### 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 dependent children do you have? **(If you have no dependent children, mark 0)**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<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 <strong>(Women only)</strong></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)**

- **School health service**
- **Student counseling service**
- **Hospital**
- **Community clinic**
- **HMO**
- **Private practice**
- **None - I don't obtain this service**

<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>H1N1 flu vaccine within past 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBMIT RESPONSES</td>
<td>Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIP THIS PAGE</td>
<td>No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section: Health Status**

1. For each condition, indicate whether you have been diagnosed **in your lifetime**.
   - **Yes** | **No**
   - Alcohol problems |  |  
   - Allergies |  |  
   - Anorexia |  |  
   - Anxiety |  |  
   - Asthma |  |  
   - Attention deficit disorder |  |  
   - Bipolar disorder |  |  
   - Bulimia |  |  
   - Cancer |  |  
   - Chlamydia |  |  
   - Depression |  |  
   - Diabetes (Type I) |  |  
   - Diabetes (Type II) |  |  
   - Drug problems (other than alcohol) |  |  
   - Genital herpes |  |  
   - Genital warts/Human papillomavirus (HPV) |  |  
   - Gonorrhea |  |  
   - Hepatitis A |  |  
   - Hepatitis B |  |  
   - Hepatitis C |  |  
   - High blood pressure |  |  
   - High cholesterol |  |  
   - HIV/AIDS |  |  
   - Lyme disease |  |  
   - Mononucleosis |  |  

1.02 For each condition, indicate whether you have been diagnosed **within the past 12 months**.
   - **Yes** | **No**
   - Alcohol problems |  |  
   - Allergies |  |  
   - Anorexia |  |  
   - Anxiety |  |  
   - Asthma |  |  
   - Attention deficit disorder |  |  
   - Bipolar disorder |  |  
   - Bulimia |  |  
   - Cancer |  |  
   - Chlamydia |  |  
   - Depression |  |  
   - Diabetes (Type I) |  |  
   - Diabetes (Type II) |  |  
   - Drug problems (other than alcohol) |  |  
   - Genital herpes |  |  
   - Genital warts/Human papillomavirus (HPV) |  |  
   - Gonorrhea |  |  
   - Hepatitis A |  |  
   - Hepatitis B |  |  
   - Hepatitis C |  |  
   - High blood pressure |  |  
   - High cholesterol |  |  
   - HIV/AIDS |  |  
   - Lyme disease |  |  
   - Mononucleosis |  |  

Survey Entry - 2010 College Student Health Survey

Survey Entry - 2010 College Student Health Survey https://www.mnhealthsurvey.org/Survey/BSurvey.asp

1 of 2 5/28/10 12:55 PM
<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Somewhat</th>
<th>Yes</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessive-compulsive disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic attacks</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Pubic lice</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Seasonal affective disorder</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Strep throat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</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>
</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.
## Health Status

**SECTION:** Health Status

**SURVEY PAGE: 4 of 26 pages**

---

### 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>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?

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
### Emotional and Mental Health

#### 5 SURVEY PAGE: 5 of 26 pages
You have completed 0 of 7 Items on this page

<table>
<thead>
<tr>
<th>1 Have you experienced any of the following in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Mark all that apply)</em></td>
</tr>
<tr>
<td>□ Getting married</td>
</tr>
<tr>
<td>□ Failing a class</td>
</tr>
<tr>
<td>□ Serious physical illness of someone close to you</td>
</tr>
<tr>
<td>□ Death of someone close to you</td>
</tr>
<tr>
<td>□ Being diagnosed as having a serious physical illness</td>
</tr>
<tr>
<td>□ Being diagnosed as having a mental illness</td>
</tr>
<tr>
<td>□ Divorce or separation from your spouse</td>
</tr>
<tr>
<td>□ Termination of a personal relationship (not including marriage)</td>
</tr>
<tr>
<td>□ Attempted suicide</td>
</tr>
<tr>
<td>□ Being put on academic probation</td>
</tr>
<tr>
<td>□ Excessive credit card debt</td>
</tr>
<tr>
<td>□ Excessive debt other than credit card</td>
</tr>
<tr>
<td>□ Being arrested</td>
</tr>
<tr>
<td>□ Being fired or laid off from a job</td>
</tr>
<tr>
<td>□ Roomate/Housemate conflict</td>
</tr>
<tr>
<td>□ Parental conflict</td>
</tr>
<tr>
<td>□ Lack of health care coverage</td>
</tr>
<tr>
<td>□ Issues related to sexual orientation</td>
</tr>
<tr>
<td>□ Not applicable-None of the above happened to me</td>
</tr>
</tbody>
</table>

#### 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 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)**
   
   Not stressed at all
   1 2 3 4 5 6 7 8 9 10

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
   1 2 3 4 5 6 7 8 9 10

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></th>
<th>1.01 Within <strong>your lifetime</strong> have you:</th>
<th></th>
<th>1.02 Within the <strong>past 12 months</strong> have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>1.</td>
<td>Had sexual intercourse with someone without that person's consent or against his/her will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Touched someone sexually without that person's consent or against his/her will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Slapped, kicked, or pushed your significant other or spouse/partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Threatened or &quot;put-down&quot; your significant other or spouse/partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Experienced actual or attempted sexual intercourse without your consent or against your will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Experienced actual or attempted sexual touching without your consent or against your will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Been slapped, kicked, or pushed by your significant other or spouse/partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Been hurt by threats, &quot;put-downs&quot;, or yelling from your significant other or spouse/partner</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 (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 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

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

7 Have you ever carried a weapon (e.g., gun, knife) within the past 12 months?
**(Does not include carrying a weapon while hunting)**

- Yes
- No
**SECTION: Personal Safety**

8 Survey Page: 8 of 26 pages

You have completed 0 of 4 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.

**8 Within the past 12 months, how often did you:**

**(Mark the appropriate column for each of the three questions)**

<table>
<thead>
<tr>
<th>Wear a helmet when you rode a bicycle?</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 helmet when you rode a motorized two-wheeled vehicle?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 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

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

- Yes
- No

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Skip This Page - No updates will be saved. You will be taken to the Overall Survey Summary Page.
### SECTION: Nutrition and Physical Activity

#### 1 Your height in feet and inches

**1.01 Feet**

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

**1.02 Inches**

<table>
<thead>
<tr>
<th></th>
<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 During the past 30 days, I felt satisfied with my body image/size:

***(Mark the most appropriate response)**

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<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

| 5 In the past 7 days, how many hours did you spend doing the following activities? |
|---------------------------------|-------------------------------------------------|
| **Strenuous exercise** (heart beats rapidly). Examples: biking fast, aerobics, dancing, running, basketball, swimming laps, rollerblading, tennis, soccer |
| **Moderate exercise** (not exhausting). Examples: walking quickly, baseball, easy biking, volleyball, skateboarding, snowboarding |
| **Exercises to strengthen or tone your muscles. Examples: push-ups, sit-ups, weight lifting/training** |

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 1/2 hour</th>
<th>1/2 - 2 hours</th>
<th>2 1/2 - 4 hours</th>
<th>4 1/2 - 6 hours</th>
<th>6+ hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 On an average day, how many hours do you spend doing the following activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Watching television</strong></td>
</tr>
<tr>
<td><strong>Playing video or computer games or using a computer for something that is not for work or school work (include activities such as Xbox, computer games, and the Internet)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 1 hour</th>
<th>1 hour</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5+ hours</th>
</tr>
</thead>
<tbody>
<tr>
<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

**7 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></th>
<th>I 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>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fruit (Do not include juice)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Green salad</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Potatoes (Do not include French fries, fried potatoes, or potato chips.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carrots</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other vegetables (Do not include green salad, potatoes, or carrots.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</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>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Can, bottle, or glass of diet soda or diet pop, such as Diet Coke, Diet Pepsi, or Diet Sprite</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**8 In the past 7 days, on how many days did you eat breakfast**

<table>
<thead>
<tr>
<th></th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**9 Indicate how often you did the following in the past 12 months:**

<table>
<thead>
<tr>
<th></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>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Eat at any restaurant (do not include fast food establishments)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Use laxatives to control weight</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Take diet pills
Binge eat
Induce vomiting to control weight

10 Do you regularly take a multivitamin?
   ○ Yes
   ○ No

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

12  SURVEY PAGE: 12 of 26 pages

You have completed 0 of 18 Items on this 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 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>

---

**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.
### 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

#### Survey Page: 14 of 26 pages
You have completed 0 of 19 Items on this page

#### 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>

**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

8 Do you consider yourself a smoker?
  ○ Yes
  ○ No

9.02 Average number of cigarettes you smoke 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. 1 pack=20 cigarettes)**

9.03 Average number of cigarettes you smoke per weekend day
(Friday through Sunday)
(enter a number between 00 and 99)
**(Non-smokers please enter 00. If less than 10, mark as 09, 08, etc. 1 pack=20 cigarettes)**

10 Where have you used tobacco
**(Mark all that apply)**
  ○ Not applicable - I do not use tobacco
  ○ On campus (inside)
  ○ On campus (outside)
  ○ Residence hall (outside)
  ○ Fraternity/Sorority (inside)
  ○ Fraternity/Sorority (outside)
  ○ Bar/Restaurant (outside)
  ○ In a car
  ○ Where I live (inside)
  ○ Where I live (outside)
  ○ Private parties (inside)
  ○ Private parties (outside)
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.)**

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.
13 In an average week, 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 [ ]

14 In an average week, where have you been exposed to secondhand smoke?

- Not applicable - I am never exposed to secondhand smoke [ ]
- On campus (inside) [ ]
- On campus (outside) [ ]
- Residence hall (outside) [ ]
- Fraternity/Sorority (inside) [ ]
- Fraternity/Sorority (outside) [ ]
- Bar/Restaurant (outside) [ ]
- In a car [ ]
- Where I live (inside) [ ]
- Where I live (outside) [ ]
- Private parties (inside) [ ]
- Private parties (outside) [ ]
- Worksite (outside) [ ]
- Parking ramp/Garage [ ]
- Other (inside) [ ]
- Other (outside) [ ]

15 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, 07, etc.)**
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

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

<table>
<thead>
<tr>
<th>17</th>
<th>SURVEY PAGE: 17 of 26 pages</th>
<th>You have completed 0 of 2 Items on this page</th>
</tr>
</thead>
</table>

**17 On a scale from one to ten, with one being strongly disagree and ten being strongly agree, please indicate your opinion regarding a smoke free or tobacco free policy for your campus.**

**17.01 In my opinion, my campus should implement a smoke-free policy prohibiting smoking both indoors and outdoors.**

<table>
<thead>
<tr>
<th>Not applicable-My campus currently has a smoke-free policy.</th>
<th>1 (Strongly Disagree)</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 (Strongly Agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**17.02 In my opinion, my campus should implement a tobacco-free policy prohibiting any type of tobacco use both indoors and outdoors.**

<table>
<thead>
<tr>
<th>Not applicable-My campus currently has a tobacco-free policy.</th>
<th>1 (Strongly Disagree)</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 (Strongly Agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></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.
### 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.
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

Did you use a condom or dental dam the last time you had...

<table>
<thead>
<tr>
<th>Encounters</th>
<th>Yes</th>
<th>No</th>
<th>Don't know/Can't remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anal sex?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

The last time you had vaginal intercourse, what did you or your partner use as your method of pregnancy prevention?
- Not applicable - I have not engaged in vaginal intercourse
- Not applicable - I/we are attempting to get pregnant
- I did not use any method of pregnancy prevention
- 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
- 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

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Within the past 12 months, have you become pregnant or impregnated someone else?</td>
<td>Not applicable-Not sexually active, Yes, No, Don't know</td>
</tr>
<tr>
<td>11</td>
<td>Was this pregnancy:</td>
<td>Not Applicable-Not involved in a pregnancy, Intentional, Unintentional</td>
</tr>
<tr>
<td>12</td>
<td>What was the outcome of that pregnancy?</td>
<td>Not applicable - I have not been involved in a pregnancy, Birth and parenting, Birth and adoption, Abortion, Miscarriage, Still pregnant, Don't know</td>
</tr>
<tr>
<td>13</td>
<td>Within the past 12 months, have you or your partner used an emergency contraceptive (&quot;morning after pill&quot;)?</td>
<td>Not applicable-Not sexually active, Yes, No, Don't know</td>
</tr>
<tr>
<td>14.01</td>
<td>Within the past 12 months, how many times have you or your partner used an emergency contraceptive (&quot;morning after pill&quot;)?</td>
<td><strong>(Enter a number between 00 and 99)</strong> <em>(If not sexually active, please enter 00) (If less than 10, mark as 09, 08, etc.)</em> <strong>2 digits</strong></td>
</tr>
</tbody>
</table>
### 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

**SURVEY PAGE: 21 of 26 pages**

**You have completed 0 of 5 Items on this page**

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. **How many years have you been enrolled at a postsecondary institution (college/university)?**
   **(Enter a number between 00 and 99. If less than 10, mark as 09, 08, etc.)**
   ```
   2 digits
   ```

**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**

**SURVEY PAGE: 22 of 26 pages**

You have completed 0 of 4 Items on this page

### 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)
<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</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.
### 10 How many hours do you spend in a typical 7-day week doing each of the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 hours</th>
<th>1 - 5 hours</th>
<th>6 - 10 hours</th>
<th>11 - 15 hours</th>
<th>16 - 20 hours</th>
<th>21 - 25 hours</th>
<th>26 - 30 hours</th>
<th>31 - 40 hours</th>
<th>More than 40 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparing for class</td>
<td>0</td>
<td>0</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><em>(studying, reading, writing, doing homework, rehearsing, and other academic activities)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working for pay on campus</td>
<td>0</td>
<td>0</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>Working for pay off campus</td>
<td>0</td>
<td>0</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>

### 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>Frequency</th>
<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></td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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.**

<table>
<thead>
<tr>
<th>Credits</th>
<th>2 digits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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: Demographic Information

15.01 Do you currently hold a bachelor's degree?
  ○ Yes
  ○ No

16 What degree program are you currently enrolled in?
  ○ Associate's degree/Certificate program (A.A., A.S., etc.)
  ○ Bachelor's degree (B.A., B.S., etc.)
  ○ Master's degree (M.A., M.S., M.P.H., M.B.A., etc.)
  ○ Doctoral or professional degree (J.D., M.D., Ph.D., etc.)
  ○ Not enrolled in a degree program

17 On a scale from one and ten, with one being very unsupportive to ten being very supportive, how would you rate your relationship with the following:

<table>
<thead>
<tr>
<th></th>
<th>Very unsupportive</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>Very supportive</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution Faculty</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution Staff</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<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.
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. While serving in the United States Armed Forces how many deployments to Iraq or Afghanistan have you had?
   - Not applicable-I have not served in the United States Armed Forces
   - 1 did not deploy to Iraq or Afghanistan while serving in the Armed Forces
   - 1 deployment
   - 2 deployments
   - 3 deployments
   - 4 deployments
5 or more deployments

- **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

**26**

**SURVEY PAGE: 26 of 26 pages**

**You have completed 0 of 6 Items on this page**

---

**6 What is the highest level of education your parents, step-parents or guardians completed?**

<table>
<thead>
<tr>
<th>Did not finish high school</th>
<th>Finished high school (or got a GED)</th>
<th>Attended college but did not complete degree</th>
<th>Completed an associate’s degree/certificate program (A.A., A.S., etc.)</th>
<th>Completed a bachelor’s degree (B.A., B.S., etc.)</th>
<th>Completed a master’s degree (M.A., M.S., M.P.H., M.B.A., etc.)</th>
<th>Completed a doctoral or professional degree (J.D., M.D., Ph.D., etc.)</th>
<th>I prefer not to answer or I do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE Parent, Step-Parent or Guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEMALE Parent, Step-Parent or Guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**7 Would you describe your parents/guardians as: (choose one)**

- Low income
- Lower-middle income
- Middle income
- Upper-middle income
- High income
- I prefer not to answer

---

**8 What would you estimate is the combined outstanding balance on all your student loans today?**

- $0
- $1 - $5,000
- $5,001 - $10,000
- $10,001 - $15,000
- $15,001 - $20,000
- $20,001 - $30,000
- $30,001 - $50,000
- $50,001 or more
Who is primarily responsible for repayment of your student loans?
- Not applicable-I do not have a student loan
- Self
- Parent or guardian
- Other
- Don’t know

Are you dependent on your parents/guardians for financial support?
- 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.