SECTION: Health Care Coverage and Utilization

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

2. How many dependant children do you have?
   **(If you have no dependant children, mark 0)**
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or More

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

4. Does your Spouse/domestic partner have health insurance coverage?
   - Yes
   - No
   - Not Applicable - I have no spouse/domestic partner
   - Don't know

Submit Responses - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
Skip This Page - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
### Section: Health Care Coverage and Utilization

#### 5. Please indicate when you last had the following:
- **Routine medical exam (a physical)**
- **Dental exam and cleaning**
- **Cholesterol checked**
- **Blood pressure checked**
- **Routine gynecological exam** *(Women only)*

<table>
<thead>
<tr>
<th>Service</th>
<th>Within the past 12 months</th>
<th>1-2 years</th>
<th>3-5 years</th>
<th>6 or more years ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine medical exam (a physical)</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental exam and cleaning</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol checked</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure checked</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine gynecological exam</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 6. Where do you go for the following health care services while in school? *(Please mark all that apply)*
- **Routine doctor's visit**
- **Dental care**
- **Mental health services**
- **Testing for sexually transmitted infections**
- **Treatment for sexually transmitted infections**
- **Testing for HIV**
- **Emergency care**

<table>
<thead>
<tr>
<th>Service</th>
<th>School Health Service</th>
<th>Student Counseling Service</th>
<th>Hospital</th>
<th>Community Clinic</th>
<th>HMO</th>
<th>Private Practice</th>
<th>Don't Obtain This Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine doctor's visit</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing for sexually transmitted infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment for sexually transmitted infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing for HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7. Have you had any of the following immunizations?
- **Hepatitis A**
- **Hepatitis B**
- **Meningitis**
- **Flu shot within past 12 months**

<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>
### Health Status

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<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>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<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>
**SECTION: Health Status**

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>Health 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic conditions (diabetes, asthma, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns for troubled friend/family member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug use (other than alcohol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder/problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive computer/internet use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disability/Attention Deficit Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health issues (depression, anxiety, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moved/changed residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy (yours or your partner’s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper respiratory infection (cold/flu, sinus, strep, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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?

   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20
   - 21
   - 22
   - 23
   - 24
   - 25
   - 26
   - 27
   - 28
   - 29
   - 30

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

   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20
   - 21
   - 22
   - 23
   - 24
   - 25
   - 26
   - 27
   - 28
   - 29
   - 30

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

   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20
   - 21
   - 22
   - 23
   - 24
   - 25
   - 26
   - 27
   - 28
   - 29
   - 30

---

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

**SKIP THIS PAGE** - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
Section: 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
   - Issue related to sexual orientation
   - Not applicable - none of the above happened to me

2. Are you currently taking medication for depression?
   - Yes
   - No

3. Are you currently taking medication for a mental health problem other than depression?
   - Yes
   - No

4. Are you currently seeing a mental health counselor/therapist?
   - Yes
   - No

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

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

7. On how many of the past seven days did you get enough sleep so that you felt rested when you woke up in the morning?
   - 0 days
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

Submit responses - Updates will be saved. You will be taken to the answer review page.
Skip this page - No updates will be saved. You will be taken to the overall survey summary page.
## SECTION: Personal Safety

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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>1.01 Within your lifetime</th>
<th>1.02 Within the past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had sexual intercourse with someone without that person's consent or against his/her will</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Touched someone sexually without that person's consent or against his/her will</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slapped, kicked or pushed your significant other or spouse/partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threatened or &quot;put-down&quot; your significant other or spouse/partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced actual or attempted sexual intercourse without your consent or against your will</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced actual or attempted sexual touching without your consent or against your will</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been slapped, kicked or pushed by your significant other or spouse/partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been hurt by threats, &quot;put-downs&quot; or yelling from your significant other or spouse/partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **If you experienced sexual intercourse/sexual touching against your will, did you report the incident to any of the following?**

**Mark all that apply)**

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

[Submit Responses - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.]

[Skip This Page - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.]
SECTION: Personal Safety

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

3 If you have been a victim of theft in the past 12 months, what was the monetary loss due to the theft?
   - Not Applicable - I was not a victim
   - less than $100
   - $100 - $499
   - $500 - $999
   - $1000 or more

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

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

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

7 What type of firearms do you have immediate access to?
   (Mark all that apply)
   - Not Applicable - I do not have access to a firearm
   - Handgun
   - Rifle
   - Shotgun
   - Other

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

Submit Responses - Updates will be saved. You will be taken to the Answer Review Page.
Skip This Page - No updates will be saved. You will be taken to the Overall Survey Summary Page.
**SECTION: Personal Safety**

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.

<table>
<thead>
<tr>
<th><strong>9 Within the past 12 months, how often did you:</strong></th>
<th>N/A (didn't do this activity within the last 12 months)</th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear a seatbelt when you rode in a car?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear a helmet when you rode a bicycle?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear a helmet when you rode a motorcycle?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Yes
- No
- Don't know

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

- Yes
- No
SECTION: Nutrition and Physical Activity

1 Your height in feet and inches?

1.01 Feet

3 4 5 6 7

1.02 Inches

0 1 2 3 4 5 6 7 8 9 10 11

2 Approximate your current weight in pounds.

**If less than 100 pounds, mark answers 096, 085, etc.)
(1 kilogram = 2.2 pounds)**

3 How do you describe your weight?

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

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

- Gain
- Lose
- Remain the same
- Not trying to do anything

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

**(Mark the most appropriate response)**

- Never
- Sometimes
- Most of the time
- Always

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

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
### Nutrition and Physical Activity

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

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>None</th>
<th>Less than 1/2 hour/week</th>
<th>1/2 - 2 hours/week</th>
<th>2 1/2 - 4 hours/week</th>
<th>4 1/2 - 6 hours/week</th>
<th>6+ hours/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strenuous exercise (hearts 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>
<td></td>
<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 Description</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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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/Drink</th>
<th>1 did not eat or drink this</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>
<td></td>
</tr>
<tr>
<td>Fruit (Do not include juice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green salad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potatoes (Do not include French fries, fried potatoes, or potato chips.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrots</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<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>
<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>
<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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7 days

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

<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

---

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

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
### SECTION: 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>Prescription drug not prescribed for you</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>20-29 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>
SECTION: Chemical Health

3 For questions 3 - 6 a drink is defined as: a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink

3.01 Average # of drinks you consume in a week:
**Enter a number between 00 and 99 (If less than 10, mark as 09, 08, etc.)**

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

5 The last time you "partied"/socialized, how many hours did you drink alcohol? State your best estimate.
**Enter a number between 00 and 99. If you do not drink alcohol, please enter 00. If less than 10, mark as 09, 08, etc.**

6 The last time you "partied"/socialized, how many alcoholic drinks did you have? State your best estimate.
**Enter a number between 00 and 99. If you do not drink alcohol, please enter 00. If less than 10, mark as 09, 08, etc.**

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

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

**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>
SECTION: Chemical Health

15 SURVEY PAGE: 15 of 25 pages

You have completed 0 of 8 Items on this page

Do you consider yourself a smoker?
- Yes
- No

9.01 Average number of cigarettes you smoke on a weekday and weekend day? (Note: 1 pack = 20 cigarettes)
- Not applicable, I do not smoke
- This is applicable, I do smoke

9.02 Average per weekday (Monday through Thursday) (enter a number between 00 and 99)
(Non-smokers please enter 00. If less than 10, mark as 09, 08, etc.)

9.03 Average per weekend (Friday through Sunday) (enter a number between 00 and 99)
(Non-smokers please enter 00. If less than 10, mark as 09, 08, etc.)

10 Where have you used tobacco
- Not applicable, I do not use tobacco
- On campus events
- Residence hall
- Fraternity/Sorority
- Bar/restaurant
- In a car
- Where I live
- Private parties
- Workplace
- Other

11 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- Yes
- No
- Not applicable - I do not smoke

12 How many times in the past 12 months did you try to quit smoking?
(Enter a number between 00 and 99. Non-smokers and smokers who have not attempted to quit please enter 00. If less than 10, mark as 09, 08, etc.)

13 Are you seriously planning to stop smoking before you graduate?
- Not applicable - I do not smoke
- Yes
- No
- Don't know
16 In an average weekday, how many hours are you in the same room with someone who is smoking tobacco?

0 hours ☐
Less than 30 minutes ☐
31 minutes - 1 hour ☐
2 - 3 hours ☐
4 - 6 hours ☐
7 or more hours ☐

15 In an average weekday, where have you been exposed to second hand smoke? 

[ ] 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
[ ] Work/school
[ ] Other

16 In an average weekend day, how many hours are you in the same room with someone who is smoking tobacco?

0 hours ☐
Less than 30 minutes ☐
31 minutes - 1 hour ☐
2 - 3 hours ☐
4 - 6 hours ☐
7 or more hours ☐

17 In an average weekend day, where have you been exposed to second hand smoke? 

[ ] 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
[ ] Work/school
[ ] 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?

[ ] 1 or less
[ ] 2 - 4
[ ] 5 - 9
[ ] 10 or more

[ ] Enter numerical percentage of 00 - 99

(If less than 10, mark as 09, 08, 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
SECTION: 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
- Fiance(e), spouse or spousal equivalent
- Other

5 Within the past 12 months, with how many partners, if any, have you had sex (oral, vaginal, or anal)?
**(Enter a number between 00 and 99. If less than 10, mark as 09, 08, etc.)**

Submit responses - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
Skip this page - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
6. Within the past 12 months, were your sexual partners(s), if any,
   - Not applicable - I was not sexually active
   - Male
   - Female
   - Both male and female

7. Did you use a condom or dental dam the last time you had...
   - Oral sex?
   - Vaginal sex?
   - Anal sex?

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

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

---

Submit Responses - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

Skip This Page - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
**SECTION: Sexual Health**

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

### 11. Was this pregnancy:
- Not Applicable - not involved in a pregnancy
- Intentional
- Unintentional

### 12. What was the outcome of that pregnancy?
- Not applicable - I have not been involved in a pregnancy
- Birth and parenting
- Birth and adoption
- Abortion
- Miscarriage
- Still pregnant
- Don't know

### 13. Within the past 12 months, have you or your partner used an emergency contraceptive ("morning after pill")?
- Not applicable - not sexually active
- Yes
- No
- Don't know

### 14.01. Regarding the use of Emergency Contraceptives by you or your partner...
- Not applicable - not sexually active
- Applicable - I have been sexually active

### 14.02. Within the past 12 months, how many times have you or your partner used an emergency contraceptive ("morning after pill")?
***(Enter a number between 00 and 99)**
(If not sexually active, please enter 00) *(If less than 10, mark as 09, 08, etc.)*

### 15. Are you (or your partner) planning on getting pregnant within the next two years?
- Yes
- No
- Unsure
1 What is your gender?
   - Male
   - Female
   - Transgender/other

2 How old are you?
   *(Enter your age to the nearest year)*
   [2 digits] [ ] [ ]

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

4 Are you an international student?
   - Yes
   - No

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

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

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

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

7 Which of the following terms best describes you?
- Heterosexual
- Gay/Lesbian
- Bisexual
- Unsure

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

9 Do you have any of the following:
**(Select all that apply)**
- I have no disability or impairment
- Attention deficit/hyperactivity disorder
- Deaf, hard-of-hearing, or deaf blind
- Learning disability (formally assessed)
- Mobility impairment
- Psychiatric disorder
- Systemic disability (diabetes mellitus, multiple sclerosis, etc.)
- Traumatic brain injury
- Visual impairment (not corrected by contacts or eyeglasses)
- Other

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

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

**10 How many hours a week do you work for pay?**
- 0 hours
- 1 - 9 hours
- 10 - 19 hours
- 20 - 29 hours
- 30 - 39 hours
- 40 hours
- More than 40 hours

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

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

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

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

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

---

**Submit Responses** - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.

**Skip This Page** - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
SECTION: Residence

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

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

3. Are you currently or have you ever served in the United States Armed Forces?
   - Yes
   - No

4. Are you an Operation Iraqi Freedom and/or Operation Enduring Freedom Veteran?
   - Yes
   - No
   - Not applicable, I have never served in the United States Armed Forces

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

SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.
## Additional Questions: Program Related

### At what age did you first use...

**Mark one for each line**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Did not use</th>
<th>Under 10</th>
<th>10 - 11</th>
<th>12 - 13</th>
<th>14 - 15</th>
<th>16 - 17</th>
<th>18 - 20</th>
<th>20 - 21</th>
<th>21 - 25</th>
<th>26+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking tobacco (cigarettes, cigars, pipe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco (chew, snuff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other illegal drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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 - 29 days</th>
<th>All 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking tobacco (cigarettes, cigars, pipe)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco (chew, snuff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other illegal drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### On average, how many alcoholic drinks do students attending your institution consume while “partying” or socializing?

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

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

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

### During the past 12 months, if you “partied”/socialized, how often did you...

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Not applicable/I do not drink</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate non-alcoholic with alcoholic beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine in advance, not to exceed a set number of drinks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choose not to drink</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a designated driver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eat before and/or during drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a friend let you know when you've had enough</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep track of how many drinks you were having</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pace your drinks to 1 or fewer per hour</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid drinking games</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drink an alcohol look-alike (non-alcoholic beer, punch, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Does your campus have alcohol and drug use policies?
   - Yes
   - No
   - Don't know

7. Are the alcohol and drug use policies enforced?
   - Not applicable - there are no campus policies
   - Never
   - Sometimes
   - Most of the time
   - Always
   - Don't know

8. Does your campus have a drug and alcohol prevention program?
   - Yes
   - No
   - Don't know

9. Do you believe your campus is concerned about the prevention of drug and alcohol use?
   - Yes
   - No
   - Don't know

10. Which of the following has influenced your values the most regarding alcohol and drug use?
    - Campus programs
    - Family
    - Friends
    - Health
    - Media
    - Spirituality
    - Staff/faculty
    - Other

11. Which one of the following has influenced your values the most regarding sexual activity?
    - Campus programs
    - Family
    - Friends
    - Health
    - Media
    - Spirituality
    - Staff/faculty
    - Other