

2025 Iowa Health and Wellbeing Survey

If there is more than one adult 18 years or older in the household, only one version of the questionnaire (online or paper) should be filled out by the adult who had the most recent birthday.

Si usted prefiere un cuestionario en Español o tiene alguna pregunta, por favor, contáctanos usando el correo csbr@uni.edu o el teléfono (319-273-2135).

If you need a reasonable accommodation to fill out this questionnaire or have questions, please contact us at csbr@uni.edu or (319-272-2135).

You are invited to participate in a study about health, wellbeing, use of substances and gambling among Iowans. The study is being conducted by the University of Northern Iowa Center for Social and Behavioral Research (CSBR) in partnership with Iowa Health and Human Services (Iowa HHS). We are interested in your opinions and views, regardless of how much you might know about or have experience with the topic. It should take less than 15 minutes to complete.

Participation is voluntary and your responses are confidential. Risks are minimal and similar to those typically encountered in your day-to-day life. There are no costs or direct benefits to you for participating in this study. Only summarized findings will be shared in presentations, reports, and may be submitted for publication in an academic journal. The data collected may also be analyzed in new studies in the future. You do not have to answer any question you do not want to, and you are free to withdraw from participation at any time or to choose not to participate at all. In appreciation for your participation, if you provide your contact information upon completion, you will be sent one \$5 Amazon gift card.

If you have questions, please contact Kyle Endres (csbr@uni.edu; or at 319-273-2105). If you have any questions about the rights of research participants and the review process at UNI, please contact the office of the University of Northern Iowa IRB Administrator (rsp@uni.edu, or at 319-273-6148).

Please indicate your responses by marking the next to your selection with a ✓ or ✗ using a dark ink pen or a pencil.

SECTION A: Wellbeing & Quality of Life

A1. During the past 30 days, how would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

A2. During the past 30 days, how would you rate your mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

A3. When was the last time, if ever, you saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?

- Never
- More than 24 months ago
- 12-24 months ago
- Within the last 12 months
- Don't know/Not sure

A4. How dissatisfied or satisfied are you with...

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
a. Your quality of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your ability to perform your daily living activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The conditions of your living place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. To what extent do you disagree or agree with the following?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I have enough energy for everyday life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have enough money to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: Awareness of Resources

B1. Are you aware of counseling or treatment services available in your area for...?

	Yes	No
a. Substance use	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health	<input type="checkbox"/>	<input type="checkbox"/>
c. Gambling	<input type="checkbox"/>	<input type="checkbox"/>

B2. Have you ever seen or heard of “Your Life Iowa”?

- Yes
 No



B2a. Where did you last see or hear something about “Your Life Iowa”?

_____ (write in)

B3. Have you ever seen or heard of the gambling helpline 1-800-BETS-OFF?

- Yes
 No



B3a. Where did you last see or hear something about the gambling helpline 1-800-BETS-OFF?

_____ (write in)

B4. Have you ever seen or heard of Quitline Iowa (quitlineiowa.org or 1-800-QUIT-NOW)?

- Yes **—————>** B4a. Have you or someone you know ever contacted Quitline Iowa (by phone or online)? *(Check all that apply)*
- No
- Yes, I have contacted Quitline Iowa
- Yes, someone I know has contacted Quitline Iowa
- No

B5. Have you ever seen or heard of the 988 Suicide and Crisis Lifeline?

- Yes **—————>** B5a. Where did you last see or hear something about the 988 Suicide and Crisis Lifeline?
- No

_____ (write in)

B5b. Have you or someone you know ever contacted 988?

- (Check all that apply)*
- Yes, I have contacted Quitline Iowa
- Yes, someone I know has contacted Quitline Iowa
- No

B6. Have you ever seen or heard of the Iowa Behavioral Health Service System?

- Yes **—————>** B6a. Where did you last see or hear something about the Iowa Behavioral Health Service System?
- No

_____ (write in)

B7. How much, if at all, do you think each of the following may increase a person's risk of developing cancer?

	No risk increase	Low risk increase	Moderate risk increase	High risk increase
a. Tobacco product use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nicotine product use (e.g. vapes, pouches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drinking beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drinking wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drinking liquor or spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eating an unhealthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Being overweight or obese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Intravenous (IV) drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Human papillomavirus (HPV) infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exposure to ultraviolet (UV) light (sun or tanning bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Drinking water with high nitrate levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Exposure to pesticides/herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Exposure to air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Exposure to occupational chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Over the last year, where have you read, seen, or heard about the behaviors and exposures that increase the risk of developing cancer? (Check all that apply)

- Radio
- TV
- Social media
- Internet (e.g., YouTube, hospital websites, etc.)
- My doctor or other health care provider
- Other, please specify: _____
- I don't know anything about risk of developing cancer

B9. For each of the following behaviors or exposures, how likely are you to take preventive measures to avoid or reduce your risk of developing cancer?

	Very unlikely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Very likely	Not Applicable
a. Quit or reduce tobacco product use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quit or reduce nicotine product use (e.g. vapes or pouches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quit or reduce drinking beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quit or reduce drinking wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Quit or reduce drinking liquor or spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat a healthy diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Quit intravenous (IV) drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Limit exposure to UV light (sun or tanning bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B10. Have you or any member of your household been diagnosed with any type of cancer? (Check all that apply)

- Yes, I have been diagnosed with cancer
- Yes, someone in my household was diagnosed with cancer
- No

SECTION C: Help Seeking and Access to Care

C1. If you or a loved one needed support during a mental health crisis or emergency, how comfortable, if at all, would you feel contacting each of the following for assistance?

	Not at all comfortable	Not very comfortable	Somewhat comfortable	Very comfortable
a. A mental health provider (e.g., therapist, psychologist, psychiatrist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A close friend or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A 988 Suicide & Crisis Lifeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your Life Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 1-800-BETS-OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. If you or a loved one needed support during a substance use crisis or emergency, how comfortable, if at all, would you feel contacting each of the following for assistance?

	Not at all comfortable	Not very comfortable	Somewhat comfortable	Very comfortable
a. A substance use treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A close friend or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 911	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your Life Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. During the past 12 months, was there a time when you **needed to talk to or seek help** from a health professional for yourself or your family member for each of the following:

a1. Alcohol use?

- Yes →
 No

a2. Did you **get the care** you were seeking?

- Yes
 No

b1. Tobacco or nicotine use?

- Yes →
 No

b2. Did you **get the care** you were seeking?

- Yes
 No

c1. Legal substances such as prescription opioids, medical marijuana or medical THC, etc.?

- Yes →
 No

c2. Did you **get the care** you were seeking?

- Yes
 No

d1. Illegal drugs or substances such as marijuana (other than CBD or medical marijuana/THC), opioids, meth, etc.?

- Yes →
 No

d2. Did you **get the care** you were seeking?

- Yes
 No

e1. Mental health such as stress, depression, problems with emotions, excessive worrying or troubling thoughts?

- Yes →
 No

e2. Did you **get the care** you were seeking?

- Yes
 No

f1. Gambling such as casino games, lottery games, sports wagering, or fantasy sports, etc.?

- Yes →
 No

f2. Did you **get the care** you were seeking?

- Yes
 No

C4. To what extent do you disagree or agree with each of the following statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
a. I know where to obtain naloxone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to administer naloxone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I know how to go about finding quality treatment for an opioid use disorder in Iowa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Iowa is moving in the right direction in terms of availability of addiction treatment services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Use of Substances

The following questions are about alcohol use.

D1. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on how many days, if any, have you had a drink of alcohol?

_____ days

D2. During the past 30 days, how many times did you have 5 or more drinks if you are male, or 4 or more drinks if you are female, on any occasion within a two-hour period?

_____ times

D3. During the past 30 days, on how many days, if any, did you...

	Number of days
a. Operate a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired	_____ days
b. Use CBD or cannabidiol products such as CBD drinks, CBD oils, gummies, ointment, etc.	_____ days
c. Use medical marijuana or medical THC	_____ days
d. Use marijuana or non-prescription THC (other than CBD, medical marijuana/THC)	_____ days
e. Use methamphetamine or meth	_____ days
f. Use non-prescription opioids, like heroin or oxycodone	_____ days
g. Use any prescription drug, whether prescribed to you or not, in ways other than directed	_____ days
h. Use any over the counter medication in ways other than directed	_____ days
i. Inject a non-prescribed substance into your body	_____ days
j. Use any other illegal substance, please specify: _____	_____ days

D4. Do you consider yourself in recovery from past substance use?

- Yes
- No

The following questions are about tobacco and nicotine use.

D5. Do you currently ...

	Everyday	Somedays	Not at all
a. use cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. use chewing tobacco, snuff, or snus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. vape or use e-cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. use nicotine pouches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. Have you ever used a flavored vape or nicotine product (e.g. menthol, mint, fruit, candy, or other)?

- Yes
- No

D7. During the past 12 months, have you stopped using all tobacco and nicotine products for a day or longer because you were TRYING to quit? (*Check all that apply*)

- Not applicable, I have not used tobacco or nicotine products in the past 12 months
- Yes, I quit tobacco but still vape
- Yes, I quit tobacco but still use nicotine pouches
- Yes, I quit all tobacco and/or nicotine use, including vapes or pouches
- No, I have not tried to quit

D8. In the past 12 months, have you used nicotine replacement therapy (e.g., patch, gum, or lozenge) because you wanted to reduce or quit your tobacco or nicotine use?

- Yes
- No

D9. In the past 12 months, including yourself, is there anyone who vapes or uses e-cigarettes inside your home?

- Yes
- No

The next questions are about gambling behaviors.

D10. During the past 12 months, have you...

	Yes	No
a. Played slots, or bet or wagered on table games such as blackjack, poker, or roulette at a casino?	<input type="checkbox"/>	<input type="checkbox"/>
b. Played Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
c. Participated in sports wagering through Iowa casinos' mobile apps, telephone lines, or in their sports books?	<input type="checkbox"/>	<input type="checkbox"/>
d. Bet or wagered money in Fantasy Sports contests through internet sites such as DraftKings or FanDuel?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any item (a-d) in D10, please answer D10a.

D10a. During the past 12 months,...

	Yes	No
a. have you become restless, irritable or anxious when trying to stop or cut down on gambling?	<input type="checkbox"/>	<input type="checkbox"/>
b. have you tried to keep your family or friends from knowing how much you gamble?	<input type="checkbox"/>	<input type="checkbox"/>
c. did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Mental Health

The next items are about mental health, which includes suicide.

E1. During the past 30 days, did you ever feel so sad or hopeless that you stopped doing some of your usual activities?

- Yes
 No

E2. During the past 30 days, have you engaged in any form of non-suicidal self-injury or self-harm, such as cutting?

- Yes
 No

E3. During the past 30 days, have you thought about killing yourself?

- Yes
 No **[GO TO E4]**

E3a. During the past 30 days, have you made a plan about how you would kill yourself?

- Yes
 No

E3b. Have you attempted to kill yourself during the past 30 days?

- Yes
 No

E4. Has a doctor, nurse, or other health professional ever told you that you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- Yes
 No

E5. Do you consider yourself in recovery from past mental illness?

- Yes
 No

To speak with someone for information and support about gambling, mental health, substance use or tobacco use, you can call Your Life Iowa's toll-free helpline at (855) 581-8111. Or, if you prefer, a Live Chat, a directory of treatment providers and locations is online at yourlifeiowa.org

If you need to talk, you can also contact 988 Suicide & Crisis Lifeline or go to 988lifeline.org whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns.

E6. To what extent do you disagree or agree with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
a. I would be concerned that substance use, mental health, or gambling treatment might harm my chances when applying for jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would be embarrassed or ashamed about receiving substance use, mental health, or gambling treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would be concerned that people might not take me seriously if they found out I am receiving professional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would be concerned about what people at work might think, say, or do if they found out I am receiving professional care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: Demographics

The last few questions are general background questions that will be used to ensure survey participants are representative of lowans.

F1. What is your current age? _____ years

F2. Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No

F3. Which one or more of the following would you say is your race? (Check all that apply)

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other, please specify: _____

F4. Which of the following best describes you?

- Male
- Female

F5. Which of the following best describes you?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple

F6. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

_____ Number of adults

F7. What is the highest level of education you have completed?

- Less than high school graduate
- Grade 12 or GED (high school graduate)
- Some education beyond high school, no degree
- Trade certification or vocational training
- Associate's or 2-year degree
- College graduate with a 4-year degree (e.g., BA, BS)
- Graduate or professional school (e.g., MA, PhD, MD, JD)

F8. Which of the following best describe you?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

F9. For the calendar year 2025, where do you expect your annual gross household income before taxes, from all sources to be?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 to less than \$150,000
- \$150,000 or more

F10. Which of the following best describes where you live?

- On a farm
- In a rural setting, not on a farm
- In a rural subdivision outside of city limits
- In a small town of less than 5,000 people
- In a larger town of 5,000 to less than 25,000 people
- In a city of 25,000 to less than 50,000 people
- In a city of 50,000 to less than 150,000 people
- In a larger city of 150,000 or more people

SECTION G: Survey experience

G1. In general, how easy or difficult was it to answer the questions in this survey?

- Very difficult
- Somewhat difficult
- Neither difficult nor easy
- Somewhat easy
- Very easy

G2. During the time that you responded to this survey, have you used any digital or online tools to help you respond to any of the questions? (*Check all that apply*)

- Yes, I used a web browser app (e.g. Grammarly) to edit my responses
- Yes, I used a digital voice assistant such as Siri, Google Assistant, or Alexa
- Yes, I used an AI tool to respond
- Yes, I used a *screen reader* or other *assistive technology* products
- Yes, I used an online search engine (e.g. Google, Bing, Yahoo, etc.)
- No, I have not used any of these digital/online tools or products

Thank you for your participation!

Please provide your email address below to receive the Amazon gift card. We will email you one \$5 Amazon gift card within 2 weeks after we receive your completed questionnaire (web or mail). Your email will not be associated with your responses to this survey.

_____ Email

Would you be willing to participate in a future interview or survey to tell us more about your views or experiences? (*Check all that apply*)

- No
- Yes, you can invite me by emailing: _____ (Email)
- Yes, you can invite me by sending a text message to: _____ (Phone)
- Yes, you can invite me by calling: _____ (Phone)
- Yes, you can invite me by sending a letter to: _____ (Address)

Having concerns about gambling, mental health, substance use, or tobacco use? Whether it's you or someone you love, it can be hard to know where to turn for help.

That's where Your Life Iowa comes in.

Talk to a Behavioral Health System Navigator—for free.

 CALL  TEXT  CHAT

855-581-8111

YourLifelow.org

Confidential. Professional.
Free. For all Iowans.

System Navigators are professionals trained to:

- Listen and learn about your needs
- Connect you to the right care and support near you
- Help you find services to assist with basic needs, housing, employment, financial issues



If you need to talk, the 988 Lifeline is here.

At the 988 Suicide & Crisis Lifeline, we understand that life's challenges can sometimes be difficult. Whether you're facing mental health struggles, emotional distress, alcohol or drug use concerns, or just need someone to talk to, our caring counselors are here for you.

