

Boynton Health

College Student Health Survey Questionnaires 2008

© 2016 Regents of the University of Minnesota. All rights reserved. This work may not be reproduced, distributed, displayed or otherwise used, in whole or in part, without the express written permission of the University of Minnesota Boynton Health. You may request permission by contacting Dr. Katherine Lust at klust@bhs.umn.edu.



BOYNTON HEALTH

UNIVERSITY OF MINNESOTA



SECTION: Health Care Coverage and Utilization

1

SURVEY PAGE: 1 of 25 pages

You have completed **0** of 4 Items on this page

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

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

2 How many dependant children do you have?

** (If you have no dependant children, mark 0)**

- 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

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Health Care Coverage and Utilization

2

SURVEY PAGE: 2 of 25 pages

You have completed 0 of 15 Items on this page

5 Please indicate when you last had the following:

	Within the past 12 months	1-2 years	3-5 years	6 our 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Have you had any of the following immunizations?

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

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Health Status

3

SURVEY PAGE: 3 of 25 pages

You have completed 0 of 74 Items on this page

1

1.01 For each condition, indicate whether you have been diagnosed **in your lifetime.**

1.02 For each condition, indicate whether you have been diagnosed **within the past 12 months.**

	Yes	No		Yes	No
Alcohol problems	<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"/>
Anorexia	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Attention Deficit Disorder	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Bulimia	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Chlamydia	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Diabetes (Type I)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Diabetes (Type II)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Genital herpes	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Genital warts/Human papillomavirus (HPV)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Gonorrhea	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Hepatitis A	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Drug problems (other than alcohol)	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Lyme Disease	<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"/>
Obesity	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Obsessive-compulsive disorder	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Panic attacks	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Pubic lice	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Seasonal Affective Disorder	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Social phobia/performance anxiety	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Strep throat	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Syphilis	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Tuberculosis	<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="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Health Status		
4	SURVEY PAGE: 4 of 25 pages	You have completed 0 of 24 Items on this page

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 During the past 30 days, on 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
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Emotional and Mental Health

5

SURVEY PAGE: 5 of 25 pages

You have completed 0 of 7 Items on this page

1 Have you experienced any of the following in the past 12 months?

**** (Mark all that apply) ****

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

2 Are you currently taking medication for depression?

- Yes
- No

3 Are you currently taking medication for a mental health problem other than depression?

- Yes
- No

4 Are you currently seeing a mental health counselor/therapist?

- Yes
- No

5 On a scale from one to ten, with one being not stressed at all to 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) ****

Not stressed at all											Very stressed
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 On a scale from one to ten, with one being ineffective and ten being 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 stress) ****

Ineffective											Very effective
1	2	3	4	5	6	7	8	9	10		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Personal Safety

6

SURVEY PAGE: 6 of 25 pages

You have completed 0 of 17 Items on this page

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

1	1.01 Within your lifetime have you:			1.02 Within the past 12 months have you:	
	Yes	No		Yes	No
Had sexual intercourse with someone without that person's consent or against his/her will	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Touched someone sexually without that person's consent or against his/her will	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Slapped, kicked or pushed your significant other or spouse/partner	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Threatened or "put-down" your significant other or spouse/partner	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Experienced actual or attempted sexual intercourse without your consent or against your will	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Experienced actual or attempted sexual touching without your consent or against your will	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Been slapped, kicked or pushed by your significant other or spouse/partner	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Been hurt by threats, "put-downs" or yelling from your significant other or spouse/partner	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

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)****

- Not applicable - I was not involved in any incident
- Health care provider
- Hall director or community advisor
- Campus sexual violence office
- Police
- Other
- I did not report the incident

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Personal Safety

7

SURVEY PAGE: 7 of 25 pages

You have completed 0 of 7 Items on this page

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

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
- less than \$100
- \$100 - \$499
- \$500 - \$999
- \$1000 or more

4 Does your residence have:

Yes

No

Don't know

A smoke detector?

A carbon monoxide detector?

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?

**** (Mark all that apply) ****

- 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

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Personal Safety

8

SURVEY PAGE: 8 of 25 pages

You have completed 0 of 5 Items on this page

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

9 Within the past 12 months, how often did you:

**** (Mark the appropriate column for each of the three questions)****

N/A (didn't do this activity within the last 12 months)

Never

Sometimes

Most of the time

Always

Wear a seatbelt when you rode in a car?

Wear a helmet when you rode a bicycle?

Wear a helmet when you rode a motorcycle?

10 Within in 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

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Nutrition and Physical Activity

9

SURVEY PAGE: 9 of 25 pages

You have completed 0 of 6 Items on this page

1 Your height in feet and inches?

1.01 Feet

3

4

5

6

7

1.02 Inches

0

1

2

3

4

5

6

7

8

9

10

11

2 Approximate your current weight in pounds.

** (If less than 100 pounds, mark answers 096, 085, etc.)

(1 kilogram = 2.2 pounds)**

3 digits

3 How do you describe your weight?

Very underweight

Slightly underweight

About the right weight

Slightly overweight

Very overweight

4 What are you currently trying to do with your weight?

Gain

Lose

Remain the same

Not trying to do anything

5 During the past 30 days, I felt satisfied with my body image/size:

** (Mark the most appropriate response)**

Never

Sometimes

Most of the time

Always

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Nutrition and Physical Activity

10

SURVEY PAGE: 10 of 25 pages

You have completed 0 of 5 Items on this page

6 In the past 7 days, how many hours did you spend doing the following activities?

Strenuous exercise (hearts beats rapidly).
Examples: biking fast, aerobics, dancing, running, basketball, swimming laps, rollerblading, tennis, soccer

Moderate exercise (not exhausting).
Examples: walking quickly, baseball, easy biking, volleyball, skateboarding, snowboarding

Exercises to strengthen or tone your muscles.
Examples: push-ups, sit-ups, or weight lifting/training

None	Less than 1/2 hour/week	1/2 - 2 hours/week	2 1/2 - 4 hours/week	4 1/2 - 6 hours/week	6+ hours/week
------	-------------------------	--------------------	----------------------	----------------------	---------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 On an average day, how many hours do you spend doing the following activities?

Watching television

Playing video or computer games or use a computer for something that is not for work or school work (include activities such as Xbox, computer games, and the Internet)

None	Less than 1 hour/day	1 hour/day	2 hours/day	3 hours/day	4 hours/day	5+ hours/day
------	----------------------	------------	-------------	-------------	-------------	--------------

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Nutrition and Physical Activity

11

SURVEY PAGE: 11 of 25 pages

You have completed 0 of 16 Items on this page

8 During the past 7 days, how many times did you eat/drink the following?

(Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, school, restaurants, or anywhere else.)

	I did not eat or drink this	1 to 3 times during the past 7 days	4 to 6 times during the past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
100% fruit juice (Do not include punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit (Do not include juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Green salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes (Do not include French fries, fried potatoes, or potato chips.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vegetables (Do not include green salad, potatoes, or carrots.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite (Do not include diet soda or diet pop.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can, bottle, or glass of diet soda or pop, such as Diet Coke, Diet Pepsi or Diet Sprite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

0
 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

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Chemical Health

12

SURVEY PAGE: 12 of 25 pages

You have completed 0 of 18 Items on this page

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"/>
Prescription drug not prescribed for you	<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"/>

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Chemical Health

13

SURVEY PAGE: 13 of 25 pages

You have completed 0 of 4 Items on this page

3 For questions 3 - 6 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

3.01 Average # of drinks you consume in a week:

****Enter a number between 00 and 99 (If less than 10, mark as 09, 08, etc.)****

2 digits

4 Think back over the last two weeks. How many times have you had five or more drinks in 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.

****Enter a number between 00 and 99.
If you do not drink alcohol, please enter 00
If less than 10, mark as 09, 08, etc.****

2 digits

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

****Enter a number between 00 and 99.
If you do not drink alcohol, please enter 00
If less than 10, mark as 09, 08, etc.****

2 digits

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Chemical Health

14

SURVEY PAGE: 14 of 25 pages

You have completed 0 of 19 Items on this page

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Chemical Health

15

SURVEY PAGE: 15 of 25 pages

You have completed 0 of 8 Items on this page

8 Do you consider yourself a smoker?

- Yes
- No

9.01 Average number of cigarettes you smoke on a weekday and weekend day? (Note: 1 pack = 20 cigarettes)

- Not applicable, I do not smoke
- This is applicable, I do smoke

9.02 Average per weekday (Monday through Thursday) (enter a number between 00 and 99)

******(Non-smokers please enter 00. If less than 10, mark as 09, 08, etc.)******

2 digits

9.03 Average per weekend (Friday through Sunday) (enter a number between 00 and 99)

******(Non-smokers please enter 00. If less than 10, mark as 09, 08, etc.)******

2 digits

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 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?

******(Enter a number between 00 and 99 - Non-smokers and smokers who have not attempted to quit please enter 00. If less than 10, mark as 09, 08, etc.)******

2 digits

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

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

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Chemical Health

16

SURVEY PAGE: 16 of 25 pages

You have completed 0 of 6 Items on this page

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 second hand smoke?

**** (Mark all that apply)****

- 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 second hand smoke?

**** (Mark all that apply)****

- 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) [Enter numerical percentage of 00 - 99] (If less than 10, mark as 09, 08, etc.)****

2 digits

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

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Sexual Health

17

SURVEY PAGE: 17 of 25 pages

You have completed 0 of 5 Items on this page

1 Have you ever been sexually active?

******(Sexually active is defined as having engaged in oral, vaginal or anal intercourse)**

Yes

No

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

5 Within the past 12 months, with how many partners, if any, have you had sex (oral, vaginal, or anal)?

******(Enter a number between 00 and 99. If less than 10, mark as 09, 08, etc.)**

2 digits

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Sexual Health

18

SURVEY PAGE: 18 of 25 pages

You have completed 0 of 6 Items on this page

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

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

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

	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 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)
- NuvaRing
- Sponge
- Emergency contraception (i.e., "morning after pill")
- Other
- Don't know/can't remember

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Sexual Health

19

SURVEY PAGE: 19 of 25 pages

You have completed 0 of 7 Items on this page

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?

- Not applicable - I have not been 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

14.01 Regarding the use of Emergency Contraceptives by you or your partner...

- Not applicable - not sexually active
- Applicable - I have been sexually active

14.02 Within the past 12 months, how many times have you or your partner used an emergency contraceptive ("morning after pill")?

******(Enter a number between 00 and 99)
(If not sexually active, please enter 00) (If less than 10, mark as 09, 08, etc.)**

2 digits

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

- Yes
- No
- Unsure

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Demographic Information

20

SURVEY PAGE: 20 of 25 pages

You have completed 0 of 5 Items on this page

1 What is your gender?

- Male
- Female
- Transgender/other

2 How old are you?

** (Enter your age to the nearest year)**

2 digits

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

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Demographic Information

21

SURVEY PAGE: 21 of 25 pages

You have completed 0 of 4 Items on this page

6 What is your relationship status?

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

7 Which of the following terms best describes you?

- Heterosexual
- Gay/Lesbian
- Bisexual
- Unsure

8 What is your grade point average? (A=4.00, B=3.00, etc.)

** Enter your GPA as 3 numbers i.e. 4.00, 3.25, 2.50, 2.96, etc.**

3 digits .

9 Do you have any of the following:

** (Select all that apply) **

- 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 eyeglasses)
- Other

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Demographic Information

22

SURVEY PAGE: 22 of 25 pages

You have completed 0 of 5 Items on this page

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 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

13 How many credits are you taking this term? (00-99)

****If no credits this term please enter 00. If less than 10, mark as 01, 02, etc.****

2 digits

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

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Residence

23

SURVEY PAGE: 23 of 25 pages

You have completed 0 of 4 Items on this page

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 enter the 5-digit Zip Code number for the address where you are currently living.

5 digits

3 Are you currently or have you ever served in the United States Armed Forces?

- Yes
- No

4 Are you an Operation Iraqi Freedom and/or Operation Enduring Freedom Veteran?

- Yes
- No
- Not applicable, I have never served in the United States Armed Forces

SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Additional Questions: Program Related

24

SURVEY PAGE: 24 of 25 pages

You have completed 0 of 22 Items on this page

1 At what age did you first use...

** (Mark one for each line) **

	Did not use	Under 10	10 - 11	12 - 13	14 - 15	16 - 17	18 - 20	21 - 25	26+
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking tobacco (cigarettes, cigars, pipe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 During the past 30 days, on average how many days do students attending your institution use:

	0 days	1 - 2 days	3 - 5 days	6 - 9 days	10 - 19 days	20 - 29 days	All 30 days
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking tobacco (cigarettes, cigars, pipe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 On average, how many alcoholic drinks do students attending your institution consume while "partying" or socializing?

** (If less than 10, mark answers as 00, 01, 02, etc.) **

2 digits

4 On average, how many alcoholic drinks do students attending your institution consume during a week?

** (If less than 10, mark answers as 00, 01, 02, etc.) **

2 digits

5 During the past 12 months, if you "partied"/socialized, how often did you...

** (Please mark the appropriate column for each row) **

	Not applicable/I do not drink	Never	Rarely	Sometimes	Usually	Always
Alternate non-alcoholic with alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine in advance, not to exceed a set number of drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choose not to drink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat before and/or during drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a friend let you know when you've had enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep track of how many drinks you were having	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace your drinks to 1 or fewer per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid drinking games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drink an alcohol look-alike (non-alcoholic beer, punch, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Additional Questions: Program Related

25

SURVEY PAGE: 25 of 25 pages

You have completed 0 of 6 Items on this page

6 Does your campus have alcohol and drug use policies?

- Yes
- No
- Don't know

7 Are the alcohol and drug use policies enforced?

- Not applicable - there are no campus policies
- Never
- Sometimes
- Most of the time
- Always
- Don't know

8 Does your campus have a drug and alcohol prevention program?

- Yes
- No
- Don't know

9 Do you believe your campus is concerned about the prevention of drug and alcohol use?

- Yes
- No
- Don't know

10 Which of the following has influenced your values the *most* regarding alcohol and drug use?

- Campus programs
- Family
- Friends
- Health
- Media
- Spirituality
- Staff/faculty
- Other

11 Which one of the following has influenced your values the *most* regarding sexual activity?

- Campus programs
- Family
- Friends
- Health
- Media
- Spirituality
- Staff/faculty
- Other

<input type="checkbox"/>	SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
<input type="checkbox"/>	SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.