

UME Wellness Survey

Help us understand and improve student well-being

Demographics

What is your name?

What is the date (M/D/Y)?

What is your age?

What grade are you currently in?

How would you describe your gender? (Select all that apply)

- Male
- Female
- Other
- Prefer not to answer

What is your ethnicity? (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Hispanic or Latino
- Other
- Prefer not to answer

♥ Well-being Assessment

Please bubble in the box to indicate how often you have experienced the following in the past four weeks:

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UME Usage

How often do you use UME per week?

- Never
- 1-2 times per week
- 3-4 times per week
- 5-6 times per week
- Daily

How long does each session with UME last?

- Less than 1 minute
- 1-5 minutes
- 5-15 minutes
- 15-30 minutes
- More than 30 minutes

When do you usually use UME?

- Early Morning
- Late Morning
- Afternoon
- Evening
- Late Night

How comfortable are you with UME's responses?

- Very comfortable
- Somewhat comfortable
- Neutral
- Slightly uncomfortable
- Not comfortable at all

Why do you use UME? (Select all that apply)

- To express my thoughts and feelings
- To feel less lonely
- To get advice or guidance
- Just for fun

Other reason (please specify)

How do you usually feel after using UME?

- More positive
- More relaxed
- No change
- More anxious

Other feeling (please specify)

UME Written Response

What has been your overall experience using UME?

What aspects of UME have you found most helpful?

What suggestions do you have for improving UME?

How has using UME impacted your daily life?