Boynton Health

College Student Health Survey Questionnaires 2009

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SECTION: Health Care Coverage and Utilization							
1	SURVEY	PAGE: 1 of 23 pages	1 of 23 pages You have completed 0 of 4 I tems on this page				
		are services provid Irance coverage?	ed at your	educational ins	stitution, do	you have	
0	 Yes, I purchase health insurance through my educational institution 						
0	Yes, through my parent's health insurance plan						
0	Yes, through anot	her health insurance pla	an				
0	No, I do not have	health insurance					
0	Don't know						
(If yo		nt children do you ant children, mark 0) 2	have?	4	5	6 or More	
	Yes No	children covered k		nsurance?			
0	• •	do not have dependent	children				
0	Don't know						
4 Doe:	Yes No	domestic partner had been domestic partner had been domestic partner had been domestic.		insurance cove	erage?		
	SUBMIT RESP	ONSES - Updates will b	e saved. You	will be taken to the	ANSWER REV	IEW 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). Click on a page number to view that page. **PAGE Status** Section 1: Health Care Coverage and Utilization NOT SUBMITTED - All 4 Questions remain to be answered on this page NOT SUBMITTED - All 15 Questions remain to be answered on this page Section 2: Health Status NOT SUBMITTED - All 74 Questions remain to be answered on this page NOT SUBMITTED - All 24 Questions remain to be answered on this page Section 3: Emotional and Mental Health 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 NOT SUBMITTED - All 16 Questions remain to be answered on this page Section 6: Chemical Health 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

NOT SUBMITTED - All 6 Questions remain to be answered on this page					
Section 7: Sexual Health					
NOT SUBMITTED - All 5 Questions remain to be answered on this page					
18 NOT SUBMITTED - All 6 Questions remain to be answered on this page					
NOT SUBMITTED - All 7 Questions remain to be answered on this page					
Section 8: Demographic Information					
NOT SUBMITTED - All 5 Questions remain to be answered on this page					
NOT SUBMITTED - All 4 Questions remain to be answered on this page					
NOT SUBMITTED - All 5 Questions remain to be answered on this page					
Section 9: Residence/Special Demographics					
23 NOT SUBMITTED - All 6 Questions remain to be answered on this page					



SECTION: Health Care Coverage and Utilization					
2	SURVEY PAGE: 2 of 23 pages	You have completed 0 of 15 I tems on this page			

5 Please indicate when you last hat the following:	pa	nin the st 12 onths	1-2 years	3-5 years	6 our m		ever
Routine medical exam (a physical)		0	0	0	0		0
Dental exam and cleaning		0	0	0	0		0
Cholesterol checked		0	0	0	0		0
Blood pressure checked		0	0	0	0		0
Routine gynecological exam **(Women only)**		0	0	0	Θ		0
6 Where do you go for the following health care services while in school? **(Please mark all that apply)**	School Health Service	Student counselir service	ng	Community clinic	НМО	Private practice	None - I don't obtain this service
Routine doctor's visit				\Box			
Dental care			\Box				
Mental health services							
Testing for sexually transmitted infections	\Box	\Box	⊟		\Box		
Treatment for sexually transmitted infections	\Box	\Box	\Box	\Box		\Box	
Testing for HIV							
Emergency care	\Box	\Box			\Box	\Box	
7 Have you had any of the followin	ng	Yes		No		Don't Kn	ow
Hepatitis A		0		0		0	
Hepatitis B		0		0		0	
Meningitis		0		0		0	
Flu shot within past 12 months		0		0		0	

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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 Status						
3	SURVEY PAGE: 3 of 23 pages	You have completed 0 of 74 I tems on this page				

1	indicate whe	ch condition, ther you have sed in your	1.02 For each condition, indicate whether you have been diagnosed within the past 12 months.		
	Yes	No	Yes	No No	
Alcohol problems	0	0	0	0	
Allergies	0	0	0	0	
Anorexia	0	0	0	0	
Anxiety	0	0	0	0	
Asthma	0	0	0	0	
Attention Deficit Disorder	0	0	0	0	
Bipolar Disorder	0	0	0	0	
Bulimia	0	0	0	0	
Cancer	0	0	0	0	
Chlamydia	0	0	0	0	
Depression	0	0	0	0	
Diabetes (Type I)	0	0	0	0	
Diabetes (Type II)	0	0	0	0	
Drug problems (other than alcohol)	0	0	0	0	
Genital herpes	0	0	0	0	
Genital warts/Human papillomavirus (HPV)	0	0	0	0	
Gonorrhea	0	0	0	0	
Hepatitis A	0	0	0	0	
Hepatitis B	0	0	0	0	
Hepatitis C	0	0	0	0	
High blood pressure	0	0	0	0	
High cholesterol	0	0	0	0	
HIV/AIDS	0	0	0	0	
Lyme Disease	0	0	0	0	
Mononucleosis	0	0	0	0	

Obesity	0	0	0	0	
Obsessive-compulsive disorder	0	0	0	0	
Panic attacks	0	0	0	0	
Post Traumatic Stress Disorder	0	0	0	0	
Pubic lice	0	0	0	0	
Repetitive Stress Injury (Carpal Tunnel)	0	0	0	0	
Seasonal Affective Disorder	0	0	0	0	
Social phobia/performance anxiety	0	0	0	0	
Strep throat	0	0	0	0	
Syphilis	0	0	0	0	
Tuberculosis	0	0	0	0	
Urinary tract infection	0	0	0	0	
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.					

SECTI	ON: Health Status	
4	SURVEY PAGE: 4 of 23 pages	You have completed 0 of 24 I tems 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)**	I do not have this issue/not applicable	I have this issue, but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete in the course	Dropped the course	Dropped out of school/took a leave of absence
Alcohol use	0	0	0	0	0	0	0
Allergies	0	Ö	0	0	0	0	0
Chronic conditions (diabetes, asthma, etc.)	0	0	0	0	0	0	0
Concerns for troubled friend/family member	0	0	0	0	0	0	0
Drug use (other than alcohol)	0	0	0	0	0	0	0
Eating disorder/problems	0	0	0	0	0	0	0
Excessive computer/internet use	0	0	0	0	0	0	0
Financial difficulties	0	0	0	0	0	0	0
Learning disability/Attention Deficit Disorder	0	0	0	0	0	0	0
Mental Health Issues (depression, anxiety, etc.)	0	0	0	0	0	0	0
Mononucleosis	0	0	0	0	0	0	0
Moved/changed residence	0	0	0	0	0	0	0
Pregnancy (yours or your partner's)	0	0	0	0	0	0	0
Relationship issues	0	0	0	0	0	0	0
Serious injury	0	0	0	0	0	0	0
Sexual assault	0	0	0	0	0	0	0
Sexually transmitted infection	0	0	0	0	0	0	0
Sleep difficulties	0	0	0	0	0	0	0
Stress	0	0	0	0	0	0	0
Upper respiratory infection (cold/flu, sinus, strep, etc.)	0	0	0	0	0	0	0
Urinary tract infection	0	0	0	0	0	0	0
3 Thinking about your physical health, which inc	ludes phy	sical illnes	s and injury	, for how m	any days d	uring the p	ast 30
days was your physical health not good?							
0 1 2 3 4 5 6 7 8 9 10 11 0 0 0 0 0 0 0 0 0 0	12 13 14	15 16	17 18 19	20 21 22	23 24 29) 0 0 (28 29 30
4 Thinking about your mental health, which includering the past 30 days was your mental health		-	on, and pro	blems with	emotions,	for how ma	ny days
		4 15 16			23 24 25		28 29 30
000000000000	0 0 0	0 0	0 0 0	0 0 0	0 0 0	0 0 0	9 0 0
5 During the past 30 days, on how many days di	d poor phy	ysical or m	ental health	keep you f	rom doing	your usual	activities,
such as self-care, work or recreation? 0 1 2 3 4 5 6 7 8 9 10 11	10 10 1	1 15 14	17 10 10	20 21 22	22 24 21	5 26 27 1	28 29 30
0 1 2 3 4 5 6 7 8 9 10 11							



SECTIO	ON: Emotional and Mental Health	
5	SURVEY PAGE: 5 of 23 pages	You have completed 0 of 7 I tems on this page

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

○ Ye ○ N	es o									
4 Are you	u currently	seeing a	a mental	health co	unselor/th	erapist?				
Ye	es									
0 N	0									
how wou **(Please	cale from or uld you rate mark appropri	your av	verage le	evel of stre	ess in the p	ast 30 day	s?	ing very	stressed,	
Not stressed									Very	
at all									stressed	
1	2	3	4	5	6	7	8	9	10	
0	0	0	0	0	0	0	0	Θ	Θ	
would yo	cale from or ou rate your mark appropri	ability	to mana	ge your st	ress in the	past 30 da	ays?		now	
Ineffective									Very effective	
1	2	3	4	5	6	7	8	9	10	
0	0	0	Ö	0	0	0	0	0	0	
	SUBMIT RES	PONSES	- Updates	will be saved	d. You will be	taken to the A	ANSWE	R REVIEW	PAGE.	
	SKIP THIS P PAGE.	AGE - No	updates v	vill be saved.	You will be to	aken to the O	VERALL	SURVEY S	SUMMARY	



SECTI	ON: Personal Salety				
6	SURVEY PAGE: 6 of 23 pag	ges	You have comple	ted 0 of 17 I tems	on this page
please	llowing questions pertain to issues use the following definitions: sexi ng - touching of breasts, buttocks	ual intercou	urse - oral, vaginal o		
1		1.01 Within	n your lifetim e	1.02 Within t months have	
		Yes	No	Yes	No
	xual intercourse with someone t that person's consent or against will	0	0	0	0
	d someone sexually without that 's consent or against his/her will	0	0	0	0
	d, kicked or pushed your significant or spouse/partner	0	0	0	0
	ened or "put-down" your significant or spouse/partner	0	0	0	0
	enced actual or attempted sexual urse without your consent or against ill	0	0	0	0
	enced actual or attempted sexual ng without your consent or against ill	0	0	0	0
	lapped, kicked or pushed by your ant other or spouse/partner	0	0	0	0
from yo	urt by threats, "put-downs" or yelling our significant other or /partner	0	0	0	0
the in	ou experienced sexual intercouncident to any of the following? k all that apply)**		al touching agains	st your will, did	you report
Е	Not applicable - I was not involved	in any incide	nt		
Е	Health care provider (e.g. Physician	, Nurse or T	herapist)		
Е	Hall director or community advisor				
Е	Campus sexual violence office				

Police	
Other	
□ I did no	t report the incident
SUBM	IIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
SKIP PAGE.	THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY



SECTI	UN: Personal Safety				
7	SURVEY PAGE: 7 of 23 page	s	You hav	ve completed 0 of 7	Items on this page
please	lowing questions pertain to issues ruse the following definitions: sexuang - touching of breasts, buttocks o	al intercou	irse - oral,		
due to	ou have been a victim of theft in the theft?	n the pas	t 12 mont	hs, what was the	monetary loss
0					
0	\$100 - \$499				
0	\$500 - \$999				
0	\$1000 or more				
4 Doe	s your residence have:	Ye	es .	No	Don't know
A smok	ce detector?	()	0	0
A carbo	on monoxide detector?	()	0	0
5 Wh a **(Mar	at type of injuries have you sust	ained du	ring the p	ast 12 months?	
	Not applicable - I was not injured				
	, ,	ual)			
	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? O Yes
O 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)**
O Yes
O 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.



SECTI	ON: Personal Safety						
8	SURVEY PAGE: 8 of 23 pag	es	You have completed 0 of 5 I tems on this page				
please	lowing questions pertain to issues use the following definitions: sexu ng - touching of breasts, buttocks	ıal intercour		-			
often **(Mar	nin the past 12 months, how did you: k the appropriate column for each of ee questions)**	N/A (didn't do this activity within the last 12 months)	Never	Sometimes	Most of the time	Always	
Wear a	seatbelt when you rode in a car?	0	0	0	0	0	
Wear a	helmet when you rode a bicycle?	0	0	0	0	0	
Wear a	helmet when you rode a motorcycle?	0	0	0	0	0	
		•	en in a car	with a drive	r who has b	een	
11 Wi i	thin the past 12 months were y Yes No	you in a ph	ysical figh	t?			
	SUBMIT RESPONSES - Updates v	will be saved.	You will be to	aken to the ANS	SWER REVIEW	PAGE.	
	SKIP THIS PAGE - No updates wire PAGE.	ill be saved. Y	ou will be tal	ken to the OVEI	RALL SURVEY S	SUMMARY	



SECTION: Nutrition and Physical Activity

9	SI	JRVEY PA	.GE: 9 of	23 pages		You h	nave com	pleted (of 6 Iten	ns on thi	s page
1 Your	height in	feet an	d inches	s?							
1.01 F	ее т 3		4		5			6		7	
	Ö		0		6)		0		0	
1.02 1	nches										
0	1	2	3	4 ()	5	6	7	8	9	10	11 ()
(If le	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 d	lescribe	your we	eight?							
0	Very unde	erweight									
0	Slightly u	nderweigh	t								
0	About the	right weig	ght								
0	Slightly ov	verweight									
0	Very over	weight									
4 Wha	it are y ou	current	ly tryinç	g to do v	with you	ır weigh	nt?				
	Gain O			Lose		Rem	ain the sa	ame	Not trying to do anything		
5 Dur i **(Mar	i ng the pa	i st 30 da appropriat	ı ys , I fel e respons	t sati sf e)**	ied with	my boo	dy imag	e/size:			
	Never		S	ometimes	5	Mos	t of the t	ime		Always	
	0			0			0			0	
	SUBMI	T RESPON	ISES - Up	dates wil	l be saved	. You will	be taken	to the A	NSWER RE	VIEW PAG	SE.



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



SECTI	ON: Nutrition and Physic	cal Act	ivity						
10	SURVEY PAGE: 10 of 2	3 pages	Yo	You have completed 0 of 5 I tems on this page					
hours	he past 7 days, how many did you spend doing the ving activities?	None	Less than 1/2 hour/week	1/2 - 2 hours/week	2 1/2 - 4 hours/week	4 1/2 - 6 hours/week	6+ hours/week		
rapidly) aerobic	ous exercise (hearts beats). Examples: biking fast, :s, dancing, running, basketball, ing laps, rollerblading, tennis,	0	0	0	0	0	0		
Exampl	ate exercise (not exhausting). les: walking quickly, baseball, king, volleyball, skateboarding, parding	0	0	0	0	0	0		
muscle	es to strengthen or tone your s. Examples: push-ups, sit-ups, ht lifting/training	0	0	0	0	0	0		
many	an average day, how hours do you spend the following activities?	None	Less than 1 hour/day hou	1 2 ur/day hours	_	4 lay hours/da	5+ y hours/day		
Watchir	ng television	0	0	0 0	0	0	0		
Playing video or computer games or use a computer for something that is not for work or school work (include activities such as Xbox, computer games, and the Internet)		0	0	0 0) 0	0	0		
	SUBMIT RESPONSES - Update SKIP THIS PAGE - No update PAGE.								



Use laxatives to control weight

SECTION	ON: Nutrition	and Physical	Activit	у						
11	SURVEY I	PAGE: 11 of 23 pa	iges	Y	ou hav	e comp	leted 0 o	f 16 I tem	s on this	page
many follow **(Thin had fron to bed.	k about all the me m the time you got Be sure to include school, restaurants	eat/drink the als and snacks you up until you went food you ate at			es t ng d past th	I to 6 imes luring e past days	1 time per day	2 times per day	3 times per day	4 or more times per day
Kool-Aid	ruit juice (Do not ind d, sports drinks, or d drinks.)		0	С)	0	0	0	0	0
Fruit (D	o not include juice)	0	0)	0	0	0	0	0
Green s	salad		0	0)	0	0	0	0	0
	s (Do not include F s, or potato chips.)		0	0)	0	0	0	0	0
Carrots			0	0)	0	0	0	0	0
	egetables (Do not ootatoes, or carrots	_	0	0)	0	0	0	0	0
Coke, P	ottle, or glass of soc epsi, or Sprite (Do diet pop.)		0	О)	0	0	0	0	0
	ottle, or glass of die Diet Coke, Diet Pe		0	О)	0	0	0	0	0
9 In th	ne past 7 days,	on how many	days did	d you e	at bre	akfast	:			
O C) 0	2	3		0		5 O	6	7 c	lays O
	licate how ofter ring in the past	12 months:		Once a year or less	A few times a year	Once of twice per month	Once per	Several times per week		Several times a day
Eat fast	food meals		0	0	0	0	0	0	0	0
	iny restaurant (do tablishments)	not include fast	0	Θ	0	0	0	0	0	0

Take diet pills	0	0	0	0	0	0	0	0	
Binge eat	0	0	0	0	0	0	0	0	
Induce vomiting to control weight	0	0	0	0	0	0	0	0	
11 Do you regularly take a multivitamin? O Yes									
O 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.									



SECTI	ON: Chemical Health								
12	SURVEY PAGE: 12 of 23 pa	iges	You	You have completed 0 of 18 I tems on this page					
often	have you used: k one for each line)**	Did not us	se Ond	ce/year	6 times/year	Once/month		e than /month	
Smokin	ng tobacco	0		0	0	0		0	
Smokel	less tobacco	0		0	0	0		0	
Alcohol	(beer, wine, liquor)	0		0	0	0		0	
Marijua	ina (pot, hash, hash oil)	0		0	0	0		0	
Cocaine	e (crack, rock, freebase)	0		0	0	0		0	
Amphe	tamines (meth, speed)	0		0	0	0		0	
Sedativ	ves .	0		0	0	0		0	
Hallucir	nogens (LSD, PCP)	0		0	0	0		0	
Opiates	s (heroin)	0		0	0	0		0	
Inhalar	nts (glue, solvents, gas)	0		0	0	0		0	
Ecstasy	1	0		0	0	0		0	
Perform	nance enhancing steriods	0		0	0	0		0	
GHB, R	ohypnol (or other club drugs)	0		0	0	0		0	
Prescrip	otion drug not prescribed for you	0		0	0	0		0	
many	ing the past 30 days, on how days did you use: k one for each line)**	0 days	1-2 day	s 3-5 da	ays 6-9 days	10-19 days	20-29 days	All 30 days	
-	ng tobacco	0	0	0	0	0	0	0	
Smokel	less tobacco	0	0	0	0	0	0	0	
Alcohol	(beer, wine, liquor)	0	0	0	0	0	0	0	
Marijua	ina (pot, hash, hash oil)	0	0	0	0	0	0	\odot	
	SUBMIT RESPONSES - Updates SKIP THIS PAGE - No updates w PAGE								



SECTION: Chemical Health

13	SURVEY PAGE: 13 of 23 pages	You have completed (of 4 I tems on this 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				
	everage # of drinks you consume in a weer a number between 00 and 99 (If less than 10, n		2 digits		
	nk back over the last two weeks. How mitting?	any times have you ha	d five or more drinks		
0	I do not drink alcohol				
0	None				
0	Once				
0	Twice Twice				
0	3-5 times				
0	6-9 times				
0	10 or more times				
drink **Ente	last time you "partied"/socialized, how alcohol? State your best estimate. er a number between 00 and 99. do not drink alcohol, please enter 00 than 10, mark as 09, 08, etc.**	many hours did you	2 digits		
drink **Ente	last time you "partied"/socialized, howes did you have? State your best estimater a number between 00 and 99. do not drink alcohol, please enter 00 than 10, mark as 09, 08, etc.**		2 digits		
	SUBMIT RESPONSES - Updates will be saved. SKIP THIS PAGE - No updates will be saved.				



14	SURVEY PAGE: 14 of 23 pag	You ha	ve comple	ted 0 of 19	I tems on	this pag	
have to you the pa	use indicate how often you experienced the following due our drinking or drug use during east 12 months k one for each line)**	Never	Once	Twice	3 - 5 times	6 - 9 times	10 or more time:
Had a l	nangover	0	0	0	0	0	0
Perforn project	ned poorly on a test or important	0	0	0	0	0	0
	n trouble with police, residence hall, er college authorities	0	0	0	0	0	0
Damag	ed property, pulled fire alarm, etc.	0	0	0	0	0	0
Got int	o an argument or fight	0	0	0	0	0	0
Got na	useated or vomited	0	0	0	0	0	0
Oriven	a car while under the influence	0	0	0	0	0	0
Missed	a class	0	0	0	0	0	0
Been c	riticized by someone I know	0	0	0	0	0	0
_	at I might have a drinking or other roblem	0	0	0	0	0	0
Had a ı	memory loss	0	0	0	0	0	0
Done s	omething I later regretted	0	0	0	0	0	0
Been a	rrested for DWI/DUI	0	0	0	0	0	0
Have b	een taken advantage of sexually	0	0	0	0	0	0
Have ta	aken advantage of another sexually	0	0	0	0	0	0
Tried u	nsuccessfully to stop using	0	0	0	0	0	0
Serious	sly thought about suicide	0	0	0	0	0	0
Serious	sly tried to commit suicide	0	0	0	0	0	0
Been h	urt or injured	0	0	0	0	0	0



SECTION: Chemical Health

15	SURVEY PAGE: 15 of 23 pages	You have completed 0 of 7 I tems on this page			
8 Do y	you consider yourself a smoker?				
0) Yes				
0	O No				
(ente	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.)**				
(ente	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.)**				
	nere have you used tobacco				
Е	Not applicable, I do not use tobacco				
Е	On campus				
Е	Residence hall				
Е	Fraternity/Sorority				
Е	Bar/restaurant				
Е] In a car				
∈] Where I live				
Е	Private parties				
Е	Worksite				
Е	Other				
	11 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?				
0	O Yes				
О	O No				
е	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				
O Yes				
O No				
O 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: Chemical Health

16	SURV	EY PAGE: 16 of	23 pages	You have comp	leted 0 of 6 I tems	on this page
	an average v		v many hours a	re you in the sar	ne room with so	meone who
0	hours	Less than 30 minutes	31 minutes - 1 hour	2 - 3 hours	4 - 6 hours O	7 or more hours
	an average v		ere have you b	een exposed to s	econd hand smo	oke?
	Not applicabl	e, I am never ex	posed to secondha	and smoke		
	On campus					
	Residence ha	II				
Е	Fraternity/Sc	rority				
Е	Bar/restaura	nt				
Е	In a car					
=	Where I live					
Е	Private partie	es				
	Worksite					
	Other					
	,					
	an average v s smoking to		how many hou	urs are you in the	e same room wi	th someone
0	hours	Less than 30 minutes	31 minutes - 1 hour	2 - 3 hours	4 - 6 hours	7 or more hours
17 In an average week <u>end</u> day, where have you been exposed to second hand smoke? **(Mark all that apply)**						
Е	☐ Not applicable, I am never exposed to secondhand smoke					
Е	On campus					
	Residence hall					

☐ Fraternity/Sorority
☐ Bar/restaurant
☐ In a car
☐ Where I live
Private parties
■ Worksite
Other
18 In the past two weeks, what percentage of students attending your institution do you think had 5 or more drinks at a sitting? **(One drink equals one shot of alcohol, a 12 ounce can of beer, a mixed drink containing 1 or 1 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"?
O Very likely
O 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.

Do Good. Win BlG!

SECTION: Sexual Health

17	SURVEY PAGE: 17 of 23 pages	You have completed 0 of 5 I tems on this page			
	1 Have you ever been sexually active? **(Sexually active is defined as having engaged in oral, vaginal or anal intercourse)**				
0	Yes				
0	No				
	2 Was your reason for not being sexually active because you were intentionally choosing to be abstinent?				
0	Not Applicable - I have been sexually active				
0	Yes				
0	No				
3 Have	e you been sexually active in the past 1.	2 months?			
0	Yes				
0	No				
	cribe your most recent sexual partner ect One)**				
0	Not applicable - I am not sexually active				
0	A stranger				
0	A casual acquaintance				
0	A close but not exclusive dating partner				
0	An exclusive dating partner				
0	Fiance(e), spouse or spousal equivalent				
0	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 save	d. 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



SECTION: Sexual Health

18	SURVEY PAGE: 18 of 23 pa	ages	You have comple	ted 0 of 6 Iter	ns on this page
0	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				
l	you use a condom or dental the last time you had	I have never had this type of encounter	f Yes	No	Don't know/can't remember
Oral se	x?	0	0	0	0
Vagina	I sex?	0	0	0	0
Anal se	ex?	0	0	0	0
_	8 Were you intoxicated the last time you had oral, vaginal or anal intercourse? O Not applicable - I have not been sexually active O Yes O No O Not sure				
use a	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)**				
Е	Not applicable				
Е	Birth control pills				
Е	□ Depo Provera (shots)				
Е	☐ Intrauterine Device (IUD)				
Е	Condoms (male, female)				
Е	Diaphragm and spermicide				
Е	Fertility Awareness (calendar, basal body temperature, mucous, rhythm method)				

Withdrawal
Ortho Evra (patch)
NuvaRing
Sponge
Emergency contraception (i.e., "morning after pill")
Other
Don't know/can't remember
SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.



SECTION: Sexual Health

19	SUDVEY DACE: 10 of 22 pages	You have completed 0 of 7 Items on this page
19	SURVEY PAGE: 19 of 23 pages	Tou have completed 0 of 7 Herris on this page
10 Wit	hin the past 12 months, have you become	me pregnant or impregnated someone else?
0	Not applicable, not sexually active	
0	Yes	
0	No	
0	Don't know	
11 Wa	s this pregnancy:	
0	Not Applicable - not involved in a pregnacy	
0	Intentional	
0	Unintentional	
12 Wh	at was the outcome of that pregnancy?	
0	Not applicable - I have not been involved in a p	regnancy
0	Birth and parenting	
0	Birth and adoption	
0	Abortion	
0	Miscarriage	
0	Still pregnant	
0	Don't know	
	hin the past 12 months, have you or yoning after pill")?	ur partner used an emergency contraceptive
0		
0	Yes	
0	No	
0	Don't know	
14.01 F	Regarding the use of Emergency Contra	ceptives by you or your partner
0		•
0	Applicable - I have been sexually active	
0		

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.)**	2 digits
15 Are you (or your partner) planning on getting pregnant within th O Yes No	e next two years?
O Unsure	
SUBMIT RESPONSES - Updates will be saved. You will be taken to the A	
SKIP THIS PAGE - No updates will be saved. You will be taken to the OV PAGE.	ERALL SURVEY SUMMARY



SECTION: Demographic Information

20	SURVEY PAGE: 20 of 23 pages	You have com	pleted 0 of 5 I tems on this page
1 Wha	t is your gender?		
0	Male		
0	Female		
0	Transgender/other		
	old are you? er your age to the nearest year)**		2 digits
	t is your race/ethnicity? <all apply)**<="" td="" that=""><td></td><td></td></all>		
	American Indian/Alaskan Native		
	Asian/Pacific Islander		
	Black-Not Hispanic		
	Latino/Hispanic		
Е	White-Not Hispanic (Includes Middle Eas	stern)	
	Other		
4 Are	you an international student?		
0	Yes		
0	No		
5 Year	in college:		
	t year 2nd year 3rd y graduate undergraduate undergr	aduate undergraduate	5th year or more Graduate or undergraduate professional
	SUBMIT RESPONSES - Updates will SKIP THIS PAGE - No updates will b PAGE.		



SECTION: Demographic Information

21	SURVEY PAGE: 21 of 23 pages	You have completed 0 of 4 I tems on this page							
6 What is your relationship status?									
0	Single								
0	Married/domestic partner								
0	Separated								
0	Widowed								
0	Divorced								
0	Engaged/committed dating relationship								
- \A/le:		2							
/ wni	ch of the following terms best describes Heterosexual	s you?							
	Gay/Lesbian								
0	Bisexual								
0	Unsure								
8 Wha	it is your grade point average? (A=4.00	, B=3.00, 3 digits							
	er your GPA as 3 numbers i.e. 4.00, 3.25. 2.50, 2.	96, etc.**							
	ou have any of the following: ct all that apply)**								
Е	I have no disability or impairment								
Е	Attention deficit/hyperactivity disorder								
Е	Deaf, hard-of-hearing, or deaf blind								
Е	Learning disability (formally assessed)								
Е	Mobility impairment								
Е	Psychiatric disorder								
Е	Systemic disability (diabetes mellitus, multiple s	sclerosis, etc.)							
Е	Traumatic brain injury								
е	Visual impairment (not corrected by contacts or	eyeglasses)							

Other
SUBMIT RESPONSES - Updates will be saved. You will be taken to the ANSWER REVIEW PAGE.
SKIP THIS PAGE - No updates will be saved. You will be taken to the OVERALL SURVEY SUMMARY PAGE.

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SECTION: Demographic Information											
22	SURVEY PAGE: 22 of 23 pages You have completed 0 of 5 I tems on this page										
				-							
10 Ho\	w many hours a	a week do you w	ork for p	ay?							
0	0 hours	_									
0	1 - 9 hours										
0	0 10 - 19 hours										
0	O 20 - 29 hours										
0	O 30 - 39 hours										
0	0 40 hours										
0	More than 40 hou	ırs									
		nonths, how ofte er, slot machine			d in any for		00 nor				
	Never	Once a year	2 - 6 tin	nes/year	Once/mon	More than one the month	ce per				
	0	0	(0	0	0					
12 ln a	an average mor Not applicable - I \$1 - \$24 \$25 - \$49 \$50 - \$99 \$100 - \$249 \$250 - \$499 \$500 - \$749 \$750 - \$999 \$1,000 or more	nth how much do do not gamble	o you sp	end on all fo	orms of gar	mbling?					
**If no	credits this term p		ss than 10	, mark as 01,		adigits is, what was the t	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
0)	\$1 - \$99
0)	\$100 - \$249
()	\$250 - \$499
0)	\$500 - \$999
()	\$1,000 - \$1,999
0)	\$2,000 - \$2,999
()	\$3,000 - \$3,999
0)	\$4,000 - \$4,999
()	\$5,000 - \$5,999
0)	\$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.

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SECTION: Residence/Special Demographics										
23	3 SURVEY PAGE: 23 of 23 pages You have completed 0 of 6 I tem								oage	
				-						
1 Wha	at are your living ar	rangem	ents?							
0	Parent's home									
Rent or share rent										
0	Residence hall									
0	Fraternity/sorority									
0	Public/subsidized hous	sing								
0	Own a house									
0	Other									
numb	ase enter the 5-digit er for the address wantly living.			5 digits		•	•	•	•	
3 Are	you currently or ha	ve you	ever ser	rved ir	the United	States A	rmed For	ces?		
0										
0	No									
4 Are	you an Operation I	raqi Fre	edom a	nd/or	Operation E	Enduring	Freedom	Veteran?		
0	Yes									
0	No									
0	Not applicable, I have	never sei	rved in th	e United	d States Armed	d Forces				
grade paren	at is the highest in school your ts, step-parents or lians completed?	Did not finish high school	Finished high school (or got a GED)	(compu	to vocational school iter/electrician nechanic)	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 P Guardia	arent, Step-Parent or an	0	0		0	0	0	0	0	

FEMALE Parent, Step-Parent or Guardian	0	0	0	0	0	0	0		
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.									