers," spending a lot of time thinking about things that have gone or could go wrong. They might have trouble falling asleep or have difficulty concentrating, and often describe feeling "on edge" or anxious. They may have "anxiety attacks."
Have you ever experienced a period of 6 months or more when you experienced clinically-significant problems with this, or have you ever been told by a health professional that you had generalized anxiety disorder?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey
81. Some people experience intrusive thoughts, images, or sounds that get "stuck in their head" or come back repeatedly. As a result, they avoid certain places or things, or may engage in rituals or routines to feel better, like frequent handwashing, counting, checking, ordering or arranging, redoing, etc. These thoughts and behaviors take up a considerable amount of time in their day.
Have you ever experienced clinically-significant problems with this, or have you ever been told by a health professional that you had obsessive-compulsive disorder?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey
82. Some people become extremely preoccupied by food and weight concerns. They may have a distorted body image. Some will "binge eat" extremely large amounts of food in a short period of time. Some may severely restrict their eating and/or engage in vomiting, excessive exercise, or use of laxatives to control their weight.
Have you ever experienced clinically-significant problems with this, or have you ever been told by a health professional that you had an eating disorder?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey
83. Some people have been very easily distracted since childhood and have great difficulty staying organized. They have a lot of trouble staying focused and in some cases, they have difficulty "sitting still" or feel hyperactive.
Have you experienced clinically-significant problems with this, or have you ever been told by a health professional that you had ADD or ADHD?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey	
84. Some people have periods of a month or more with difficulty falling asleep, waking frequently during the night, waking up early in the morning, or having severe nightmares.	
Have you ever experienced clinically-significant problems with this, or have you ever been told by a health professional that you had a sleep disorder?	
Yes, and the symptoms began or worsened since starting medical school	
Yes, but the symptoms have improved since starting medical school	
Yes, but only before medical school	
No, never	

Florida Medical Student Wellness Survey
85. Many people bet or gamble. Some people become preoccupied with going to casinos, online gambling, playing the lottery, or betting on sports. Their gambling may cause problems at home, work, school, in relationships, or with finances.
Have you ever experienced clinically-significant problems related to gambling, or have you ever been told by a health professional that you had a gambling problem?
Yes, and the symptoms began or worsened since starting medical school
Yes, but the symptoms have improved since starting medical school
Yes, but only before medical school
No, never

Florida Medical Student Wellness Survey	
86. Have you ever been sexually active?	
Yes, both before and during medical school	
Yes, only during medical school	
Yes, only before medical school	
No, never	

Florida Medical Stu	ident Wellness Survey
87. How have your	r sexual habits changed since beginning medical school?
Significantly mod	re sexual activity
Slightly more se	xual activity
O No change	
Slightly less sex	rual activity
Significantly less	s sexual activity
88. In the last 4 month	hs, how many different sex partners have you had? (include oral, anal, and vaginal sex
partners)	
# of partners in past 4	
months	

Florida Medical Student Wellness Survey
89. How would you currently describe your spirituality/spiritual practice? (select all that apply)
None
Believe in power greater than self
Describe self as "spiritual"
Practice spirituality informally (such as reading spiritual material, prayer, meditation)
Regularly attend a church or religious group or place of worship

Florida Medical Student Wellness Survey
THANK YOU FOR YOUR EFFORT SO FAR. <u>YOU ARE ALMOST FINISHED!</u> THE NEXT QUESTIONS WILL BE MOST HELPFUL TO US IN DETERMINING WAYS TO IMPROVE THE MEDICAL SCHOOL EXPERIENCE FOR STUDENTS. PLEASE TAKE A MOMENT TO SHARE YOUR IDEAS.
90. Have you recently questioned whether you really want to be a doctor?
○ No
Yes

Florida Medical Student Wellness Survey	
91. Why?	1

Florida Medic	al Student Wel	lness Survey	<i>'</i>			
* 92. What do y	ou consider to be	e the greatest s	stressor(s) facing	medical stude	nts?	
93. What coul	d medical school	s do to improve	e medical studer	nt nealth and we	eliness?	
	e to design a stud	dent wellness p	orogram for your	medical school	, what would it ir	nclude and not
nclude?						
Please do not n	name your medic	al school in you	ur response.			

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY. THESE FINAL 6 QUESTIONS WILL BE USED TO ASSIST WITH DATA ANALYSIS. WE GREATLY APPRECIATE YOUR RESPONSES.
95. Who do you currently live with? (select all that apply)
I live alone
My spouse or significant other
My child(ren)
My parent(s)
My sibling(s)
Friend(s)
Other relative(s)
Roommate(s) not otherwise specified above
96. In what year of medical school are you currently?
1st year
2nd year
3rd year
4th year
5th year or higher
97. What gender do you consider yourself to be?
Male
Female
98. How honest were you in completing this survey?
Not at all honest
Somewhat honest
Mostly honest
Completely honest

Congratulations! You have finished!

Thank you so much for your time, effort, and honesty in answering this important survey. Results of this study will be used to improve the medical school experience for students in Florida, and perhaps nationally.

If any of the questions caused you distress, or if you know of someone who might benefit from the resources available to assist medical students in distress, please use the contact information below. You may wish to copy down relevant numbers or print this page for your records:

FAU Counseling and Psychological Services:
FIU Medical Student Counseling & Wellness Center:
FSU Office of Student Counseling Services:
LECOM Director of Behavioral Health:
NSU Henderson Student Counseling Center:
UCF HSC Counseling Center:
UF Office of Counseling & Development:
U Miami Medical Student Behavioral Health Service:
USF Counseling Center:
Professionals Resource Network:
National Suicide Hotlines:
1-800-SUICIDE (1-800-784-2433)
1-800-273-TALK (1-800-273-8255)