

Boynton Health

College Student Health Survey Questionnaires 2007

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BOYNTON HEALTH

UNIVERSITY OF MINNESOTA

2007 College Student Health Survey

Please complete the enclosed health survey. The information you provide will be used to improve health services for students on college campuses. All responses are completely anonymous. Return your completed survey in the business reply, self-addressed envelope.

Please take the time to answer all questions. We would deeply appreciate your participation.

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black ink pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ●

INCORRECT: ☑ ☒ ☓ ☔ ☕

Health Care Coverage and Utilization

1. Other than health care services provided at your educational institution, do you have additional hospitalization insurance coverage?

- Yes, I purchased insurance through my educational institution
- Yes, through my parent's insurance plan
- Yes, through another insurance plan
- No, I do not have hospitalization insurance
- Don't know

2. How many dependent children do you have? (If you have no dependent children, mark zero.)

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more

3. Are your dependent children covered by health insurance?

- Yes
- No
- Not applicable – I do not have dependent children
- Don't know

4. Does your spouse/domestic partner have health insurance coverage?

- Yes
- No
- Not applicable - I have no spouse/domestic partner
- Don't know

5. Please indicate when you last had the following:

	Within the past 12 months	1 - 2 years	3 - 5 years	6 or more years ago	Never
Routine medical exam (a physical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam and cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine gynecological exam (women only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Where do you go for the following health care services while in school? (Please mark all that apply)

	School Health Service	Student counseling service	Hospital	Community clinic	HMO	Private practice	None - I don't obtain this service
Routine doctor's visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing for sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment for sexually transmitted infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testing for HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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7. Have you had any of the following immunizations?

	Yes	No	Don't know
Hepatitis A	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meningitis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu shot within past 12 months	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Status

1. For each condition, indicate whether you have been diagnosed in your lifetime or within the past 12 months. (Please answer both columns)

	LIFETIME: Ever been diagnosed?		PAST 12 MONTHS: Been diagnosed in the past 12 months?	
	Yes	No	Yes	No
Alcohol problems	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Allergies	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Anorexia	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Anxiety	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Asthma	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Attention Deficit Disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Autism	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Bulimia	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Chlamydia	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Depression	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Diabetes (Type I)	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Diabetes (Type II)	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Genital herpes	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Genital warts/ Human papillomavirus (HPV)	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Gonorrhea	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hepatitis A	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hepatitis B	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hepatitis C	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
High blood pressure	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
High cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
HIV/AIDS	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Drug problems (other than alcohol)	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Lyme Disease	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Mononucleosis	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Obesity	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Obsessive-compulsive disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Panic attacks	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pubic lice	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Seasonal Affective Disorder	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Social phobia/performance anxiety	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Strep throat	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Syphilis	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Tuberculosis	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Urinary tract infection	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

2. During the past 12 months, how have the following affected your academic performance? (Please select the most serious outcome for each issue)

	I do not have this issue/not applicable	I have this issue, but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete in the course	Dropped the course	Dropped out of school/took a leave of absence
Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic conditions (diabetes, asthma, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns for troubled friend/family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use (other than alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorder/problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive computer/internet use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning disability/Attention Deficit Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues (depression, anxiety, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mononucleosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moved/changed residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy (yours or your partner's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper respiratory infection (cold/flu, sinus, strep, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinary tract infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

4. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

5. During the past 30 days, for how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Emotional and Mental Health

1. Have you experienced any of the following in the past 12 months? (Mark all that apply)

- | | |
|---|---|
| <input type="radio"/> Getting married | <input type="radio"/> Being put on academic probation |
| <input type="radio"/> Failing a class | <input type="radio"/> Excessive credit card debt |
| <input type="radio"/> Serious physical illness of someone close to you | <input type="radio"/> Excessive debt other than credit card |
| <input type="radio"/> Death of someone close to you | <input type="radio"/> Being arrested |
| <input type="radio"/> Being diagnosed as having a serious physical illness | <input type="radio"/> Being fired or laid off from a job |
| <input type="radio"/> Being diagnosed as having a mental illness | <input type="radio"/> Roommate/housemate conflict |
| <input type="radio"/> Divorce or separation from your spouse | <input type="radio"/> Parental conflict |
| <input type="radio"/> Termination of a personal relationship (not including marriage) | <input type="radio"/> Lack of health care coverage |
| <input type="radio"/> Attempted suicide | <input type="radio"/> Issues related to sexual orientation |
| | <input type="radio"/> Not applicable – none of the above happened to me |

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- 63 Yes No
- 62 2. Are you currently taking medication for depression? Y N
- 61 3. Are you currently taking medication for mental health problem other than depression? Y N
- 60
- 59 4. Are you currently seeing a mental health counselor/therapist? Y N
- 58
- 57 5. On a scale from one to ten, with one being not stressed at all and ten being very stressed, how would you rate your average level of stress in the past 30 days? (Please mark appropriate number corresponding with your average level of stress)

56 Not stressed at all Very stressed

55 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

- 52 6. On a scale from one to ten, with one being ineffective and ten being very effective, how would you rate your ability to manage your stress in the past 30 days? (Please mark appropriate number corresponding with your effectiveness in managing your stress)

51 Ineffective Very effective

50 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

- 49 7. On how many of the past seven days did you get enough sleep so that you felt rested when you wake up in the morning?

48 ① ② ③ ④ ⑤ ⑥ ⑦ days

Personal Safety

- 39 1. The following questions pertain to issues related to personal safety. When answering these questions please use the following definitions: sexual intercourse – oral, vaginal or anal penetration; sexual touching – touching of breasts, buttocks or genitals.

38 Within your lifetime or during the past 12 months, have you: (Mark all that apply)

	LIFETIME:		PAST 12 MONTHS:	
	Yes	No	Yes	No
37 Had sexual intercourse with someone without that person's consent or against his/her will	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
36 Touched someone sexually without that person's consent or against his/her will	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
35 Slapped, kicked or pushed your significant other or spouse/partner	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
34 Threatened or "put-down" your significant other or spouse/partner	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
33 Experienced actual or attempted sexual intercourse without your consent or against your will	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
32 Experienced actual or attempted sexual touching without your consent or against your will	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
31 Been slapped, kicked or pushed by your significant other or spouse/partner	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N
30 Been hurt by threats, "put-downs" or yelling from your significant other or spouse/partner	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> Y	<input type="radio"/> N

- 29 2. If you experienced sexual intercourse/sexual touching against your will, did you report the incident to any of the following? (Mark all that apply)

- 28 Not applicable - I was not involved in any incident
- 27 Health care provider
- 26 Hall director or community advisor
- 25 Campus sexual violence office
- 24 Police
- 23 Other
- 22 I did not report the incident

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3. If you have been a victim of theft in the past 12 months, what was the monetary loss due to the theft?

- Not applicable - I was not a victim of theft
- less than \$100
- \$100 - \$499
- \$500 - \$999
- \$1000 or more

4. Does your residence have:

Yes No Don't know

- A smoke detector? Yes No Don't know
- A carbon monoxide detector? Yes No Don't know

5. What type of injuries have you sustained during the past 12 months? (Mark all that apply):

- Not applicable - I was not injured
- Assaulted by another person (nonsexual)
- Burned by fire or a hot substance
- Motor vehicle related
- Team sports
- Individual sports
- Bicycle related
- In-line skating
- Skate boarding
- Falls
- Other

6. While attending school, do you have immediate access to firearms? Yes No

7. What type of firearms do you have immediate access to?

- Not applicable - I do not have access to a firearm
- Handgun
- Rifle
- Shotgun
- Other

8. Have you ever carried a weapon (i.e., gun, knife, etc.) within the past 12 months? (does not include carrying a weapon while hunting) Yes No

9. Within the past 12 months, how often did you: (Mark the appropriate column for each row)

N/A (didn't do this activity within past 12 months) Never Sometimes Most of the time Always

- Wear a seatbelt when you rode in a car? N/A Never Sometimes Most of the time Always
- Wear a helmet when you rode a bicycle? N/A Never Sometimes Most of the time Always
- Wear a helmet when you rode a motorcycle? N/A Never Sometimes Most of the time Always

10. Within the past 12 months have you ridden in a car with a driver who has been impaired due to alcohol consumption? Yes No Don't know

11. Within the past 12 months were you in a physical fight? Yes No

Nutrition and Physical Activity

1. Your height in feet and inches?

- Feet 3 4 5 6 7
- Inches 0 1 2 3 4 5 6 7 8 9 10 11

2. Approximate your current weight in pounds. (1 kilogram = 2.2 pounds)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

9. In the past 7 days, on how many days did you eat breakfast?

① ② ③ ④ ⑤ ⑥ ⑦ days

10. Indicate how often you did the following in the past 12 months:

	Never	Once a year or less	A few times a year	Once or twice per month	Once per week	Several times per week	Daily	Several times a day
Eat fast food meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat at any restaurant (do not include fast food establishments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use laxatives to control weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take diet pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Induce vomiting to control weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Do you regularly take a multivitamin? Yes No

Chemical Health

1. During the past 12 months, how often have you used: (Mark one for each line)

	Did not use	Once / year	6 times / year	Once / month	More than once/month
Smoking tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (meth, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy and other designer drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance enhancing steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB, Rohypnol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. During the past 30 days, on how many days did you use: (Mark one for each line)

	0 days	1 - 2 days	3 - 5 days	6 - 9 days	10 - 19 days	20 - 29 days	All 30 days
Smoking tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions a drink is defined as: a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

3. Average # of drinks you consume in a week:

①	①
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

4. Think back over the last two weeks. How many times have you had five or more drinks at a sitting?

- I do not drink alcohol
 None
 Once
 Twice
 3 - 5 times
 6 - 9 times
 10 or more times

5. The last time you "partied"/ socialized, how many hours did you drink alcohol? State your best estimate.

①	①
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

6. The last time you "partied"/ socialized, how many alcoholic drinks did you have? State your best estimate.

①	①
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

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7. Please indicate how often you have experienced the following due to your drinking or drug use during the past 12 months: (Mark one for each line)

	Never	Once	Twice	3 - 5 times	6 - 9 times	10 or more times
Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in trouble with police, residence hall, or other college authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged property, pulled fire alarm, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got nauseated or vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driven a car while under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been criticized by someone I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thought I might have a drinking or other drug problem						
Had a memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested for DWI/DUI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried unsuccessfully to stop using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously thought about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously tried to commit suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Do you consider yourself a smoker? Yes No

9. Average number of cigarettes you smoke on a weekday and weekend day? (Note: 1 pack = 20 cigarettes) If less than 10, mark answers as 00, 01, 02, etc.

Not applicable, I do not smoke

Average per weekday (Monday through Thursday)

Average per weekend day (Friday through Sunday)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

10. Where have you used tobacco: (Mark all that apply)

- Not applicable, I do not use tobacco
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Worksite
- Other

11. During the past 12 months, have you stopped smoking for one day and/or longer because you were trying to quit smoking?

- Yes
- No
- Not applicable - I do not smoke

12. How many times in the past 12 months did you try to quit smoking?

Not applicable, I do not smoke

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

13. Are you seriously planning to stop smoking before you graduate?

- Not applicable - I do not smoke
- Yes
- No
- Don't know

14. In an average weekday, how many hours are you in the same room with someone who is smoking tobacco?

- 0 hours
- Less than 30 minutes
- 31 minutes - 1 hour
- 2 - 3 hours
- 4 - 6 hours
- 7 or more hours

15. In an average weekday, where have you been exposed to secondhand smoke?

- Not applicable, I am never exposed to secondhand smoke
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Worksite
- Other

16. In an average weekend day, how many hours are you in the same room with someone who is smoking tobacco?

- 0 hours
- Less than 30 minutes
- 31 minutes - 1 hour
- 2 - 3 hours
- 4 - 6 hours
- 7 or more hours

17. In an average weekend day, where have you been exposed to secondhand smoke?

- Not applicable, I am never exposed to secondhand smoke
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Worksite
- Other

18. In the past two weeks, what percentage of students attending your institution do you think had 5 or more drinks at a sitting? (one drink equals one shot of alcohol, a 12 ounce can of beer, a mixed drink containing 1 or 1 1/2 ounces of alcohol, a 12 ounce wine cooler, or a 5 ounce glass of wine). If less than 10, mark answers as 00, 01, 02, etc.

		%
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

19. If a person has "passed out" from alcohol/drug use and you cannot wake them up, how likely is it you would call "911"?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

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Sexual Health

1. Have you ever been sexually active? (Sexually active is defined as having engaged in oral, vaginal or anal intercourse)

- Yes
- No

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2. Was your reason for not being sexually active because you were intentionally choosing to be abstinent?

- Not applicable - I have been sexually active
- Yes
- No

3. Have you been sexually active in the past 12 months?

- Yes
- No

4. Describe your most recent sexual partner. (Select one)

- Not applicable - I am not sexually active
- A stranger
- A casual acquaintance
- A close but not exclusive dating partner
- An exclusive dating partner
- Fiance(e), spouse, or spousal equivalent
- Other

7. Did you use a condom or dental dam the last time you had...

I have never had this type of encounter

Yes

No

Don't know / can't remember

- | | | | | |
|--------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Oral sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vaginal sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anal sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Were you intoxicated the last time you had oral, vaginal or anal intercourse?

- Not applicable - I have not been sexually active
- Yes
- No
- Not sure

9. If you have had vaginal intercourse, the last time you did, what did you or your partner use as your primary method of pregnancy prevention? (Mark all that apply)

- Not applicable
- Birth control pills
- Depo Provera (shots)
- Intrauterine Device (IUD)
- Condoms (male, female)
- Diaphragm and spermicide
- Fertility Awareness (calendar, basal body temperature, mucous, rhythm method)
- Withdrawal
- Ortho Evra (patch)
- Nuva ring
- Sponge
- Emergency contraception (i.e., "morning after pill")
- Other
- Don't know/can't remember

5. Within the past 12 months, with how many partner(s), if any, have you had sex (oral, vaginal, or anal)? If less than 10, mark answers as 00, 01, 02, etc.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

6. Within the past 12 months, were your sexual partner(s), if any,

- Not applicable - I was not sexually active
- Male
- Female
- Both male and female

10. Within the past 12 months, have you become pregnant or impregnated someone else?

- Not applicable - not sexually active
- Yes
- No
- Don't know

11. Was this pregnancy:

- Not applicable - not involved in a pregnancy
- Intentional
- Unintentional

12. What was the outcome of that pregnancy? (Mark only one)

- Not applicable - not involved in a pregnancy
- Birth and parenting
- Birth and adoption
- Abortion
- Miscarriage
- Still pregnant
- Don't know

13. Within the past 12 months, have you or your partner used an emergency contraceptive ("morning after pill")?

- Not applicable - not sexually active
- Yes
- No
- Don't know

14. Within the past 12 months, how many times have you used an emergency contraceptive? If less than 10, mark answers as 00, 01, 02, etc.

Not applicable - not sexually active

0	0
1	1
2	2
3	3
4	4
5	5
6	6
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9	9

15. Are you or your partner planning on getting pregnant within the next two years?

- Yes
- No
- Unsure
- Not applicable - I do not have a partner

Demographic Information

1. What is your gender?

- Male
- Female
- Transgender/other

2. How old are you?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. What is your race / ethnicity? (Mark all that apply)

- African American/Black
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Latino/Hispanic
- Middle Eastern
- White/Caucasian
- Other

4. Are you an international student?

- Yes
- No

5. Year in college:

- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year or more undergraduate
- Graduate or professional

6. What is your relationship status?

- Single
- Married/domestic partner
- Separated
- Widowed
- Divorced
- Engaged/committed dating relationship

7. Which of the following best describes you?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Unsure

8. What is your grade point average? (A=4.0, B=3.0, etc.) Please fill in a value for all three boxes (ex. 4.00, 2.96, etc.)

	.		
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

9. Do you have any of the following:

- I have no disability or impairment
- Attention deficit/hyperactivity disorder
- Deaf, hard-of-hearing, or deaf blind
- Learning disability (formally assessed)
- Mobility impairment
- Psychiatric disorder
- Systemic disability (diabetes mellitus, multiple sclerosis, etc.)
- Traumatic brain injury
- Visual impairment (not corrected by contacts or glasses)
- Other

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10. How many hours a week do you work for pay?

- 0 hours
- 1 - 9 hours
- 10 - 19 hours
- 20 - 29 hours
- 30 - 39 hours
- 40 hours
- More than 40 hours

11. Over the past 12 months, how often have you engaged in any form of gambling (on-line, casino, poker, slot machine, lottery, etc.)?

- Never
- Once a year
- 2 - 6 times/year
- Once/month
- More than once per month

12. How many credits are you taking this term?

0	0
1	1
2	2
3	3
	4
	5
	6
	7
	8
	9

13. In an average month how much do you spend on all forms of gambling?

- Not applicable - I do not gamble
- \$1 - \$24
- \$25 - \$49
- \$50 - \$99
- \$100 - \$249
- \$250 - \$499
- \$500 - \$749
- \$750 - \$999
- \$1,000 or more

14. Last month, how much total credit card debt did you carry? That is, what was the total unpaid balance on all your credit cards?

- Not applicable - I do not have a credit card
- None, I pay the full amount each month
- \$1 - \$99
- \$100 - \$249
- \$250 - \$499
- \$500 - \$999
- \$1,000 - \$1,999
- \$2,000 - \$2,999
- \$3,000 - \$3,999
- \$4,000 - \$4,999
- \$5,000 - \$5,999
- \$6,000 or more

Residence

1. What are your living arrangements?

- Parent's home
- Rent or share rent
- Residence hall
- Fraternity/sorority
- Public/subsidized housing
- Own a house
- Other

2. Please write in the 5-digit Zip Code number for the address where you are currently living.

ZIP CODE				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9