

# Boynton Health

## College Student Health Survey Questionnaire

2017

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**BOYNTON HEALTH**

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UNIVERSITY OF MINNESOTA

## 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"/>

Q5 a Within the past 12 months have you contacted a crisis help line for a mental health issue?

- Yes (1)
- No (2)

Q5 b 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"/>

Q7 Have you been diagnosed with any of the following?

	Never (1)	Yes, within the past 12 months (2)	More than 12 months ago (3)
Allergies (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (Type I) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes (Type II) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis A (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mononucleosis (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strep throat (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinary tract infection (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 (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 (31)

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 (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 (31)

Q10 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, school work, or recreation?

- 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 (31)

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

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"/>
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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"/>

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



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) \_\_\_\_\_

#### H4 Nutrition and Physical Activity

Q40 How tall are you in feet and inches?

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

Q45.1 On an average day, how many hours do you spend watching television (Netflix, Hulu, etc.)?

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



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)

Q47.2 During the past 7 days, how many times did you drink can, bottle, or glass of diet soda or diet pop (Diet Coke, Diet Pepsi, or Diet Sprite, etc.) (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)

Q47.3 During the past 7 days, how many times did you drink other sweetened drinks (Fruit-flavored drinks with sugar, Kool-aid, Hi-C, vitamin water, sports drinks, Powerade, Gatorade, sweetened teas, etc.) (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)

Q50 Are you attempting to lose weight?

- Yes (1)
- No (2)

Q51 What method(s) are you using to lose weight? (Check all that apply)

- Follow a restricted diet (fat, carbohydrate, caloric, protein, etc.) (1)
- Use laxatives (1)
- Take diet pills (1)
- Induce vomiting (1)
- Exercise (1)
- Other (1)

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

- Yes (1)
- No (2)

Q53 Do you regularly take any of the following? (Check all that apply)

- Multi-vitamin or multi-mineral supplement (1)
- Select vitamin or mineral supplement (1)
- Herbal/botanical supplement (1)
- Protein or amino acid supplement (1)
- Other type of supplement (1)

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)

Q58 In the past 30 days, where have you used smoking tobacco? (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 did not use smoking tobacco within the past 30 days (1)

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

Q60 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes (1)
- No (2)

Q61 How many times in the past 12 months did you try to quit smoking?

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?

- 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?

- 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)

Q69 What are your reasons for using e-cigarettes? (Check all that apply)

- Trying to quit using tobacco (1)
- Trying to cut down on the number of cigarettes I smoke (1)
- They are less harmful than regular cigarettes (1)
- No lingering odor (4)
- I am curious or intrigued by the product (1)
- Feels like I am smoking a regular cigarette (6)
- I can avoid smoking bans (1)
- Does not bother other people (1)
- I enjoy the variability of flavors in e-cigarettes (1)
- Costs less than cigarettes (1)

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.)

Q76 The last time you "partied"/socialized, how many alcoholic drinks did you have? State your best estimate. (Enter a number between 0 and 99. If you do not drink alcohol, please enter 0.)

Q77 Please indicate how often you have experienced the following due to your alcohol consumption during the past 12 months:



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 has 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)

82 Please indicate how often you have experienced the following due to your marijuana use during the past 12 months:







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 (1)	<input type="radio"/>	<input type="radio"/>
Female (2)	<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)
- Native Hawaiian or Other Pacific Islander (1)
- White (includes 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?



Q118 What are your living arrangements?

- Parent's home (1)
- Rent or share rent (2)
- 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)

Q120 Are you an Operation Iraqi Freedom/Operation Enduring Freedom and/or Operation New Dawn Veteran?

- 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"/>

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)