2007 College Student Health Survey

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

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

MARKING INSTRUCTIONS

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

CORRECT: ☐  INCORRECT: ☒ ☒ ☒

Health Care Coverage and Utilization

1. Other than health care services provided at your educational institution, do you have additional hospitalization insurance coverage?
   ○ Yes, I purchased insurance through my educational institution
   ○ Yes, through my parent's insurance plan
   ○ Yes, through another insurance plan
   ○ No, I do not have hospitalization insurance
   ○ Don't know

2. How many dependent children do you have? (If you have no dependent children, mark zero.)
   ○ 0  ○ 4
   ○ 1  ○ 5
   ○ 2  ○ 6 or more
   ○ 3

3. Are your dependent children covered by health insurance?
   ○ Yes
   ○ No
   ○ Not applicable – I do not have dependent children
   ○ Don't know

4. Does your spouse/domestic partner have health insurance coverage?
   ○ Yes
   ○ No
   ○ Not applicable – I have no spouse/domestic partner
   ○ Don't know

5. Please indicate when you last had the following:
   Within the past 12 months  1 - 2 years  3 - 5 years  6 or more years ago  Never
   Routine medical exam (a physical)
   ○  ○  ○  ○  ○
   Dental exam and cleaning
   ○  ○  ○  ○  ○
   Cholesterol checked
   ○  ○  ○  ○  ○
   Blood pressure checked
   ○  ○  ○  ○  ○
   Routine gynecological exam (women only)
   ○  ○  ○  ○  ○

6. Where do you go for the following health care services while in school? (Please mark all that apply)
   School Health Service  Student Counseling Service  Hospital  Community clinic  HMO  Private practice  None - I don't obtain this service
   Routine doctor's visit
   ○  ○  ○  ○  ○  ○
   Dental care
   ○  ○  ○  ○  ○  ○
   Mental health services
   ○  ○  ○  ○  ○  ○
   Testing for sexually transmitted infections
   ○  ○  ○  ○  ○  ○
   Treatment for sexually transmitted infections
   ○  ○  ○  ○  ○  ○
   Testing for HIV
   ○  ○  ○  ○  ○  ○
   Emergency care
   ○  ○  ○  ○  ○  ○
7. Have you had any of the following immunizations?

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>🗼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>🗼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>🗼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu shot within past 12 months</td>
<td>🗼</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Health Status

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>LIFETIME: Ever been diagnosed?</th>
<th>PAST 12 MONTHS: Been diagnosed in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Bulimia</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Diabetes (Type I)</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Diabetes (Type II)</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Genital herpes</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Genital warts/ Human papillomavirus (HPV)</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Drug problems (other than alcohol)</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Panic attacks</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Pubic lice</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Seasonal Affective Disorder</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Social phobia/performance anxiety</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Strep throat</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>🗼</td>
<td></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>🗼</td>
<td></td>
</tr>
</tbody>
</table>
2. During the past 12 months, how have the following affected your academic performance? (Please select the most serious outcome for each issue)

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

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

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

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

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**Emotional and Mental Health**

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

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

Yes  No

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

Yes  No

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

Yes  No

5. On a scale from one to ten, with one being not stressed at all and ten being very stressed, how would you rate your average level of stress in the past 30 days? (Please mark appropriate number corresponding with your average level of stress)  

<table>
<thead>
<tr>
<th>Not stressed at all</th>
<th>Very stressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>Very effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
</tbody>
</table>

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

| 1 2 3 4 5 6 7 |

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### Personal Safety

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

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

<table>
<thead>
<tr>
<th>LIFETIME:</th>
<th>PAST 12 MONTHS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- **Had sexual intercourse with someone without that person’s consent or against his/her will**  
- **Touched someone sexually without that person’s consent or against his/her will**  
- **Slapped, kicked or pushed your significant other or spouse/partner**  
- **Threatened or “put-down” your significant other or spouse/partner**  
- **Experienced actual or attempted sexual intercourse without your consent or against your will**  
- **Experienced actual or attempted sexual touching without your consent or against your will**  
- **Been slapped, kicked or pushed by your significant other or spouse/partner**  
- **Been hurt by threats, “put-downs” or yelling from your significant other or spouse/partner**  

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

- Not applicable - I was not involved in any incident  
- Health care provider  
- Hall director or community advisor  
- Campus sexual violence office  
- Police  
- Other  
- I did not report the incident
3. If you have been a victim of theft in the past 12 months, what was the monetary loss due to the theft?
   ○ Not applicable - I was not a victim of theft
   ○ less than $100
   ○ $100 - $499
   ○ $500 - $999
   ○ $1000 or more

4. Does your residence have: Yes No Don't know
   A smoke detector?
   A carbon monoxide detector?

5. What type of injuries have you sustained during the past 12 months? (Mark all that apply):
   ○ Not applicable - I was not injured
   ○ Assaulted by another person (nonsexual)
   ○ Burned by fire or a hot substance
   ○ Motor vehicle related
   ○ Team sports
   ○ Individual sports
   ○ Bicycle related
   ○ In-line skating
   ○ Skate boarding
   ○ Falls
   ○ Other

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

7. What type of firearms do you have immediate access to?
   ○ Not applicable - I do not have access to a firearm
   ○ Handgun
   ○ Rifle
   ○ Shotgun
   ○ Other

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

9. Within the past 12 months, how often did you:
   (Mark the appropriate column for each row)
   N/A (didn't do this activity within past 12 months)
   Never Sometimes Most of the time Always
   Wear a seatbelt when you rode in a car?
   Wear a helmet when you rode a bicycle?
   Wear a helmet when you rode a motorcycle?

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

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

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**Nutrition and Physical Activity**

1. Your height in feet and inches?
   Feet
   Inches

2. Approximate your current weight in pounds. (1 kilogram = 2.2 pounds)
3. How do you describe your weight?
- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

4. What are you currently trying to do with your weight?
- Gain
- Lose
- Remain the same
- Not trying to do anything

5. During the past 30 days, I felt satisfied with my body image/size: (Mark the most appropriate response)
- Never
- Sometimes
- Most of the time
- Always

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>Less than ½ hour/week</th>
<th>½ - 2 hours/week</th>
<th>2 ½ - 4 hours/week</th>
<th>4 ½ - 6 hours/week</th>
<th>6+ hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strenuous exercise (heart beats rapidly). Examples: biking fast, aerobics, dancing, running, basketball, swimming laps, rollerblading, tennis, soccer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate exercise (not exhausting). Examples: walking quickly, baseball, easy biking, volleyball, skateboarding, snowboarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercises to strengthen or tone your muscles. Examples: push-ups, sit-ups, or weight lifting/training</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>Less than 1 hour/day</th>
<th>1 hour/day</th>
<th>2 hours/day</th>
<th>3 hours/day</th>
<th>4 hours/day</th>
<th>5+ hours/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching television</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing video or computer games or use a computer for something that is not for work or school work (Include activities such as Xbox, computer games, and the Internet)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

8. During the past 7 days, how many times did you eat/drink the following? Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, school, restaurants, or anywhere else.

<table>
<thead>
<tr>
<th>Food</th>
<th>1 to 3 times during the past 7 days</th>
<th>4 to 6 times during the past 7 days</th>
<th>1 time per day</th>
<th>2 times per day</th>
<th>3 times per day</th>
<th>4 or more times per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% fruit juice (Do not include punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit (Do not include juice)</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Green salad</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Potatoes (Do not include French fries, fried potatoes, or potato chips.)</td>
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<td></td>
</tr>
<tr>
<td>Carrots</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other vegetables (Do not include green salad, potatoes, or carrots.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite (Do not include diet soda or diet pop.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can, bottle, or glass of diet soda or pop, such as Diet Coke, Diet Pepsi or Diet Sprite</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. In the past 7 days, on how many days did you eat breakfast?
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ days

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Once a year or less</th>
<th>A few times a year</th>
<th>Once or twice per month</th>
<th>Once per week</th>
<th>Several times per week</th>
<th>Daily</th>
<th>Several times a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat fast food meals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Eat at any restaurant (do not include fast food establishments)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Use laxatives to control weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Take diet pills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Binge eat</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Induce vomiting to control weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

11. Do you regularly take a multivitamin? ☐ Yes ☐ No

---

**Chemical Health**

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

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

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

<table>
<thead>
<tr>
<th>Substance</th>
<th>0 days</th>
<th>1 - 2 days</th>
<th>3 - 5 days</th>
<th>6 - 9 days</th>
<th>10 - 19 days</th>
<th>20 - 28 days</th>
<th>All 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking tobacco</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Marijuana (pot, hash, hash oil)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

☐ ☐

4. Think back over the last two weeks. How many times have you had five or more drinks at a sitting?
☐ I do not drink alcohol
☐ None
☐ Once
☐ Twice
☐ 3 - 5 times
☐ 6 - 9 times
☐ 10 or more times

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

6. The last time you "partied"/socialized, how many alcoholic drinks did you have? State your best estimate.
7. Please indicate how often you have experienced the following due to your drinking or drug use during the past 12 months: (Mark one for each line)

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

8. Do you consider yourself a smoker?  ☐ Yes  ☐ No

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

☐ Not applicable, I do not smoke

Average per weekday (Monday through Thursday)  
Average per weekend day (Friday through Sunday)

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

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

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

☐ Yes
☐ No
☐ Not applicable - I do not smoke
12. How many times in the past 12 months did you try to quit smoking?
- Not applicable, I do not smoke
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

13. Are you seriously planning to stop smoking before you graduate?
- Not applicable - I do not smoke
- Yes
- No
- Don't know

14. In an average weekday, how many hours are you in the same room with someone who is smoking tobacco?
- 0 hours
- Less than 30 minutes
- 31 minutes - 1 hour
- 2 - 3 hours
- 4 - 6 hours
- 7 or more hours

15. In an average weekday, where have you been exposed to secondhand smoke?
- Not applicable, I am never exposed to secondhand smoke
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Worksite
- Other

16. In an average weekend day, how many hours are you in the same room with someone who is smoking tobacco?
- 0 hours
- Less than 30 minutes
- 31 minutes - 1 hour
- 2 - 3 hours
- 4 - 6 hours
- 7 or more hours

17. In an average weekend day, where have you been exposed to secondhand smoke?
- Not applicable, I am never exposed to secondhand smoke
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Worksite
- Other

18. In the past two weeks, what percentage of students attending your institution do you think had 5 or more drinks at a sitting? (one drink equals one shot of alcohol, a 12 ounce can of beer, a mixed drink containing 1 or 1 ½ ounces of alcohol, a 12 ounce wine cooler, or a 5 ounce glass of wine). If less than 10, mark answers as 00, 01, 02, etc.

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

---

**Sexual Health**

1. Have you ever been sexually active? (Sexually active is defined as having engaged in oral, vaginal or anal intercourse)
- Yes
- No
2. Was your reason for not being sexually active because you were intentionally choosing to be abstinent?
   ◐ Not applicable - I have been sexually active
   ◐ Yes
   ◐ No

3. Have you been sexually active in the past 12 months?
   ◐ Yes
   ◐ No

4. Describe your most recent sexual partner. (Select one)
   ◐ Not applicable - I am not sexually active
   ◐ A stranger
   ◐ A casual acquaintance
   ◐ A close but not exclusive dating partner
   ◐ An exclusive dating partner
   ◐ Fiancé(e), spouse, or spousal equivalent
   ◐ Other

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

6. Within the past 12 months, were your sexual partner(s), if any,
   ◐ Not applicable - I was not sexually active
   ◐ Male
   ◐ Female
   ◐ Both male and female

7. Did you use a condom or dental dam the last time you had...
   Oral sex?
   ◐ Yes
   ◐ No

   Vaginal sex?
   ◐ Yes
   ◐ No

   Anal sex?
   ◐ Yes
   ◐ No

8. Were you intoxicated the last time you had oral, vaginal or anal intercourse?
   ◐ Not applicable - I have not been sexually active
   ◐ Yes
   ◐ No

9. If you have had vaginal intercourse, the last time you did, what did you or your partner use as your primary method of pregnancy prevention? (Mark all that apply)
   ◐ Not applicable
   ◐ Birth control pills
   ◐ Depo Provera (shots)
   ◐ Intrauterine Device (IUD)
   ◐ Condoms (male, female)
   ◐ Diaphragm and spermicide
   ◐ Fertility Awareness (calendar, basal body temperature, mucous, rhythm method)
   ◐ Withdrawal
   ◐ Ortho Evra (patch)
   ◐ Nuva ring
   ◐ Sponge
   ◐ Emergency contraception (i.e., “morning after pill”)
   ◐ Other
   ◐ Don't know/can't remember

10. Within the past 12 months, have you become pregnant or impregnated someone else?
    ◐ Not applicable - not sexually active
    ◐ Yes
    ◐ No
    ◐ Don't know

11. Was this pregnancy:
    ◐ Not applicable - not involved in a pregnancy
    ◐ Intentional
    ◐ Unintentional

12. What was the outcome of that pregnancy? (Mark only one)
    ◐ Not applicable - not involved in a pregnancy
    ◐ Birth and parenting
    ◐ Birth and adoption
    ◐ Abortion
    ◐ Miscarriage
    ◐ Still pregnant
    ◐ Don't know

13. Within the past 12 months, have you or your partner used an emergency contraceptive (“morning after pill”)?
    ◐ Not applicable - not sexually active
    ◐ Yes
    ◐ No
    ◐ Don't know
14. Within the past 12 months, how many times have you used an emergency contraceptive? If less than 10, mark answers as 00, 01, 02, etc.
   ○ Not applicable - not sexually active

15. Are you or your partner planning on getting pregnant within the next two years?
   ○ Yes
   ○ No
   ○ Unsure
   ○ Not applicable - I do not have a partner

Demographic Information

1. What is your gender?
   ○ Male
   ○ Female
   ○ Transgender/other

2. How old are you?

3. What is your race / ethnicity?  (Mark all that apply)
   ○ African American/Black
   ○ American Indian/Alaskan Native
   ○ Asian/Pacific Islander
   ○ Latino/Hispanic
   ○ Middle Eastern
   ○ White/Caucasian
   ○ Other

4. Are you an international student?
   ○ Yes
   ○ No

5. Year in college:
   ○ 1st year undergraduate
   ○ 2nd year undergraduate
   ○ 3rd year undergraduate
   ○ 4th year undergraduate
   ○ 5th year or more undergraduate
   ○ Graduate or professional

6. What is your relationship status?
   ○ Single
   ○ Married/domestic partner
   ○ Separated
   ○ Widowed
   ○ Divorced
   ○ Engaged/committed dating relationship

7. Which of the following best describes you?
   ○ Heterosexual
   ○ Gay/Lesbian
   ○ Bisexual
   ○ Unsure

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

9. Do you have any of the following:
   ○ I have no disability or impairment
   ○ Attention deficit/hyperactivity disorder
   ○ Deaf, hard-of-hearing, or deaf blind
   ○ Learning disability (formally assessed)
   ○ Mobility impairment
   ○ Psychiatric disorder
   ○ Systemic impairment (diabetes mellitus, multiple sclerosis, etc.)
   ○ Traumatic brain injury
   ○ Visual impairment (not corrected by contacts or glasses)
   ○ Other
10. How many hours a week do you work for pay?
- 0 hours
- 1 - 9 hours
- 10 - 19 hours
- 20 - 29 hours
- 30 - 39 hours
- 40 hours
- More than 40 hours

11. Over the past 12 months, how often have you engaged in any form of gambling (on-line, casino, poker, slot machine, lottery, etc.)?
- Never
- Once a year
- 2 - 6 times/year
- Once/month
- More than once per month

12. How many credits are you taking this term?
[Options]

13. In an average month how much do you spend on all forms of gambling?
- Not applicable - I do not gamble
- $1 - $24
- $25 - $49
- $50 - $99
- $100 - $249
- $250 - $499
- $500 - $749
- $750 - $999
- $1,000 or more

14. Last month, how much total credit card debt did you carry? That is, what was the total unpaid balance on all your credit cards?
- Not applicable - I do not have a credit card
- None, I pay the full amount each month
- $1 - $99
- $100 - $249
- $250 - $499
- $500 - $999
- $1,000 - $1,999
- $2,000 - $2,999
- $3,000 - $3,999
- $4,000 - $4,999
- $5,000 - $5,999
- $6,000 or more

Residence

1. What are your living arrangements?
- Parent's home
- Rent or share rent
- Residence hall
- Fraternity/sorority
- Public/subsidized housing
- Own a house
- Other

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

Office of Measurement Services, University of Minnesota