

Boynton Health

College Student Health Survey Questionnaire

2021

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BOYNTON HEALTH

UNIVERSITY OF MINNESOTA

2021 College Student Health Survey

H1 *Health Care Coverage and Utilization*

Q1 Do you have health insurance?

- Yes (1)
- No (2)
- Don't know (3)

Q2 When did you last have a routine medical exam (a physical)?

- Never (1)
- Within the past 12 months (2)
- More than 12 months ago (3)
- Don't know (4)

Q3 How often do you usually have a dental exam and cleaning?

- Never (1)
- At least twice within a 12 month period (2)
- Once every 12 months (3)
- Once every 2 or more years (4)
- Don't know (5)

Q4 Where do you go for the following health care services while in school? (Check all that apply)

	At my school (1)	Location other than my school (1)	None, I did not obtain this service (1)
Routine medical examination (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services (non-emergency) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/Crisis care (mental health issue) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing for sexually transmitted infections including HIV (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for sexually transmitted infections including HIV (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency care (physical health issue) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5a Within the past 12 months have you contacted a crisis help line for a mental health issue?

Yes (1)

No (2)

Q5b Within the past 12 months how many times did you contact the crisis help line?

Q6 Have you had any of the following vaccinations?

	Yes (1)	No (2)	Don't know (3)
Meningitis (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu vaccine within past 12 months (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human papillomavirus (HPV - all three doses) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H2 *Health Status*

Q8 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 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
- 12 (12)
- 13 (13)
- 14 (14)
- 15 (15)
- 16 (16)
- 17 (17)
- 18 (18)
- 19 (19)
- 20 (20)
- 21 (21)
- 22 (22)

- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

Q9 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 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)
- 11 (11)
- 12 (12)
- 13 (13)
- 14 (14)

- 15 (15)
- 16 (16)
- 17 (17)
- 18 (18)
- 19 (19)
- 20 (20)
- 21 (21)
- 22 (22)
- 23 (23)
- 24 (24)
- 25 (25)
- 26 (26)
- 27 (27)
- 28 (28)
- 29 (29)
- 30 (30)

Q11 Have you experienced any of the following in the past 12 months? (Check all that apply)

- Getting married (1)
- Failing a class (1)
- Serious physical illness of someone close to you (1)
- Death of someone close to you (1)
- Being diagnosed as having a serious physical illness (1)
- Being diagnosed as having a mental illness (1)
- Spouse/Partner conflict (including divorce or separation) (1)

- Termination of a personal relationship (not including marriage) (1)
- I attempted suicide (1)
- Being put on academic probation (1)
- Excessive credit card debt (1)
- Excessive debt other than credit card (1)
- Being arrested (1)
- Being fired or laid off from a job (1)
- Roommate/Housemate conflict (1)
- Parental conflict (1)
- Lack of health care coverage (1)
- Issues related to sexual orientation (1)
- Bankruptcy (1)
- Not applicable (none of the above happened to me) (1)

Q12 Have you been diagnosed with any of the following?

	Never (1)	Yes, within the past 12 months (2)	More than 12 months ago (3)
Alcohol/Drug problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anorexia (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention deficit disorder (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar disorder (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulimia (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive-compulsive disorder (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attacks (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-traumatic stress disorder (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal affective disorder (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social phobia/Performance anxiety (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q13 Are you currently taking medication for any mental health condition?

- Yes (1)
- No (2)

Q14 Are you currently seeing a mental health counselor/therapist?

- Yes (1)
- No (2)

Q15 On a scale from 1-10, with 1 being not stressed at all and 10 being very stressed, how would you rate your average level of stress in the past 30 days?

(Please check appropriate number corresponding with your average level of stress)

- Not stressed at all 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- Very stressed 10 (10)

Q16 On a scale from 1-10, with 1 being ineffective and 10 being very effective, how would you rate your ability to manage your stress in the past 30 days?

(Please check appropriate number corresponding with your effectiveness in managing stress)

- Ineffective 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- Very effective 10 (10)

Q17 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 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)

Q18 During the past 12 months, how have the following affected your academic performance? (Please select the most appropriate response option)

	I do not have this issue/not applicable (1)	I have this issue - my academics have not been affected (2)	I have this issue - my academics have been affected (3)
Alcohol use (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any disability (learning, ADD/ADHD, physical, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any mental health issues (depression, anxiety, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being homeless (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic conditions (diabetes, asthma, allergies, etc.) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for friend/family member experiencing problems (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eating disorder/problems (anorexia, bulimia, other disordered eating) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive Computer/Internet use (any electronic device for nonacademic use) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial difficulties (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food insecurity (not having enough food) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy (yours or your partner's) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship issues involving a roommate or housemate (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship issues involving someone other than a roommate or housemate (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serious injury (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted infection (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep difficulties (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper respiratory infection (cold/flu, sinus, strep, mononucleosis, etc.) (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Please indicate the extent to which you agree with each of the following statements.

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
I tend to bounce back quickly after hard times. (Q19_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a hard time making it through stressful events. (Q19_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It does not take me long to recover from a stressful event. (Q19_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard for me to snap back when something bad happens. (Q19_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually come through difficult times with little trouble. (Q19_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to take a long time to get over setbacks in my life. (Q19_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COVID_2 How stressful is your day-to-day life as a result of the coronavirus outbreak?

- Not stressful at all (1)
- Mildly stressful (4)
- Moderately stressful (5)
- Very stressful (6)
- Extremely stressful (7)

COVID_3 Have you had a COVID-19 test (i.e. nasal, throat or saliva) within the past 12 months?

- Yes (1)
- No (2)

COVID_4 Have you had a COVID-19 test (i.e. nasal, throat or saliva) within the past 30 days?

- Yes (1)
- No (2)

COVID_5 Have you tested positive for COVID-19?

- Yes (1)
- No (2)

COVID_6 Are you planning on getting or have you already received the coronavirus vaccination?

- Yes (1)
- No (2)

H3 *Personal Safety*

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.

Q20 Please indicate your responses below:

	Within past 12 months		Within your lifetime	
	Yes (1)	No (2)	Yes (1)	No (2)
Have you had sexual intercourse with someone without that person's consent or against his/her will (Q20_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you touched someone sexually without that person's consent or against his/her will (Q20_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you slapped, kicked, or pushed your significant other or spouse/partner (Q20_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you threatened or put-down your significant other or spouse/partner (Q20_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you experienced actual or attempted sexual intercourse without your consent or against your will (Q20_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you experienced actual or attempted sexual touching without your consent or against your will (Q20_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p>Have you been slapped, kicked, or pushed by your significant other or spouse/partner (Q20_7)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Have you been hurt by threats, put-downs, or yelling from your significant other or spouse/partner (Q20_8)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 You reported experiencing sexual intercourse/sexual touching against your will, did you tell anyone about the incident?

- Yes (1)
- No (2)

Q22 Who did you tell about the sexual assault incident? (Check all that apply)

- Health care provider (e.g., physician, nurse, or therapist) (1)
- On campus authority (e.g. campus law enforcement, hall director or advisor, school staff) (1)
- Police agency (1)
- Friend or intimate partner (1)
- Family member (1)
- Someone else (1)

Q23 You reported experiencing being hit, slapped, verbal threatened verbal put-down, etc., did you tell anyone about the incident?

- Yes (1)
- No (2)

Q24 Who did you tell about the domestic violence incident? (Check all that apply)

- Health care provider (e.g., physician, nurse, or therapist) (1)
- On campus authority (e.g., campus law enforcement, hall director or advisor, school staff) (1)
- Police agency (1)
- Friend or intimate partner (1)
- Family member (1)
- Someone else (1)

The following questions pertain to events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age...

Q25 Did you live with anyone who was depressed, mentally ill, or suicidal?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Q26 Did you live with anyone who was a problem drinker or alcoholic?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Q27 Did you live with anyone who used illegal street drugs or who abused prescription medications?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Q28 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Q29 Were your parents separated or divorced?

- Yes (1)
- No (2)
- Parents never married (3)
- Don't know/Not sure (4)

Q30 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- Never (1)
- Once (2)
- More than once (3)

Q31 How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.

- Never (1)
- Once (2)
- More than once (3)

Q32 How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- Never (1)
- Once (2)
- More than once (3)

Q33 How often did anyone at least 5 years older than you or an adult ever touch you sexually?

- Never (1)
- Once (2)
- More than once (3)

Q34 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

- Never (1)
- Once (2)
- More than once (3)

Q35 How often did anyone at least 5 years older than you or an adult, force you to have sex?

- Never (1)
- Once (2)
- More than once (3)

Q36 Within the past 12 months how often did you: wear a helmet when you rode a bicycle?

- N/A (did not do this activity within the last 12 months) (1)
- Never (2)
- Sometimes (3)
- Most of the time (4)
- Always (5)

Q37 Within the past 12 months how often did you: text, email or use the Internet while driving a motorized vehicle?

- N/A (did not do this activity within the last 12 months) (1)
- Never (2)
- Sometimes (3)
- Most of the time (4)
- Always (5)

Q38 Within the past 12 months have you ridden in a car with a driver who has been impaired due to alcohol consumption?

- Yes (1)
- No (2)
- Don't know (3)

Q39 Within the past 12 months were you in a physical fight?

- Yes (1)
- No (2)

Please respond to the following series of questions using the following definition for bullying: Bullying is conscious, deliberate, repeated and hostile behavior by one or more people, which is intended to harm others. Bullying includes actions such as making threats, spreading rumors, attacking someone physically or verbally, and excluding someone from a group on purpose.

Q39.1 I have experienced bullying within my lifetime.

- Frequently (3)
- Sometimes (2)
- Hardly ever (1)
- Never (0)

Q39.2 I have carried out bullying within my lifetime.

- Frequently (3)
- Sometimes (2)
- Hardly ever (1)
- Never (0)

Q39.4 In the previous series of items, you indicated experiences that have happened to you. What do you think the main reason(s) are for these experiences? (Check all that apply)

- Your ancestry or national origins (1)
 - Your gender (2)
 - Your race (3)
 - Your age (4)
 - Your religion (5)
 - Your height (6)
 - Your weight (7)
 - Some other aspect of your physical appearance (8)
 - Your sexual orientation (9)
 - Your education or income level (10)
 - A physical disability (11)
 - Your shade of skin color (12)
 - Your HIV status (13)
 - Other (14) _____
-

Q39.5 While attending school, do you have immediate access to firearms?

- Yes (1)
- No (2)

Q39.5a What type of firearms do you have immediate access to? (Check all that apply)

- Handgun (1)
- Rifle (2)
- Assault Rifle (3)
- Shotgun (4)
- Other (5)

Q39.5b Do you have a license for concealed carry (CCW Permit)?

- Yes (1)
- No (2)

Q39.6 Do you currently have a 'fake ID' or 'Someone else's ID' for the purpose of obtaining alcohol or entering a bar or club?

- Yes, and I have used it (1)
- Yes, but I have not used it (4)
- No, but I plan to obtain one (5)
- No, I have no intention of obtaining one (6)

Q39.6a Which type of 'fake ID' do you have? (Check all that apply)

- An ID I had made (1)
- Someone else's (4)

Q39.7 Please indicate whether you have experienced any of the following. Response options: Not applicable, did not happen to me, occurred by a peer at my college/university; occurred by faculty/staff at my college/university; occurred by someone not at my college/university. (Select all that apply)

	Did not happen to me (1)	Occurred by a peer at my college/university (2)	Occurred by faculty/staff at my college/university (3)	Occurred by someone not at my college/university (4)
Someone repeatedly told sexual jokes or stories that were offensive? (Q39.7_1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone attempted to draw you into a discussion of sexual matters or made comments on your sex life? (Q39.7_2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made offensive comments about your appearance, body, or sexual activities? (Q39.7_3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone gestured or used body language of a sexual nature that was embarrassing or offensive? (Q39.7_4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made attempts to establish a romantic sexual relationship with you despite your efforts to discourage it? (Q39.7_5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone continued to ask you for dates, drinks, dinner, etc., even though you said "No"? (Q39.7_6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone touched you in a way (e.g., fondle or kiss you) that made you feel uncomfortable? (Q39.7_7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Someone appeared to bribe you with a reward or special treatment to engage in sexual behavior? (Q39.7_8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made you feel threatened through retaliation for not being sexually cooperative? (Q39.7_9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone treated you badly for refusing to have sex? (Q39.7_10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone referred to people of your gender in offensive terms? (Q39.7_11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone treated you "differently" because of your gender (e.g., ignored or slighted you)? (Q39.7_12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made offensive sexist remarks? (Q39.7_13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone put you down or acted condescendingly to you because of your gender? (Q39.7_14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H4 *Nutrition and Physical Activity*

Q40 How tall are you in feet and inches?

Feet (1)

Inches (2)

Q41 Approximate your current weight in pounds.

(1 kilogram = 2.2 pounds)

Q42

In the past 7 days, how many minutes did you spend doing strenuous exercise (heart beats rapidly)?

Examples: biking fast, aerobics, dancing, running, basketball, swimming laps, rollerblading, tennis, soccer

Q43 In the past 7 days, how many minutes did you spend doing moderate exercise (not exhausting)?

Examples: walking quickly, baseball, easy biking, volleyball, skateboarding, snowboarding

Q44 In the past 7 days, how many minutes did you spend doing exercises to strengthen or tone your muscles? Examples: push-ups, sit-ups, weight lifting/training

Q47.1 During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop (Coke, Pepsi, or Sprite, etc.-- do not include diet soda or diet pop.)

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

- I did not drink this (1)
- 1 to 3 times during the past 7 days (2)
- 4 to 6 times during the past 7 days (3)
- 1 time per day (4)
- 2 times per day (5)
- 3 times per day (6)
- 4 or more times per day (7)

Q47.4 During the past 7 days, how many times did you drink coffee drinks with added sugar (lattes, mochas, frappuccinos, macchiatos, etc.)

- I did not drink this (1)
- 1 to 3 times during the past 7 days (2)
- 4 to 6 times during the past 7 days (3)
- 1 time per day (4)
- 2 times per day (5)
- 3 times per day (6)
- 4 or more times per day (7)

Q48 In the past 7 days, on how many days did you eat breakfast?

- 0 (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)

Q49 Within the past 12 months how often did you eat at a fast food restaurant (McDonald's, Chipotle, Taco Bell)?

- Never (1)
- Less than 12 times per year (2)
- Once or twice per month (3)
- Once per week (4)
- Several times per week (5)
- Daily or more often (6)

Q52 Have you engaged in binge eating within the past 12 months?

- Yes (1)
- No (2)

Q54 Within the past 12 months I worried whether my food would run out before I got money to buy more. Was that:

- Often true (1)
- Sometimes true (2)
- Never true (3)
- Don't know (4)

Q55 Within the past 12 months the food I bought just didn't last and I didn't have money to get more. Was that:

- Often true (1)
- Sometimes true (2)
- Never true (3)
- Don't know (4)

H5 *Chemical Health*

Q56 During the past 12 months, how often have you used smoking tobacco (cigarettes, pipe, cigar, etc.)?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q57 During the past 30 days, on how many days did you use smoking tobacco (cigarettes, pipe, cigar, etc.)?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q59 Average number of cigarettes you smoke per week within the past 30 days (1 pack=20 cigarettes)

Q62 Do you consider yourself a smoker?

- Yes (1)
- No (2)

Q63 During the past 12 months, how often have you used smokeless tobacco?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q64 During the past 30 days, on how many days did you use smokeless tobacco?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q65 During the past 12 months, how often have you used tobacco from a water pipe (hookah)?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q66 During the past 30 days, on how many days did you use tobacco from a water pipe (hookah)?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q67 During the past 12 months, how often have you used an e-cigarette, vape pen or vaping device?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q68 During the past 30 days, on how many days did you use an e-cigarette, vape pen or vaping device?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q70 In an average week, where have you been exposed to secondhand smoke? (Check all that apply)

- On campus (inside) (1)
- On campus (outside) (1)
- Off campus (inside) (1)
- Off campus (outside) (1)
- In a car (1)
- Where I live (inside) (1)
- Where I live (outside) (1)
- Other (inside) (1)
- Other (outside) (1)
- I have not been exposed to secondhand smoke (1)

Q71 During the past 12 months, how often have you used alcohol (beer, wine, liquor)?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q72 During the past 30 days, on how many days did you use alcohol (beer, wine, liquor)?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q73 During the past 30 days, during an average week how many alcoholic drinks do you consume? (Enter a number between 0 and 99)

Q74 Think back over the last two weeks. How many times have you had five or more drinks in a sitting?

- None (1)
- Once (2)
- Twice (3)
- 3-5 times (4)
- 6-9 times (5)
- 10 or more times (6)

Q75 The last time you "partied"/socialized, how many hours did you drink alcohol? State your best estimate. (Enter a number between 0 and 99. If you do not drink alcohol, please enter 0.)

Thought I might have a drinking problem (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a memory loss (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something I later regretted (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested for DWI/DUI (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone had sexual contact with me without my consent (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual contact with someone without their consent (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried unsuccessfully to stop using (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously thought about suicide (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seriously tried to commit suicide (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q78 In the past two weeks, what percentage of students attending your institution do you think had 5 or more drinks at a sitting?

(Answer between 0% and 100%) (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)

Q79 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 (1)
- Somewhat likely (2)
- Somewhat unlikely (3)
- Very unlikely (4)

Q80 During the past 12 months, how often have you used marijuana (pot, hash, hash oil)?

- Did not use (1)
- Once/year (2)
- 6 times/year (3)
- Once/month (4)
- More than once/month (5)

Q81 During the past 30 days, on how many days did you use marijuana (pot, hash, hash oil)?

- 0 days (0)
- 1-2 days (1)
- 3-5 days (2)
- 6-9 days (3)
- 10-19 days (4)
- 20-29 days (5)
- all 30 days (6)

Q83 During the past 12 months, how often have you used:

	Did not use (1)	Once/year (2)	6 times/year (3)	Once/month (4)	More than once/month (5)
Amphetamines (meth, speed) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, freebase) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB, Rohypnol (other type of club drug) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, PCP) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (glue, solvents, gas) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (heroin) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An ADHD prescription drug not prescribed for you (Adderall, Ritalin) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other type of prescription drug not prescribed for you (Ambien, OxyContin, Xanax) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H6 *Sexual Health*

Q84 Have you ever been sexually active? (Sexually active is defined as having engaged in vaginal or anal intercourse or oral sex.)

Yes (1)

No (2)

Q85 Have you been sexually active in the past 12 months?

Yes (1)

No (2)

Q86 Within the past 12 months, with how many partners, if any, have you had vaginal or anal intercourse or oral sex?

Q87 Within the past 12 months, were your sexual partner(s):

	Yes (1)	No (2)
Male (Q87_1)	<input type="radio"/>	<input type="radio"/>
Female (Q87_2)	<input type="radio"/>	<input type="radio"/>
Trans/Genderqueer (Q87_3)	<input type="radio"/>	<input type="radio"/>
Other (Q87_4)	<input type="radio"/>	<input type="radio"/>

Q88 Within the past 12 months, have you become pregnant or impregnated someone else?

Yes (1)

No (2)

Don't know (3)

Q89 Was this pregnancy:

- Intentional (1)
- Unintentional (2)

Q90 What was the outcome of that pregnancy?

- Birth and parenting (1)
- Birth and adoption (2)
- Abortion (3)
- Miscarriage (4)
- Still pregnant (5)
- Don't know (7)

Q91 Within the past 12 months, have you or your partner used emergency contraception (Plan B, "morning after pill," etc.)?

- Yes (1)
- No (2)
- Don't know (3)

Q92 Within the past 12 months, how many times have you or your partner used emergency contraception (Plan B, "morning after pill," etc.)?

Q93 Describe your most recent sexual partner:

- A stranger (1)
- A casual acquaintance (2)
- A close but not exclusive dating partner (3)
- An exclusive dating partner (4)
- Fiancé, spouse, or spousal equivalent (5)
- Other (6)

Q94 Did you use a condom or dental dam the last time you had oral sex?

- I have never had this type of encounter (1)
- Yes (2)
- No (3)
- Don't know/can't remember (4)

Q95 Did you use a condom or dental dam the last time you had anal sex?

- I have never had this type of encounter (1)
- Yes (2)
- No (3)
- Don't know/can't remember (4)

Q96 Did you use a condom or dental dam the last time you had vaginal intercourse?

- I have never had this type of encounter (1)
- Yes (2)
- No (3)
- Don't know/can't remember (4)

Q97 The last time you had vaginal intercourse, what did you or your partner use as your method of pregnancy prevention? (Check all that apply)

- Not applicable - I/we are attempting to get pregnant (1)
- I did not use any method of pregnancy prevention (1)
- Birth control pills (1)
- Condoms (male, female) (1)
- Depo-Provera (shots) (1)
- Diaphragm and spermicide (1)
- Emergency contraception (Plan B, "morning after pill", etc.) (1)
- Fertility awareness (calendar, basal body temperature, rhythm method) (1)
- IUD such as Mirena or ParaGard (intrauterine device) (1)
- Implanon (hormone implant) (1)
- Patch (1)
- Sterilization (hysterectomy, tubal ligation, vasectomy) (1)
- NuvaRing (vaginal ring) (1)
- Withdrawal (1)
- Other (1)
- Don't know/can't remember (1)

Q98 Were you intoxicated the last time you had vaginal or anal intercourse or oral sex?

- Yes (1)
- No (2)
- Don't know/can't remember (3)

Q99 Have you been diagnosed with any of the following?

	Never (1)	Yes, within the last 12 months (2)	More than 12 months ago (3)
Chlamydia (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital herpes (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genital warts/Human papillomavirus (HPV) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhea (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pubic lice (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Syphilis (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

H9 *Demographic Information*

Q100 **What is your sex or current gender?** (Check all that apply)

- Male (1)
- Female (1)
- TransMale/Transman (1)
- TransFemale/Transwoman (1)
- Genderqueer (1)
- I prefer an alternative identifier. (1)

Q101 What alternative identifier do you prefer?

Q102 How old are you?

Q103 **Do you identify with any of the following ethnicities?** (Check all that apply)

- Hispanic or Latinx (1)
- Hmong (1)
- Somali (1)
- None of the above (1)
- Prefer not to answer (1)

Q104 What is your racial identity? (Check all that apply)

- American Indian or Alaskan Native (1)
- Asian (1)
- Black or African American (1)
- Middle Eastern
- Native Hawaiian or Other Pacific Islander (1)
- White (does not include Middle Eastern) (1)
- I prefer an alternative identifier. (1)

Q104 b What alternative identifier do you prefer?

Q105 Are you an international student?

- Yes (1)
- No (2)

Q106 What type of post-secondary school are you currently enrolled at?

- Two-year community/technical/trade/vocational college (1)
- Four-year degree college/university (2)

Q107 What year in school are you?

- First (1)
- Second (2)
- Third (3)
- Fourth or more (4)

Q108 What year in school are you?

- First-year undergraduate (1)
- Second-year undergraduate (2)
- Third-year undergraduate (3)
- Fourth-year undergraduate (4)
- Fifth-year or more undergraduate (5)
- Master's degree (M.A., M.S., M.P.H., M.B.A., etc.) (6)
- Doctoral or professional degree (J.D., M.D., Ph.D., etc.) (7)
- Non-degree seeking (8)

Q109 What is your current student status?

- Full-time student (1)
- Part-time student (2)

Q110 Are you taking online courses this term?

- No (1)
- Yes, some courses (3)
- Yes, all of my courses (2)

Q111 What is your relationship status?

- Single (1)
- Married/domestic partner (2)
- Separated, widowed, divorced (3)
- Engaged/committed dating relationship (4)

Q112 Which of the following terms best describes your sexual identity?

- Heterosexual or straight (1)
- Gay or lesbian (2)
- Bisexual (3)
- I am not sure yet. (4)
- I am not sure what this question means. (5)
- I prefer an alternative identifier. (6)

Q113 What alternative identifier do you prefer?

Q114 What is your grade point average? (A=4.00, B=3.00, etc.) Enter your GPA as 3 numbers (4.00, 3.25, 2.50, 2.96, etc.)

Q115 Do you have any of the following: (Check all that apply)

- Hearing difficulty (deaf or having serious difficulty hearing) (1)
- Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses) (1)
- Cognitive difficulty (because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions) (1)
- Ambulatory difficulty (having serious difficulty walking or climbing stairs) (1)
- Self-care difficulty (having difficulty bathing or dressing) (1)
- Independent living difficulty (because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping) (1)
- I have no disability, impairment or difficulty (1)

Q118 What are your living arrangements?

- Parent's home (1)
- Rent or share rent (within one mile of campus) (2)
- Rent or share rent (more than one mile from campus) (9)
- Residence hall (3)
- Fraternity/Sorority (4)
- Public/Subsidized housing (5)
- Own a house (6)
- Homeless (7)
- Other (8)

Q119 Are you currently or have you ever served in the U.S. armed forces?

- Yes (1)
- No (2)

Q121 What is the highest level of education your parent(s), step-parent(s) or adult caretaker(s) completed?

	Did not finish high school (1)	Finished high school (or got a GED) (2)	Attended college but did not complete degree (3)	Completed an Associate degree/certificate program (A.A., A.S., etc.) (4)	Completed a Bachelor degree (B.A., B.S., etc.) (5)	Completed a Masters degree (M.A., M.S., M.P.H., M.B.A., etc.) (6)	Completed a Doctoral or Professional degree (J.D., M.D., Ph.D., etc.) (7)	I prefer not to answer or I do not know (8)
Parent, Step-Parent or Adult Caretaker #1 (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent, Step-Parent or Adult Caretaker #2 (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q187 Are you a member of a Fraternity or Sorority?

- Yes, a Social Fraternity or Sorority (1)
- Yes, an Academic or Professional Fraternity or Sorority (4)
- No, I am not a member (5)

Q188 Describe your participation in athletics in college. (Check all that apply)

- None (1)
- Intramural sports (4)
- Club sports (5)
- NCAA athletics (6)

Q122 Please select your parents'/step-parents' /adult caretakers' current yearly income.

- \$0 - \$21,999 (1)
- \$22,000 - \$39,999 (2)
- \$40,000 - \$64,999 (3)
- \$65,000 - \$83,999 (4)
- \$84,000 - \$99,999 (5)
- \$100,000 - \$149,999 (6)
- \$150,000 - \$199,999 (7)
- \$200,000 or more (8)
- I prefer not to answer (9)
- Don't know (10)

Q123 What is the total of your total current student loan debt?

- \$0 (1)
- \$1 - \$5,000 (2)
- \$5001 - \$15,000 (3)
- \$15,001 - \$25,000 (4)
- \$25,001 - \$45,000 (5)
- \$45,001 - \$65,000 (6)
- \$65,001 - \$95,000 (7)
- \$95,001 - \$125,000 (8)
- \$125,001 - \$175,000 (9)
- \$175,001 - \$225,000 (10)
- \$225,001 or more (11)
- Don't know (12)
- I prefer not to answer (13)

Q124 Who is primarily responsible for repayment of your student loans?

- Self (1)
- Parent, step-parent or caretaker (2)
- Other (3)
- Don't know (5)