Boynton Health

College Student Health Survey Questionnaires

2009
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 dependent children do you have?

**(If you have no dependent 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.
## OVERALL SURVEY SUMMARY PAGE

- **CONTINUE Survey** - Your last page was 1. Survey Continues with page 2.
- **COMPLETE SURVEY LATER** - I’d like to come back to complete the survey at another time.
  (Responses will be saved).

## PAGE Status

### Section 1: Health Care Coverage and Utilization
- 01 - **NOT SUBMITTED** - All 4 Questions remain to be answered on this page
- 02 - **NOT SUBMITTED** - All 15 Questions remain to be answered on this page

### Section 2: Health Status
- 03 - **NOT SUBMITTED** - All 74 Questions remain to be answered on this page
- 04 - **NOT SUBMITTED** - All 24 Questions remain to be answered on this page

### Section 3: Emotional and Mental Health
- 05 - **NOT SUBMITTED** - All 7 Questions remain to be answered on this page

### Section 4: Personal Safety
- 06 - **NOT SUBMITTED** - All 17 Questions remain to be answered on this page
- 07 - **NOT SUBMITTED** - All 7 Questions remain to be answered on this page
- 08 - **NOT SUBMITTED** - All 5 Questions remain to be answered on this page

### Section 5: Nutrition and Physical Activity
- 09 - **NOT SUBMITTED** - All 6 Questions remain to be answered on this page
- 10 - **NOT SUBMITTED** - All 5 Questions remain to be answered on this page
- 11 - **NOT SUBMITTED** - All 16 Questions remain to be answered on this page

### Section 6: Chemical Health
- 12 - **NOT SUBMITTED** - All 18 Questions remain to be answered on this page
- 13 - **NOT SUBMITTED** - All 4 Questions remain to be answered on this page
- 14 - **NOT SUBMITTED** - All 19 Questions remain to be answered on this page
- 15 - **NOT SUBMITTED** - All 7 Questions remain to be answered on this page
### 5 Please indicate when you last had the following:

<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 our 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>
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<td></td>
</tr>
</tbody>
</table>

***(Women only)***

### 6 Where do you go for the following health care services while in school?  
***(Please mark all that apply)***

<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>None - I 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?

<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>
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.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anorexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulimia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (Type I)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (Type II)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug problems (other than alcohol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital herpes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genital warts/Human papillomavirus (HPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High blood pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

1.02 For each condition, indicate whether you have been diagnosed **within the past 12 months**.
<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic attacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic lice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repetitive Stress Injury (Carpal Tunnel)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seasonal Affective Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social phobia/performance anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep throat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SECTION: Health Status

**SURVEY PAGE: 4 of 23 pages**

You have completed 0 of 24 Items on this page

### 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>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>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Allergies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chronic conditions (diabetes, asthma, etc.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Concerns for troubled friend/family member</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Drug use (other than alcohol)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Eating disorder/problems</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excessive computer/internet use</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial difficulties</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Learning disability/Attention Deficit Disorder</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mental Health Issues (depression, anxiety, etc.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mononucleosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Moved/changed residence</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pregnancy (yours or your partner’s)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Serious injury</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sexually transmitted infection</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stress</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Upper respiratory infection (cold/flu, sinus, strep, etc.)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</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?

| Days | 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?

| Days | 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?

| Days | 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 |
|      |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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
- Roomate/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 a mental health problem other than depression?
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?
**(Please mark appropriate number corresponding with your average level of stress)**
- Not stressed at all
- 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?
**(Please mark appropriate number corresponding with your effectiveness in managing stress)**
- Ineffective
- 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.
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>1.01 Within your lifetime have you:</th>
<th>1.02 Within the past 12 months have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had sexual intercourse with someone without that person's consent or against his/her will</td>
<td>Yes</td>
</tr>
<tr>
<td>Touched someone sexually without that person's consent or against his/her will</td>
<td>Yes</td>
</tr>
<tr>
<td>Slapped, kicked or pushed your significant other or spouse/partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Threatened or &quot;put-down&quot; your significant other or spouse/partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Experienced actual or attempted sexual intercourse without your consent or against your will</td>
<td>Yes</td>
</tr>
<tr>
<td>Experienced actual or attempted sexual touching without your consent or against your will</td>
<td>Yes</td>
</tr>
<tr>
<td>Been slapped, kicked or pushed by your significant other or spouse/partner</td>
<td>Yes</td>
</tr>
<tr>
<td>Been hurt by threats, &quot;put-downs&quot; or yelling from your significant other or spouse/partner</td>
<td>Yes</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 (e.g. Physician, Nurse or Therapist)
- 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.
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:
- A smoke detector? [ ] Yes [ ] No [ ] Don’t know
- A carbon monoxide detector? [ ] Yes [ ] No [ ] Don’t know

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?
   **(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.
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.

**SECTION: Personal Safety**

| 8 | SURVEY PAGE: 8 of 23 pages | You have completed 0 of 5 Items on this page |

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.

9 **Within the past 12 months, how often did you:** *(Mark the appropriate column for each of the three questions)**

| Wear a seatbelt when you rode in a car? |
| **N/A (didn't do this activity within the last 12 months)** | Never | Sometimes | Most of the time | Always |
| **Wear a helmet when you rode a bicycle?** |
| **Wear a helmet when you rode a motorcycle?** |

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

**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: Nutrition and Physical Activity

You have completed 0 of 6 Items on this page

1 Your height in feet and inches?

1.01 Feet

<table>
<thead>
<tr>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

1.02 Inches

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
</table>

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.
### SECTION: 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</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,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>aerobics, dancing, running, basketball, swimming laps, rollerblading,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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,</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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-</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>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</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>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Playing video or computer games or use a computer for something that is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not for work or school work (include activities such as Xbox, computer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>games, and the Internet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**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>Item</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>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>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**

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 days</th>
</tr>
</thead>
</table>

**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 a 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 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>
</tbody>
</table>
Take diet pills
Binge eat
Induce vomiting to control weight

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.
### 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</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 (or other club drugs)</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 did you use 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.
7 Please indicate how often you have experienced the following due to your drinking or drug use during the past 12 months

<table>
<thead>
<tr>
<th><strong>(Mark one for each line)</strong></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>

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

**8 Do you consider yourself a smoker?**

- Yes
- No

**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**

**(Mark all that apply)**

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

**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.
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 second hand smoke?

- Not applicable, I am never exposed to secondhand smoke
- On campus
- 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 second hand smoke?

- Not applicable, I am never exposed to secondhand smoke
- On campus
- Residence hall
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 1/2 ounces of alcohol, a 12 ounce wine cooler, or a 5 ounce glass of wine) [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**

| 17 | SURVEY PAGE: 17 of 23 pages | You have completed 0 of 5 Items on this page |

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...
   I have never had this type of encounter  Yes  No  Don't know/can't remember
   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.
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...
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

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

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)**
   - American Indian/Alaskan Native
   - Asian/Pacific Islander
   - Black-Not Hispanic
   - Latino/Hispanic
   - White-Not Hispanic (Includes Middle Eastern)
   - 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)
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBMIT RESPONSES</strong></td>
<td>Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.</td>
</tr>
<tr>
<td><strong>SKIP THIS PAGE</strong></td>
<td>No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.</td>
</tr>
</tbody>
</table>

- Other
**SECTION: Demographic Information**

**SURVEY PAGE: 22 of 23 pages**

You have completed 0 of 5 Items on this page

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**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.)?**

<table>
<thead>
<tr>
<th>Never</th>
<th>Once a year</th>
<th>2 - 6 times/year</th>
<th>Once/month</th>
<th>More than once per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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**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.**

2 digits

---

**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/Special Demographics

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

5 What is the highest grade in school your parents, step-parents or guardians completed?

   | Did not finish high school | Finished high school (or got a GED) | Went to vocational school (computer/electrician/mechanic) | Took some college courses (but did not graduate) | Graduated from college or a university | Has professional training beyond a four-year college degree | I don't know |
---|---|---|---|---|---|---|---|
MALE Parent, Step-Parent or Guardian | | | | | | | |