July 27, 2011

TO: Mary Sullivan, Coordinator, Health Services

FROM: Mallory Newell, De Anza College Research
Nergal Issaie, Student Assistant

SUBJECT: Health Center Survey, Spring 2011

The American College Health Association-National College Health Assessment Survey ACHA-NCHA) was provided with 7,500 randomly selected students enrolled at De Anza College in Winter 2011, over the age of 18. The Association administered the survey to De Anza students through a form email as well as a follow-up reminder email. This resulted in 887 valid responses (12%).

Important highlights for **Mental Well Being Services** include:

- 57% of respondents were interested in information on "Stress reduction."
- 48% of respondents were interested in information on "Sleep difficulties."
- 47% of respondents were interested in information on "Depression/Anxiety."
- 34% of respondents were interested in information on "Grief and loss."

Important highlights for **Health and Wellness Services** include:

- 56% of respondents were interested in information on "Nutrition."
- 53% of respondents were interested in information on "Physical activity."
- 50% of respondents were interested in information on "How to help others in distress."
- 42% of respondents were interested in information on "Cold/Flu/Sore throat."
- 40% of respondents were interested in information on "Injury and violence prevention."
- 39% of respondents were interested in information on "Relationship difficulties."

# Mental Well Being Services, Spring 2011

| 1. Interested in information on Depression/Anxiety. | | |
|---|---|---|
| No | 470 | 53% |
| Yes | 413 | 47% |
| Total | 883 | 100% |

| 2. Interested in information on Eating disorder. | | |
|---|---|---|
| No | 607 | 69% |
| Yes | 272 | 31% |
| Total | 879 | 100% |

| 3. Interested in information on Grief and loss. | | |
|---|---|---|
| No | 575 | 66% |
| Yes | 297 | 34% |
| Total | 872 | 100% |

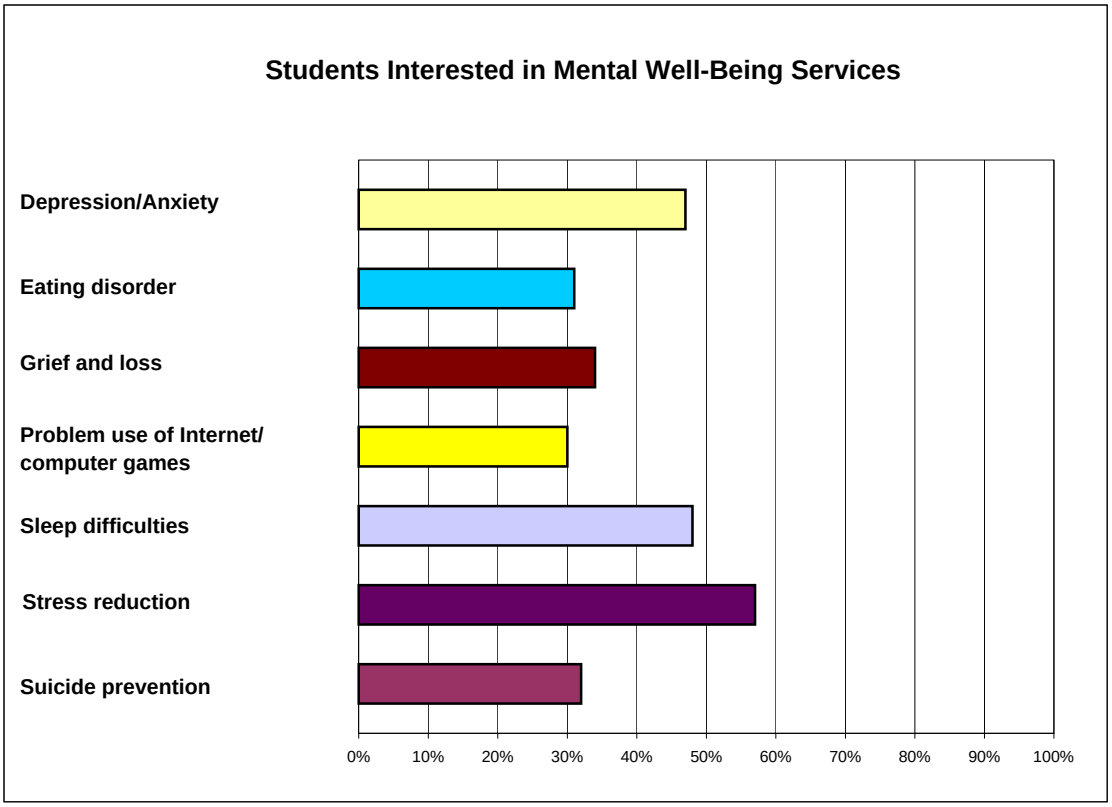
| 4. Interested in information on Problem use of Internet/computer games. | | |
|---|---|---|
| No | 615 | 70% |
| Yes | 267 | 30% |
| Total | 883 | 100% |

| 5. Interested in information on Sleep difficulties. | | |
|---|---|---|
| No | 462 | 52% |
| Yes | 425 | 48% |
| Total | 887 | 100% |

| 6. Interested in information on Stress reduction. | | |
|---|---|---|
| No | 378 | 43% |
| Yes | 509 | 57% |
| Total | 887 | 100% |

| 7. Interested in information on Suicide prevention. | | |
|---|---|---|
| No | 597 | 68% |
| Yes | 277 | 32% |
| Total | 874 | 100% |

# Mental Well Being Services, Spring 2011



# Health and Wellness Services, Spring 2011

Additional Questions Regarding Depression/Anxiety

| 1. Received information on Depression/ Anxiety. | | |
|---|---|---|
| No | 670 | 75% |
| Yes | 220 | 25% |
| Total | 890 | 100% |

| 2. In the last 12 months, diagnosed/treated Depression. | | |
|---|---|---|
| No | 798 | 91% |
| Yes, diagnosed | 20 | 2% |
| Yes, treated w/ medication | 20 | 2% |
| Yes, treated w/ psychotherapy | 10 | 1% |
| Yes, treated w/ medication and psychotherapy | 23 | 3% |
| Yes, other treatment | 4 | 1% |
| Total | 875 | 100% |

| 3. Ever diagnosed with depression. | | |
|---|---|---|
| No | 698 | 81% |
| Yes | 161 | 19% |
| Total | 859 | 100% |

| 4. Has Depression affected Academic performance. | | |
|---|---|---|
| Not happened | 618 | 71% |
| Exp'd but academics not negatively affected | 116 | 13% |
| Lower grade on exam/project | 54 | 6% |
| Lower grade in course | 35 | 4% |
| Incomplete or dropped course | 37 | 4% |
| Sig disruption thesis, dissertation, research, practicum | 12 | 1% |
| Total | 872 | 100% |

Additional Questions Regarding Stress

| 1. Received information on Stress reduction. | | |
|---|---|---|
| No | 614 | 69% |
| Yes | 278 | 31% |
| Total | 892 | 100% |

| 2. In the last 12 months, how was your Level of Stress. | | |
|---|---|---|
| No stress | 45 | 5% |
| Less than average | 126 | 14% |
| Average stress | 332 | 38% |
| More than average | 285 | 32% |
| Tremendous stress | 97 | 11% |
| Total | 885 | 100% |

| 3. In the last 30 days, Alcohol. | | |
|---|---|---|
| Never used | 818 | 92% |
| Have used, not last 30 | 55 | 6% |
| 1-2 days | 4 | 1% |
| 3-5 days | 3 | 0% |
| 6-9 days | 4 | 1% |
| 10-19 days | 1 | 0% |
| Total | 885 | 100% |

# Health and Wellness Services, Spring 2011

| 1. Interested in information on Alcohol and other drug use. | | |
|---|---|---|
| No | 630 | 72% |
| Yes | 245 | 28% |
| Total | 875 | 100% |

| 2. Interested in information on Cold/Flu/Sore throat. | | |
|---|---|---|
| No | 513 | 58% |
| Yes | 365 | 42% |
| Total | 878 | 100% |

| 3. Interested in information on How to help others in distress. | | |
|---|---|---|
| No | 443 | 50% |
| Yes | 438 | 50% |
| Total | 881 | 100% |

| 4. Interested in information on Injury and violence prevention. | | |
|---|---|---|
| No | 531 | 60% |
| Yes | 348 | 40% |
| Total | 879 | 100% |

| 5. Interested in information on Nutrition. | | |
|---|---|---|
| No | 391 | 44% |
| Yes | 495 | 56% |
| Total | 886 | 100% |

| 6. Interested in information on Physical activity. | | |
|---|---|---|
| No | 417 | 47% |
| Yes | 466 | 53% |
| Total | 883 | 100% |

| 7. Interested in information on Pregnancy prevention. | | |
|---|---|---|
| No | 596 | 69% |
| Yes | 268 | 31% |
| Total | 864 | 100% |

| 8. Interested in information on Relationship difficulties. | | |
|---|---|---|
| No | 536 | 61% |
| Yes | 345 | 39% |
| Total | 881 | 100% |

# Health and Wellness Services, Spring 2011

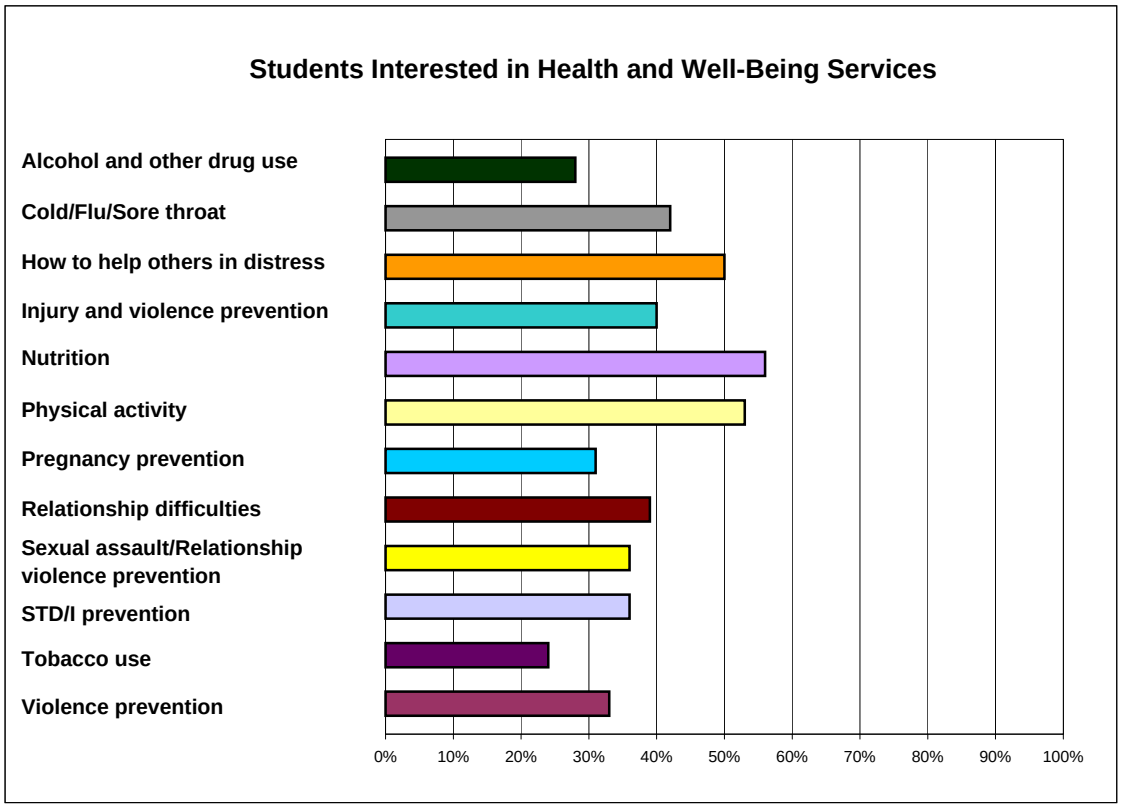
| 9. Interested in information on Sexual assault/Relationship violence prevention. | | |
|---|---|---|
| No | 562 | 64% |
| Yes | 315 | 36% |
| Total | 887 | 100% |

| 10. Interested in information on STD/I prevention. | | |
|---|---|---|
| No | 556 | 64% |
| Yes | 319 | 36% |
| Total | 875 | 100% |

| 11. Interested in information on Tobacco use. | | |
|---|---|---|
| No | 664 | 76% |
| Yes | 210 | 24% |
| Total | 874 | 100% |

| 12. Interested in information on Violence prevention. | | |
|---|---|---|
| No | 583 | 67% |
| Yes | 286 | 33% |
| Total | 869 | 100% |

# Health and Wellness Services, Spring 2011



# Mental Well Being Services, Spring 2011

Additional Questions Regarding Alcohol Use

| 1. Typical student, Alcohol use. | | |
|---|---|---|
| Never used | 102 | 12% |
| Have used, not last 30 | 35 | 4% |
| 1-2 days | 60 | 7% |
| 3-5 days | 91 | 11% |
| 6-9 days | 148 | 17% |
| 10-19 days | 189 | 22% |
| 20-29 days | 82 | 9% |
| Used daily | 150 | 18% |
| Total | 857 | 100% |

| 2. In the last 2 weeks, Have had 5 or more drinks of alcohol at a sitting. | | |
|---|---|---|
| N/A, don't drink | 320 | 36% |
| None | 427 | 48% |
| 1 time | 67 | 8% |
| 2 times | 39 | 4% |
| 3 times | 14 | 2% |
| 4 times | 5 | 1% |
| 5 times | 7 | 1% |
| 6 times | 3 | 0% |
| 7 times | 1 | 0% |
| 10 or more times | 2 | 0% |
| Total | 851 | 100% |

| 3. At a party, Use a designated driver. | | |
|---|---|---|
| N/A, don’t drink | 321 | 37% |
| Never | 37 | 4% |
| Rarely | 28 | 3% |
| Sometimes | 69 | 8% |
| Most of the time | 91 | 11% |
| Always | 323 | 37% |
| Total | 869 | 100% |

# ACHA NCHA II

American College Health Association **National College Health Assessment**

***Instructions:***

***The following questions ask about various aspects of your health.***

***To answer the questions, fill in the oval that corresponds to your response.***

***Select only one response unless instructed otherwise.***

***Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper.*** CORRECT: ● INCORRECT: ✓ ✗ ◒ ⊙

***This survey is completely voluntary. You may choose not to participate or not to answer any specific question. You may skip any question you are not comfortable in answering.***

***Please make no marks of any kind on the survey which could identify you individually.***

***Composite data will then be shared with your campus for use in health promotion activities.***

SAMPLE

***Thank you for taking the time and thought to complete this survey. We appreciate your participation!***

American College Health Association

***National College Health Assessment***

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# Health, Health Education and Safety

1. **How would you describe your general health?**

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor ○ Don't know

| (Please mark the appropriate column for each question to the right) | 2. Have you received information on the following topics from your college or university? | | 3. Are you interested in receiving information on the following topics from your college or university? | |
|---|---|---|---|---|
| | No | Yes | No | Yes |
| Alcohol and other drug use | ○ | ○ | ○ | ○ |
| Cold/Flu/Sore throat | ○ | ○ | ○ | ○ |
| Depression/Anxiety | ○ | ○ | ○ | ○ |
| Eating disorders | ○ | ○ | ○ | ○ |
| Grief and loss | ○ | ○ | ○ | ○ |
| How to help others in distress | ○ | ○ | ○ | ○ |
| Injury prevention | ○ | ○ | ○ | ○ |
| Nutrition | ○ | ○ | ○ | ○ |
| Physical activity | ○ | ○ | ○ | ○ |
| Pregnancy prevention | ○ | ○ | ○ | ○ |
| Problem use of Internet/computer games | ○ | ○ | ○ | ○ |
| Relationship difficulties | ○ | ○ | ○ | ○ |
| Sexual assault/Relationship violence prevention | ○ | ○ | ○ | ○ |
| Sexually transmitted disease/infection (STD/I) prevention | ○ | ○ | ○ | ○ |
| Sleep difficulties | ○ | ○ | ○ | ○ |
| Stress reduction | ○ | ○ | ○ | ○ |
| Suicide prevention | ○ | ○ | ○ | ○ |
| Tobacco use | ○ | ○ | ○ | ○ |
| Violence prevention | ○ | ○ | ○ | ○ |

SAMPLE

4. **Within the last 12 months, how often did you:**

(Please mark the appropriate column for each row)

| | Always | Most of the time | Sometimes | Rarely | Never | N/A, did not do this activity within the last 12 months |
|---|---|---|---|---|---|---|
| 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? | ○ | ○ | ○ | ○ | ○ | ○ |
| Wear a helmet when you were inline skating? | ○ | ○ | ○ | ○ | ○ | ○ |

5. **Within the last 12 months:**

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Were you in a physical fight? | ○ | ○ |
| Were you physically assaulted (do not include sexual assault)? | ○ | ○ |
| Were you verbally threatened? | ○ | ○ |
| Were you sexually touched without your consent? | ○ | ○ |
| Was sexual penetration attempted (vaginal, anal, oral) without your consent? | ○ | ○ |
| Were you sexually penetrated (vaginal, anal, oral) without your consent? | ○ | ○ |
| Were you a victim of stalking (e.g., waiting for you outside your classroom, residence, or office; repeated emails/phone calls)? | ○ | ○ |



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6. Within the **last 12 months**, have you been in an intimate (coupled/partnered) relationship that was:

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Emotionally abusive? (e.g., called derogatory names, yelled at, ridiculed) | ○ | ○ |
| Physically abusive? (e.g., kicked, slapped, punched) | ○ | ○ |
| Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform or have an unwanted sexual act performed on you) | ○ | ○ |

7. How safe do you feel:

(Please mark the appropriate column for each row)

| | Very safe | Somewhat safe | Somewhat unsafe | Not safe at all |
|---|---|---|---|---|
| On this campus (daytime)? | ○ | ○ | ○ | ○ |
| On this campus (nighttime)? | ○ | ○ | ○ | ○ |
| In the community surrounding this school (daytime)? | ○ | ○ | ○ | ○ |
| In the community surrounding this school (nighttime)? | ○ | ○ | ○ | ○ |

## Alcohol, Tobacco, and Drugs

8. Within the **last 30 days**, on how many days did you use:

(Please mark the appropriate column for each row)

| | Never used | Have used, but not in last 30 days | 1-2 days | 3-5 days | 6-9 days | 10-19 days | 20-29 days | Used daily |
|---|---|---|---|---|---|---|---|---|
| Cigarettes | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Tobacco from a water pipe (hookah) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cigars, little cigars, clove cigarettes | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Smokeless tobacco | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Alcohol (beer, wine, liquor) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Marijuana (pot, weed, hashish, hash oil) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cocaine (crack, rock, freebase) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Methamphetamine (crystal meth, ice, crank) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other amphetamines (diet pills, bennies) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sedatives (downers, ludes) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Hallucinogens (LSD, PCP) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Anabolic steroids (Testosterone) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Opiates (heroin, smack) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Inhalants (glue, solvents, gas) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| MDMA (Ecstasy) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other club drugs (GHB, Ketamine, Rohypnol) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other illegal drugs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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9. Within the **last 30 days**, how often do you think **the typical student at your school** used:

(State your best estimate; Please mark the appropriate column for each row)

| | Never used | Have used, but not in **last 30 days** | 1-2 days | 3-5 days | 6-9 days | 10-19 days | 20-29 days | Used daily |
|---|---|---|---|---|---|---|---|---|
| Cigarettes | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Tobacco from a water pipe (hookah) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cigars, little cigars, clove cigarettes | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Smokeless tobacco | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Alcohol (beer, wine, liquor) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Marijuana (pot, weed, hashish, hash oil) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Cocaine (crack, rock, freebase) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Methamphetamine (crystal meth, ice, crank) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other amphetamines (diet pills, bennies) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sedatives (downers, ludes) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Hallucinogens (LSD, PCP) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Anabolic steroids (Testosterone) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Opiates (heroin, smack) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Inhalants (glue, solvents, gas) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| MDMA (Ecstasy) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other club drugs (GHB, Ketamine, Rohypnol) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other illegal drugs | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**One drink of alcohol is defined as a 12 oz. can or bottle of beer or wine cooler, a 4 oz. glass of wine, or a shot of liquor straight or in a mixed drink.**

10. The **last time** you "partied"/socialized how many **drinks of alcohol** did you have? (If you did not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

DRINKS ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○

11. The **last time** you "partied"/socialized over how many **hours** did you drink alcohol? (If you did not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

HOURS ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○

12. How many **drinks of alcohol** do you think **the typical student at your school** had the **last time** he/she "partied"/socialized? (If you think the typical student at your school does not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

DRINKS ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○ ○○

13. Over the **last two weeks**, how many times have you had five or more drinks of alcohol at a sitting?

- ○ N/A, don't drink
- ○ None
- ○ 1 time
- ○ 2 times
- ○ 3 times
- ○ 4 times
- ○ 5 times
- ○ 6 times
- ○ 7 times
- ○ 8 times
- ○ 9 times
- ○ 10 or more times

14. Within the **last 30 days**, did you:

(Please mark the appropriate column for each row)

| | Yes | No | N/A, don't drink | N/A, don't drive |
|---|---|---|---|---|
| Drive after drinking any alcohol at all | ○ | ○ | ○ | ○ |
| Drive after drinking five or more drinks of alcohol | ○ | ○ | ○ | ○ |

SAMPLE



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15. During the **last 12 months**, when you "partied"/socialized, how often did you:

(Please mark the appropriate column for each row)

| | N/A, don't drink | Never | Rarely | Sometimes | Most of the time | Always |
|---|---|---|---|---|---|---|
| Alternate non-alcoholic with alcoholic beverages | ○ | ○ | ○ | ○ | ○ | ○ |
| Avoid drinking games | ○ | ○ | ○ | ○ | ○ | ○ |
| Choose not to drink alcohol | ○ | ○ | ○ | ○ | ○ | ○ |
| Determine, in advance, not to exceed a set number of drinks | ○ | ○ | ○ | ○ | ○ | ○ |
| Eat before and/or during drinking | ○ | ○ | ○ | ○ | ○ | ○ |
| Have a friend let you know when you have had enough | ○ | ○ | ○ | ○ | ○ | ○ |
| Keep track of how many drinks you were having | ○ | ○ | ○ | ○ | ○ | ○ |
| Pace your drinks to 1 or fewer per hour | ○ | ○ | ○ | ○ | ○ | ○ |
| Stay with the same group of friends the entire time you were drinking | ○ | ○ | ○ | ○ | ○ | ○ |
| Stick with only one kind of alcohol when drinking | ○ | ○ | ○ | ○ | ○ | ○ |
| Use a designated driver | ○ | ○ | ○ | ○ | ○ | ○ |

16. Within the **last 12 months**, have you experienced any of the following **as a consequence of your drinking**?

(Please mark the appropriate column for each row)

| | N/A, don't drink | No | Yes |
|---|---|---|---|
| Did something you later regretted | ○ | ○ | ○ |
| Forgot where you were or what you did | ○ | ○ | ○ |
| Got in trouble with the police | ○ | ○ | ○ |
| Had sex with someone **without giving** your consent | ○ | ○ | ○ |
| Had sex with someone **without getting** their consent | ○ | ○ | ○ |
| Had unprotected sex | ○ | ○ | ○ |
| Physically injured yourself | ○ | ○ | ○ |
| Physically injured another person | ○ | ○ | ○ |
| Seriously considered suicide | ○ | ○ | ○ |

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17. Within the **last 30 days**, what **percent** of students at your school used:
State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)

| Cigarettes % Used | Alcohol % Used | Marijuana % Used |
|---|---|---|
| 00 01 02 03 04 05 06 07 08 09 | 00 01 02 03 04 05 06 07 08 09 | 00 01 02 03 04 05 06 07 08 09 |

18. Within the **last 12 months**, have you taken any of the following **prescription drugs** that were not prescribed to you?

(Please mark the appropriate column for each row)

| | No | Yes |
|---|---|---|
| Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft) | ○ | ○ |
| Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra) | ○ | ○ |
| Pain killers (e.g., OxyContin, Vicodin, Codeine) | ○ | ○ |
| Sedatives (e.g., Xanax, Valium) | ○ | ○ |
| Stimulants (e.g., Ritalin, Adderall) | ○ | ○ |



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# Sex Behavior and Contraception

19. Within the **last 12 months**, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 00. If less than 10, enter 01, 02, 03, etc.) →

PARTNERS

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

20. Within **last 12 months**, did you have sexual partner(s) who were:

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Female | ○ | ○ |
| Male | ○ | ○ |
| Transgender | ○ | ○ |

21. Within the **last 30 days**, did you have:

(Please mark the appropriate column for each row)

| | Yes | No, have done this sexual activity in the past but not in the **last 30 days** | No, have never done this sexual activity |
|---|---|---|---|
| Oral sex? | ○ | ○ | ○ |
| Vaginal intercourse? | ○ | ○ | ○ |
| Anal intercourse? | ○ | ○ | ○ |

22. Within the **last 30 days**, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during:

(Please mark the appropriate column for each row)

| | Have not done this sexual activity during the **last 30 days** | N/A, never did this sexual activity | Never | Rarely | Sometimes | Most of the time | Always |
|---|---|---|---|---|---|---|---|
| Oral sex? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Vaginal intercourse? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Anal intercourse? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

CONDOM/ BARRIER USE

SAMPLE

23A. Did you or your partner use a method of birth control to prevent pregnancy **the last time** you had vaginal intercourse?

- ○ Yes (continue to item 23B)
- ○ N/A, have not had vaginal intercourse (skip to item 24)
- ○ No, have not had vaginal intercourse that could result in a pregnancy (skip to item 24)
- ○ No, did not want to prevent pregnancy (skip to item 24)
- ○ No, did not use any birth control method (skip to item 24)
- ○ Don't know (skip to item 24)

23B. Please indicate whether or not you or your partner used each of the following methods of birth control to prevent pregnancy **the last time** you had vaginal intercourse. (Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Birth control pills (monthly or extended cycle) | ○ | ○ |
| Birth control shots | ○ | ○ |
| Birth control implants | ○ | ○ |
| Birth control patch | ○ | ○ |
| Vaginal ring | ○ | ○ |
| Intrauterine device (IUD) | ○ | ○ |
| Male condom | ○ | ○ |
| Female condom | ○ | ○ |
| Diaphragm or cervical cap | ○ | ○ |
| Contraceptive sponge | ○ | ○ |
| Spermicide (e.g., foam, jelly, cream) | ○ | ○ |
| Fertility awareness (e.g., calendar, mucous, basal body temperature) | ○ | ○ |
| Withdrawal | ○ | ○ |
| Sterilization (e.g., hysterectomy, tubes tied, or vasectomy) | ○ | ○ |
| Other method | ○ | ○ |



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24. **Within the last 12 months, have you or your partner(s) used emergency contraception ("morning after pill")?**

- ○ N/A, have not had vaginal intercourse in the **last 12 months**
- ○ No
- ○ Yes
- ○ Don't know

25. **Within the last 12 months, have you or your partner(s) become pregnant?**

- ○ N/A, have not had vaginal intercourse in the **last 12 months**
- ○ No
- ○ Yes, unintentionally
- ○ Yes, intentionally
- ○ Don't know

## Weight, Nutrition, and Exercise

26. **How do you describe your weight?**

- ○ Very underweight
- ○ Slightly underweight
- ○ About the right weight
- ○ Slightly overweight
- ○ Very overweight

27. **Are you trying to do any of the following about your weight?**

- ○ I am not trying to do anything about my weight
- ○ Stay the same weight
- ○ Lose weight
- ○ Gain weight

28. **How many servings of fruits and vegetables do you usually have per day?**
**(1 serving = 1 medium piece of fruit; 1/2 cup fresh, frozen, or canned fruits/vegetables; 3/4 cup fruit/vegetable juice; 1 cup salad greens; or 1/4 cup dried fruit)**

○ 0 servings per day ○ 1–2 servings per day ○ 3–4 servings per day ○ 5 or more servings per day

29. **On how many of the past 7 days did you:**

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

| | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|---|---|---|---|---|---|---|---|---|
| Do **moderate-intensity** cardio or aerobic exercise (caused a noticeable increase in heart rate, such as a brisk walk) for at least **30 minutes**? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Do **vigorous-intensity** cardio or aerobic exercise (caused large increases in breathing or heart rate, such as jogging) for at least **20 minutes**? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Do 8-10 strength training exercises (such as resistance weight machines) for 8-12 repetitions each? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

SAMPLE

## Mental Health

30. **Have you ever:**

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

| | Yes, in the **last 12 months** | Yes, in the **last 30 days** | Yes, in the **last 2 weeks** | No, not in **last 12 months** | No, never |
|---|---|---|---|---|---|
| Felt things were hopeless | ○ | ○ | ○ | ○ | ○ |
| Felt overwhelmed by all you had to do | ○ | ○ | ○ | ○ | ○ |
| Felt exhausted (not from physical activity) | ○ | ○ | ○ | ○ | ○ |
| Felt very lonely | ○ | ○ | ○ | ○ | ○ |
| Felt very sad | ○ | ○ | ○ | ○ | ○ |
| Felt so depressed that it was difficult to function | ○ | ○ | ○ | ○ | ○ |
| Felt overwhelming anxiety | ○ | ○ | ○ | ○ | ○ |
| Felt overwhelming anger | ○ | ○ | ○ | ○ | ○ |
| Intentionally cut, burned, bruised, or otherwise injured yourself | ○ | ○ | ○ | ○ | ○ |
| Seriously considered suicide | ○ | ○ | ○ | ○ | ○ |
| Attempted suicide | ○ | ○ | ○ | ○ | ○ |



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31. Within the **last 12 months**, have you been diagnosed or treated **by a professional** for any of the following?

(Please mark the appropriate column for each row)

| | Yes, other treatment | Yes, treated with medication and psychotherapy | Yes, treated with psychotherapy | Yes, treated with medication | Yes, diagnosed but not treated | No |
|---|---|---|---|---|---|---|
| Anorexia | ○ | ○ | ○ | ○ | ○ | ○ |
| Anxiety | ○ | ○ | ○ | ○ | ○ | ○ |
| Attention Deficit and Hyperactivity Disorder (ADHD) | ○ | ○ | ○ | ○ | ○ | ○ |
| Bipolar Disorder | ○ | ○ | ○ | ○ | ○ | ○ |
| Bulimia | ○ | ○ | ○ | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ | ○ | ○ | ○ |
| Insomnia | ○ | ○ | ○ | ○ | ○ | ○ |
| Other sleep disorder | ○ | ○ | ○ | ○ | ○ | ○ |
| Obsessive Compulsive Disorder (OCD) | ○ | ○ | ○ | ○ | ○ | ○ |
| Panic attacks | ○ | ○ | ○ | ○ | ○ | ○ |
| Phobia | ○ | ○ | ○ | ○ | ○ | ○ |
| Schizophrenia | ○ | ○ | ○ | ○ | ○ | ○ |
| Substance abuse or addiction (alcohol or other drugs) | ○ | ○ | ○ | ○ | ○ | ○ |
| Other addiction (e.g., gambling, internet, sexual) | ○ | ○ | ○ | ○ | ○ | ○ |
| Other mental health condition | ○ | ○ | ○ | ○ | ○ | ○ |

32. Have you ever been diagnosed with depression? ○ No ○ Yes

33. Within the **last 12 months**, have any of the following been traumatic or very difficult for you to handle?

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Academics | ○ | ○ |
| Career-related issue | ○ | ○ |
| Death of a family member or friend | ○ | ○ |
| Family problems | ○ | ○ |
| Intimate relationships | ○ | ○ |
| Other social relationships | ○ | ○ |
| Finances | ○ | ○ |
| Health problem of a family member or partner | ○ | ○ |
| Personal appearance | ○ | ○ |
| Personal health issue | ○ | ○ |
| Sleep difficulties | ○ | ○ |
| Other | ○ | ○ |

34. Have you ever received psychological or mental health services from any of the following?

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Counselor/Therapist/Psychologist | ○ | ○ |
| Psychiatrist | ○ | ○ |
| Other medical provider (e.g., physician, nurse practitioner) | ○ | ○ |
| Minister/Priest/Rabbi/Other clergy | ○ | ○ |

SAMPLE



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35. **Have you ever received psychological or mental health services from your current college/university's Counseling or Health Service?**
- ○ No
- ○ Yes

36. **If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?**
- ○ No
- ○ Yes

37. **Within the last 12 months, how would you rate the overall level of stress you have experienced?**
- ○ No stress
- ○ Less than average stress
- ○ Average stress
- ○ More than average stress
- ○ Tremendous stress

## Physical Health

38. **Within the last 30 days, did you do any of the following?**

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

| | Yes | No |
|---|---|---|
| Exercise to lose weight | ○ | ○ |
| Diet to lose weight | ○ | ○ |
| Vomit or take laxatives to lose weight | ○ | ○ |
| Take diet pills to lose weight | ○ | ○ |

39. **Have you:**

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

| | Don't know | Yes | No |
|---|---|---|---|
| Had a dental exam and cleaning in the last 12 months? | ○ | ○ | ○ |
| (Males) Performed testicular self exam in the last 30 days? | ○ | ○ | ○ |
| (Females) Performed breast self exam in the last 30 days? | ○ | ○ | ○ |
| (Females) Had a routine gynecological exam in the last 12 months? | ○ | ○ | ○ |
| Used sunscreen regularly with sun exposure? | ○ | ○ | ○ |
| Ever been tested for Human Immunodeficiency Virus (HIV) infection? | ○ | ○ | ○ |

SAMPLE

40. **Have you received the following vaccinations (shots)?**

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

| | Don't know | Yes | No |
|---|---|---|---|
| Hepatitis B | ○ | ○ | ○ |
| Human Papillomavirus/HPV (cervical cancer vaccine) | ○ | ○ | ○ |
| Influenza (the flu) in the last 12 months (shot or nasal mist) | ○ | ○ | ○ |
| Measles, Mumps, Rubella | ○ | ○ | ○ |
| Meningococcal disease (meningococcal meningitis) | ○ | ○ | ○ |
| Varicella (chicken pox) | ○ | ○ | ○ |

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41. Within the **last 12 months**, have you been diagnosed or treated **by a professional** for any of the following?

(Please mark the appropriate column for each row)

| | Yes | No |
|---|---|---|
| Allergies | ○ | ○ |
| Asthma | ○ | ○ |
| Back pain | ○ | ○ |
| Broken bone/Fracture/Sprain | ○ | ○ |
| Bronchitis | ○ | ○ |
| Chlamydia | ○ | ○ |
| Diabetes | ○ | ○ |
| Ear infection | ○ | ○ |
| Endometriosis | ○ | ○ |
| Genital herpes | ○ | ○ |
| Genital warts/Human Papillomavirus (HPV) | ○ | ○ |
| Gonorrhea | ○ | ○ |
| Hepatitis B or C | ○ | ○ |
| High blood pressure | ○ | ○ |
| High cholesterol | ○ | ○ |
| Human Immunodeficiency Virus (HIV) | ○ | ○ |
| Irritable Bowel Syndrome (IBS) | ○ | ○ |
| Migraine headache | ○ | ○ |
| Mononucleosis | ○ | ○ |
| Pelvic Inflammatory Disease (PID) | ○ | ○ |
| Repetitive stress injury (e.g., carpal tunnel syndrome) | ○ | ○ |
| Sinus infection | ○ | ○ |
| Strep throat | ○ | ○ |
| Tuberculosis | ○ | ○ |
| Urinary tract infection | ○ | ○ |

42. On how many of the **past 7 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

43. People sometimes feel sleepy during the daytime. In the **past 7 days**, how much of a problem have you had with sleepiness (feeling sleepy, struggling to stay awake) during your daytime activities?

○ No problem at all
○ A little problem
○ More than a little problem
○ A big problem
○ A very big problem

44. In the **past 7 days**, how often have you:

(Please mark the appropriate column for each row)

| | 0 days | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|---|---|---|---|---|---|---|---|---|
| Awakened too early in the morning and couldn't get back to sleep? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Felt tired, dragged out, or sleepy during the day? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Gone to bed because you just could not stay awake any longer? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Had an extremely hard time falling asleep? | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

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## Impediments to Academic Performance

(Please select the most serious outcome for each item below)

45. Within the **last 12 months**, have any of the following affected your academic performance?

| | Significant disruption in thesis, dissertation, research, or practicum work | Received an incomplete or dropped the course | Received a lower grade in the course | Received a lower grade on an exam or important project | I have experienced this issue but my academics have not been affected | This did not happen to me/not applicable |
|---|---|---|---|---|---|---|
| Alcohol use | ○ | ○ | ○ | ○ | ○ | ○ |
| Allergies | ○ | ○ | ○ | ○ | ○ | ○ |
| Anxiety | ○ | ○ | ○ | ○ | ○ | ○ |
| Assault (physical) | ○ | ○ | ○ | ○ | ○ | ○ |
| Assault (sexual) | ○ | ○ | ○ | ○ | ○ | ○ |
| Attention Deficit and Hyperactivity Disorder (ADHD) | ○ | ○ | ○ | ○ | ○ | ○ |
| Cold/Flu/Sore throat | ○ | ○ | ○ | ○ | ○ | ○ |
| Concern for a troubled friend or family member | ○ | ○ | ○ | ○ | ○ | ○ |
| Chronic health problem or serious illness (e.g., diabetes, asthma, cancer) | ○ | ○ | ○ | ○ | ○ | ○ |
| Chronic pain | ○ | ○ | ○ | ○ | ○ | ○ |
| Death of a friend or family member | ○ | ○ | ○ | ○ | ○ | ○ |
| Depression | ○ | ○ | ○ | ○ | ○ | ○ |
| Discrimination (e.g., homophobia, racism, sexism) | ○ | ○ | ○ | ○ | ○ | ○ |
| Drug use | ○ | ○ | ○ | ○ | ○ | ○ |
| Eating disorder/problem | ○ | ○ | ○ | ○ | ○ | ○ |
| Finances | ○ | ○ | ○ | ○ | ○ | ○ |
| Gambling | ○ | ○ | ○ | ○ | ○ | ○ |
| Homesickness | ○ | ○ | ○ | ○ | ○ | ○ |
| Injury (fracture, sprain, strain, cut) | ○ | ○ | ○ | ○ | ○ | ○ |
| Internet use/computer games | ○ | ○ | ○ | ○ | ○ | ○ |
| Learning disability | ○ | ○ | ○ | ○ | ○ | ○ |
| Participation in extracurricular activities (e.g., campus clubs, organizations, athletics) | ○ | ○ | ○ | ○ | ○ | ○ |
| Pregnancy (yours or your partner's) | ○ | ○ | ○ | ○ | ○ | ○ |
| Relationship difficulties | ○ | ○ | ○ | ○ | ○ | ○ |
| Roommate difficulties | ○ | ○ | ○ | ○ | ○ | ○ |
| Sexually transmitted disease/infection (STD/I) | ○ | ○ | ○ | ○ | ○ | ○ |
| Sinus infection/Ear infection/Bronchitis/Strep throat | ○ | ○ | ○ | ○ | ○ | ○ |
| Sleep difficulties | ○ | ○ | ○ | ○ | ○ | ○ |
| Stress | ○ | ○ | ○ | ○ | ○ | ○ |
| Work | ○ | ○ | ○ | ○ | ○ | ○ |
| Other (please specify _____) | ○ | ○ | ○ | ○ | ○ | ○ |

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## Demographic Characteristics

46. How old are you? → Years

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

47. What is your gender?
- ○ Female
- ○ Male
- ○ Transgender

48. What is your sexual orientation?
- ○ Heterosexual
- ○ Gay/Lesbian
- ○ Bisexual
- ○ Unsure

49. What is your height in feet and inches? →

| Ft. | | HEIGHT | Inch | |
|---|---|---|---|---|
| | | | | |
| 0 | | | 0 | 0 |
| 1 | | | 1 | 1 |
| 2 | | | | 2 |
| 3 | | | | 3 |
| 4 | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |

50. What is your weight in pounds? →

| WEIGHT | Pounds | | |
|---|---|---|---|
| | | | |
| | 0 | 0 | 0 |
| | 1 | 1 | 1 |
| | 2 | 2 | 2 |
| | 3 | 3 | 3 |
| | 4 | 4 | 4 |
| | 5 | 5 | 5 |
| | 6 | 6 | 6 |
| | 7 | 7 | 7 |
| | 8 | 8 | 8 |
| | 9 | 9 | 9 |

51. **What is your year in school?**
- ○ 1st year undergraduate
- ○ 2nd year undergraduate
- ○ 3rd year undergraduate
- ○ 4th year undergraduate
- ○ 5th year or more undergraduate
- ○ Graduate or professional
- ○ Not seeking a degree
- ○ Other

52. **What is your enrollment status?**
○ Full-time ○ Part-time ○ Other

53. **Have you transferred to this college or university within the last 12 months?**
○ No ○ Yes

54. **How do you usually describe yourself?**
***(Mark all that apply)***
- ○ White, non Hispanic (includes Middle Eastern)
- ○ Black, non Hispanic
- ○ Hispanic or Latino/a
- ○ Asian or Pacific Islander
- ○ American Indian, Alaskan Native, or Native Hawaiian
- ○ Biracial or Multiracial
- ○ Other

55. **Are you an international student?**
○ No ○ Yes

56. **What is your relationship status?**
- ○ Not in a relationship
- ○ In a relationship but not living together
- ○ In a relationship and living together

57. **What is your marital status?**
○ Single ○ Divorced
○ Married/Partnered ○ Other
○ Separated

58. **Where do you currently live?**
- ○ Campus residence hall
- ○ Fraternity or sorority house
- ○ Other college/university housing
- ○ Parent/guardian's home
- ○ Other off-campus housing
- ○ Other

59. **Are you a member of a social fraternity or sorority? (e.g., National Interfraternity Conference, National Panhellenic Conference, National Pan-Hellenic Council, National Association of Latino Fraternal Organizations)**
○ No ○ Yes

60. **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

61. **How many hours a week do you volunteer?**
- ○ 0 hours
- ○ 1–9 hours
- ○ 10–19 hours
- ○ 20–29 hours
- ○ 30–39 hours
- ○ 40 hours
- ○ More than 40 hours

62. **What is your primary source of health insurance?**
- ○ My college/university sponsored plan
- ○ My parents' plan
- ○ Another plan
- ○ I don't have health insurance
- ○ I am not sure if I have health insurance

63. **What is your approximate cumulative grade average?**
○ A ○ B ○ C ○ D/F ○ N/A

64. **Within the last 12 months, have you participated in organized college athletics at any of the following levels?**

| (Please mark the appropriate column for each row) | Yes | No |
|---|---|---|
| Varsity | ○ | ○ |
| Club sports | ○ | ○ |
| Intramurals | ○ | ○ |

65. **Do you have any of the following disabilities or medical conditions?**

| (Please mark the appropriate column for each row) | Yes | No |
|---|---|---|
| Attention Deficit and Hyperactivity Disorder (ADHD) | ○ | ○ |
| Chronic illness (e.g., cancer, diabetes, auto-immune disorders) | ○ | ○ |
| Deaf/Hard of hearing | ○ | ○ |
| Learning disability | ○ | ○ |
| Mobility/Dexterity disability | ○ | ○ |
| Partially sighted/Blind | ○ | ○ |
| Psychiatric condition | ○ | ○ |
| Speech or language disorder | ○ | ○ |
| Other disability | ○ | ○ |

SAMPLE

**THANK YOU FOR COMPLETING THIS SURVEY**



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