

Digital Wellness Survey: Summer 2021 – present

Informed Consent

Greetings! This **ANONYMOUS** survey will ask you a few basic questions about yourself, how you perceive the help you receive from others, how often you look at a screen (phone, TV, computer monitor, tablet etc.), and ask about suicidal thoughts and behaviors. You must be at least 18-years old to complete the survey. You may skip any question you wish, and you may end your participation at any time. Participation is expected to take less than 15 minutes. If you have any questions, please contact Dr. Lynn White in the Psychology Department at Southern Utah University.

Your honest and thoughtful responses are genuinely appreciated. We could not do this without you!

To receive research credit for this study (if applicable) you must reach the end of this survey. You will then be linked to a second survey where you will be asked to enter your name. This is how we know you participated. We will NOT be able to link your name to the responses you provided in the first survey.

The Institutional Review Board (IRB) of Southern Utah University has reviewed this study for the protection of the rights of human subjects in research studies, in accordance with federal and state regulations.

If you wish to continue, please select "Yes, I agree" below. Otherwise, close your browser.

Yes, I Agree



What is your gender?

- ☐ male (1)
- ☐ female (2)
- ☐ gender-fluid (3)
- ☐ no gender (4)

What is your age? _____

Which of the following best describes you?

- ☐ Religious and practice regularly (1)
- ☐ Religious but practice only some of the time (2)
- ☐ Religious but do not practice (3)
- ☐ Not religious (4)

Reflect back over the previous **6** months. In a **typical** week, how often did you engage in any of the following behaviors with another person? Held hands, kissed, cuddled, hugged, massaged, or stroked.

- ☐ less than once a week (1)
 - ☐ 1 -3 days a week (2)
 - ☐ 4-6 days a week (3)
 - ☐ 1-2 times daily (4)
 - ☐ 3 or more times daily (5)
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PERCEIVED SOCIAL SUPPORT

This next questionnaire is made up of a list of 13 statements each of which may or may not be true about you. For each statement select "definitely true" if you are sure it is true about you and "probably true" if you think it is true but are not absolutely certain. Similarly, you should select "definitely false" if you are sure the statement is false and "probably false" if you think it is false but are not absolutely certain.

PSS1	definitely false (4)	probably false (3)	probably true (2)	definitely true (1)
If I wanted to go on a trip for a day (for example, to the country or mountains), I would have a hard time finding someone to go with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS2	definitely false (4)	probably false (3)	probably true (2)	definitely true (1)
I feel that there is no one I can share my most private worries and fears with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS3	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
If I were sick, I could easily find someone to help me with my daily chores.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSS4	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
There is someone I can turn to for advice about handling problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS5	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS6	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS7	definitely false (4)	probably false (3)	probably true (2)	definitely true (1)
I don't often get invited to do things with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PSS8	definitely false (4)	probably false (3)	probably true (2)	definitely true (1)
If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS9	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSS10	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
If I was stranded 10 miles from home, there is someone I could call who could come and get me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
validate	definitely false (1)	probably false (2)	probably true (3)	definitely true (4)
To validate this survey, you must leave this question blank and go to the next question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCREEN TIME

IMPORTANT! Use the following definition of screen time to answer the next 2 questions. Screen refers to the time you spend looking at a digital screen such as a TV, your phone’s screen, a computer monitor, a movie theater screen, and a tablet screen, among others.

For each day of a **typical week**, please estimate how many hours you spend looking at screens in different environments. If less than 1 hour type in 0

	While at school and work combined	While NOT at school or work
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PERCEIVED VITALITY SCALE

Respond to the following statements by indicating the degree to which each is generally true in your life.

	very false	false	somewhat false	neutral	somewhat true	true	very true
I feel alive and vital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes, I am so alive I just want to burst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have energy and spirit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I look forward to each new day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I nearly always feel awake and alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel energized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SBQ-R suicide behavior questionnaire

Have you ever thought about or attempted to kill yourself?

- ☐ Never
- ☐ It was just a brief passing thought
- ☐ I have had a plan at least once to kill myself but did not try to do it
- ☐ I have had a plan at least once to kill myself and really wanted to die
- ☐ I have attempted to kill myself, but did not want to die
- ☐ I have attempted to kill myself, and really hoped to die

How often have you thought about killing yourself in the past year?

- ☐ Never
- ☐ Rarely (1 time)
- ☐ Sometimes (2 times)
- ☐ Often (3-4 times)
- ☐ Very Often (5 or more times)

Have you ever told someone that you were going to commit suicide, or that you might do it?

- ☐ No
- ☐ Yes, at one time, but did not really want to die
- ☐ Yes, at one time, and really wanted to die
- ☐ Yes, more than once, but did not want to do it
- ☐ Yes, more than once, and really wanted to do it

How likely is it that you will attempt suicide someday?

- ☐ Never
- ☐ No chance at all
- ☐ Rather unlikely
- ☐ Unlikely
- ☐ Likely
- ☐ Rather likely
- ☐ Very likely