Instructions:

The following questions ask about various aspects of your health.

To answer the questions, fill in the oval that corresponds to your response.

Select only one response unless instructed otherwise.

Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper.

This survey is completely voluntary. You may choose not to participate or not to answer any specific question. You may skip any question you are not comfortable in answering.

This survey is completely anonymous. Please make no marks of any kind on the survey which could identify you individually.

Composite data will then be shared with your campus for use in health promotion activities.

Thank you for taking the time and thought to complete this survey.
We appreciate your participation!
The first 8 questions ask about health, health education, and safety.

1. Considering your age, how would you describe your general health?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Don't know

2. On which of the following health topics have you ever received information from your college or university? (Select all that apply)
   - Tobacco use prevention
   - Alcohol and other drug use prevention
   - Sexual assault/relationship violence prevention
   - Violence prevention
   - Injury prevention and safety
   - Suicide prevention
   - Pregnancy prevention
   - AIDS or HIV infection prevention
   - Sexually transmitted disease (STD) prevention
   - Dietary behaviors and nutrition
   - Physical activity and fitness
   - None of the above

3. Use the scale below to record the BELIEVABILITY of each source of health information. (Please mark the best response for each question to the right)
   - Unbelievable
   - Neither Believable nor Unbelievable
   - Believable

   (Please mark the appropriate column for each row)
   - Leaflets, pamphlets, flyers
   - Campus newspaper articles
   - Health center medical staff
   - Health educators
   - Friends
   - Resident assistants/advisors
   - Parents
   - Religious center
   - Television
   - Magazines
   - Campus peer educators
   - Faculty/coursework
   - Internet/world wide web
   - Other: (please specify)

4. Do you usually get health-related information from any of the following sources?
   - Yes
   - No
   - N/A didn’t do this within the last school year
   - Sometimes
   - Never
   - Most of the time
   - Always

5. Within the last school year, how often did you:
   (Please mark the appropriate column for each row)
   - Wear a seatbelt when you rode in a car?
   - Wear a helmet when you rode a bicycle?
   - Wear a helmet when you rode a motorcycle?
   - Wear a helmet when you were inline skating?

6. Within the last school year, were you:
   - In a physical fight?
   - Physically assaulted (do not include sexual assault)?

   - Yes
   - No
### 7. Within the last school year, have you experienced:
- Verbal threats for sex against your will? (Mark one for each row)
- Sexual touching against your will? (Mark one for each row)
- Attempted sexual penetration (vaginal, anal, oral intercourse) against your will? (Mark one for each row)
- Sexual penetration (vaginal, anal, oral intercourse) against your will? (Mark one for each row)

### 8. Within the last school year, have you been in a relationship that was:
- Emotionally abusive?
- Physically abusive?
- Sexually abusive?

### The next 11 questions ask about alcohol, tobacco, and drugs.

#### 9. Within the last 30 days, on how many days did you use: (Mark one for each row)

<table>
<thead>
<tr>
<th>Substance</th>
<th>3-5 days</th>
<th>6-9 days</th>
<th>1-2 days</th>
<th>10-19 days</th>
<th>20-29 days</th>
<th>All 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigars</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>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (pot, hash, hash oil)</td>
<td></td>
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<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>
<td></td>
</tr>
<tr>
<td>Amphetamines (diet pills, speed, meth, crank)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rohypnol (roofies), GHB or Liquid X (intentional use)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10. Within the last 30 days, how often do you think the typical student at your school used: State your best estimate. (Mark one for each row)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never used</th>
<th>One or more days</th>
<th>Used daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cigars</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol (beer, wine, liquor)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Marijuana (pot, hash, hash oil)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (crack, rock, freebase)</td>
<td></td>
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<tr>
<td>Amphetamines (diet pills, speed, meth, crank)</td>
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<td></td>
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</tr>
<tr>
<td>Rohypnol (roofies), GHB or Liquid X (intentional use)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

One drink or alcoholic beverage is defined as a 12 oz. beer, a 4 oz. glass of wine, a shot of liquor, or a mixed drink.

#### 11. Within the last 30 days, did you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never used</th>
<th>One or more days</th>
<th>Used daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive after drinking any alcohol at all</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drive after having 5 or more drinks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 12. The last time you "partied"/socialized, how many hours did you drink alcohol? State your best estimate. (If less than 10, code answers as 00, 01, 02, etc.)

<table>
<thead>
<tr>
<th>Hours</th>
<th>00</th>
<th>01</th>
<th>02</th>
<th>03</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 13. The last time you "partied"/socialized, how many alcoholic drinks did you have? State your best estimate. (If less than 10, code answers as 00, 01, 02, etc.)

<table>
<thead>
<tr>
<th>Drinks</th>
<th>00</th>
<th>01</th>
<th>02</th>
<th>03</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. In the last two weeks, on how many occasions did you drink the same or more alcohol as indicated in item #13? State your best estimate. (If less than 10, code answers as 00, 01, 02, etc.)

<table>
<thead>
<tr>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>E</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. How many alcoholic drinks do you think the typical student at your school had the last time he/she “partied”/socialized? (If less than 10, code answers as 00, 01, 02, etc.)

<table>
<thead>
<tr>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>R</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>N</td>
<td>9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Think back over the last two weeks. How many times, if any, have you had five or more alcoholic drinks at a sitting?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 times
- 8 times
- 9 or more times

17. During the last school year, if you “partied”/socialized, how often did you...

- Alternate non-alcoholic with alcoholic beverages
- Determine, in advance, not to exceed a set number of drinks
- Choose not to drink alcohol
- Use a designated driver
- Eat before and/or during drinking
- Have a friend let you know when you’ve had enough
- Keep track of how many drinks you were having
- Pace your drinks to 1 or fewer per hour
- Avoid drinking games
- Drink an alcohol look-alike (non-alcoholic beer, punch etc.)

18. If you drink alcohol, within the last school year, have you experienced any of the following as a consequence of your drinking?

- Physically injured yourself
- Physically injured another person
- Been involved in a fight
- Did something you later regretted
- Forgot where you were or what you did
- Had someone use force or threat of force to have sex with you
- Had unprotected sex

19. Within the last 30 days, what percent of students at your school used? State your best estimate.
The next 11 questions ask about sex behavior, perceptions, and contraception.

20. Within the last school year, with how many partners, if any, have you had sex (oral, vaginal, or anal)? (If less than 10, code answers as 00, 01, 02, etc.)

21. Within last school year, were your sexual partner(s), if any, N/A Female Male Both Male and Female

22. Within the last school year, with how many partners do you think the typical student at your school has had sex (oral, vaginal, or anal)? (If less than 10, code answers as 00, 01, 02, etc.)

23. Within the last 30 days, if you are sexually active, have you used a condom during:
- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

24. How many times within the last 30 days do you think the typical student at your school has had:
- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

25. Within the last 30 days, if you are sexually active, how often did you or your partner(s) use a condom during:
- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?

26. Within the last 30 days, how often do you think the typical student at your school has used a condom during:
- Oral sex?
- Vaginal Intercourse?
- Anal Intercourse?
27. If you are sexually active, did you use a condom the last time you had:

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

28. If you have had vaginal intercourse, what method did you or your partner use to prevent pregnancy the last time? (Select all that apply)

- Have not had vaginal intercourse
- Birth control pills
- Depo Provera (shots)
- Norplant (implant)
- Condoms (male or female)
- Diaphragm/Cervical cap/Sponge
- Spermicide (e.g. foam)
- Fertility awareness
- Withdrawal
- Other method
- Nothing

29. Within the last school year, if you are sexually active, have you or your partner(s) used emergency contraception ("morning after pill")?

- No
- Yes
- Don't know
- Not sexually active

30. Within the last school year, have you unintentionally become pregnant or gotten someone else pregnant?

- Have not had vaginal intercourse within the last school year.
- Yes
- Don't know

31. Have you ever been tested for HIV infection?

- No
- Yes
- Don't know

32. Which of the following best describes you?

- Heterosexual
- Bisexual
- Gay/Lesbian
- Transgendered
- Unsure

33. If you have a credit card(s) how much total credit card debt did you carry last month? That is, what was the total unpaid balance on all of your credit cards (that you are responsible for paying)?

- $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
- None, I don't have any
- None, I pay the full amount each month
- I didn't do any of the above

34. What is your approximate cumulative grade average?

- A
- B
- C
- D/F
- N/A

35. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight
- Not sexually active

36. Are you trying to do any of the following about your weight?

- I am not trying to do anything
- Lose weight about my weight
- Gain weight
- Stay the same weight
- Participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes
- Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting
- Get enough sleep so that you felt rested when you woke up in the morning
- I don't eat fruits and vegetables
- 1-2 servings per day
- 3-4 servings per day
- 5 or more servings per day
- None, I don't have any fruits and vegetables

37. Within the last 30 days, did you do any of the following? (Select all that apply)

- Exercise to lose weight
- Diet to lose weight
- Vomit or take laxatives to lose weight
- Take diet pills to lose weight
- I didn't do any of the above

38. How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit, 1/2 cup chopped, cooked or canned fruits/vegetables, 3/4 cup fruit/vegetable juice, small bowl of salad greens, or 1/2 cup dried fruit)?

- I don't eat fruits and vegetables
- 1-2 servings per day
- 3-4 servings per day
- 5 or more servings per day
- None, I don't have any
- None, I pay the full amount each month
- I didn't do any of the above

39. On how many of the past 7 days did you:

- Participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?
- Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- Get enough sleep so that you felt rested when you woke up in the morning?
### The next 4 questions ask about mental and physical health.

(Please mark the appropriate column for each row)

<table>
<thead>
<tr>
<th>40. Within the last school year</th>
<th>How many times have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td></td>
<td>1-2 times</td>
</tr>
<tr>
<td></td>
<td>3-4 times</td>
</tr>
<tr>
<td></td>
<td>5-6 times</td>
</tr>
<tr>
<td></td>
<td>7-8 times</td>
</tr>
<tr>
<td></td>
<td>9-10 times</td>
</tr>
<tr>
<td></td>
<td>11 or more times</td>
</tr>
</tbody>
</table>

- Felt things were hopeless
- Felt overwhelmed by all you had to do
- Felt exhausted (not from physical activity)
- Felt very sad
- Felt so depressed that it was difficult to function
- Seriously considered attempting suicide
- Attempted suicide

41. Have you ever been diagnosed with depression?

- Yes
- No

(If you responded "no," please go to question 42)

If Yes: Have you been diagnosed with depression within the last school year?

- Yes
- No

Are you currently in therapy for depression?

- Yes
- No

Are you currently taking medication for depression?

- Yes
- No

(Please mark the appropriate column for each row)

<table>
<thead>
<tr>
<th>42. Have you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Been vaccinated against hepatitis B?</td>
</tr>
<tr>
<td>- Been vaccinated against meningococcal disease (meningococcal meningitis)?</td>
</tr>
<tr>
<td>- Been vaccinated against varicella (chicken pox)?</td>
</tr>
<tr>
<td>- Been vaccinated with measles, mumps, rubella (2 shots)?</td>
</tr>
<tr>
<td>- Been vaccinated against influenza (the flu) in the last year?</td>
</tr>
<tr>
<td>- Had a dental exam and cleaning in the last year?</td>
</tr>
<tr>
<td>(Males) Performed testicular self exam in the last month?</td>
</tr>
<tr>
<td>(Females) Performed breast self exam in the last month?</td>
</tr>
<tr>
<td>(Females) Had a routine gynecological exam in the last year?</td>
</tr>
<tr>
<td>Had your blood pressure checked in the last 2 years?</td>
</tr>
<tr>
<td>Had your cholesterol checked in the last 5 years?</td>
</tr>
<tr>
<td>Used sunscreen daily?</td>
</tr>
</tbody>
</table>

(Please make two marks in the appropriate columns for each row)

<table>
<thead>
<tr>
<th>43. (Please make two marks in the appropriate columns for each row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Allergy problems</td>
</tr>
<tr>
<td>- Anorexia</td>
</tr>
<tr>
<td>- Anxiety Disorder</td>
</tr>
<tr>
<td>- Asthma</td>
</tr>
<tr>
<td>- Bulimia</td>
</tr>
<tr>
<td>- Chronic Fatigue Syndrome</td>
</tr>
<tr>
<td>- Depression</td>
</tr>
<tr>
<td>- Diabetes</td>
</tr>
<tr>
<td>- Endometriosis</td>
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<tr>
<td>- Genital herpes</td>
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<tr>
<td>- Genital warts/HPV</td>
</tr>
<tr>
<td>- Hepatitis B or C</td>
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<tr>
<td>- High blood pressure</td>
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<tr>
<td>- High cholesterol</td>
</tr>
<tr>
<td>- HIV infection</td>
</tr>
<tr>
<td>- Repetitive stress injury (e.g. carpal tunnel syndrome)</td>
</tr>
<tr>
<td>- Seasonal Affective Disorder</td>
</tr>
<tr>
<td>- Substance abuse problem</td>
</tr>
<tr>
<td>- Back pain</td>
</tr>
<tr>
<td>- Broken bone/fracture</td>
</tr>
<tr>
<td>- Bronchitis</td>
</tr>
<tr>
<td>- Chlamydia</td>
</tr>
<tr>
<td>- Ear infection</td>
</tr>
<tr>
<td>- Gonorrhea</td>
</tr>
<tr>
<td>- Mononucleosis</td>
</tr>
<tr>
<td>- Pelvic Inflammatory Disease</td>
</tr>
<tr>
<td>- Sinus infection</td>
</tr>
<tr>
<td>- Strep throat</td>
</tr>
<tr>
<td>- Tuberculosis</td>
</tr>
</tbody>
</table>

PAGE SEVEN
44. Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

- Alcohol use
- Allergies
- Assault (physical)
- Assault (sexual)
- Attention Deficit Disorder
- Cold/Flu/Sore throat
- Concern for a troubled friend or family member
- Chronic illness (diabetes, asthma, etc.)
- Chronic pain
- Death of a friend or family member
- Depression/Anxiety Disorder
- Seasonal Affective Disorder
- Drug use
- Eating disorder/problem
- HIV infection
- Injury
- Internet use/computer games
- Learning disability
- Mononucleosis
- Pregnancy (yours or your partner’s)
- Relationship difficulty
- Sexually transmitted disease
- Sinus infection/ear infection/bronchitis/strep throat
- Sleep difficulties
- Stress
- Other

45. How old are you?

46. What is your sex?
- Female
- Male

47. What is your height in feet and inches?

48. What is your weight in pounds?

49. Year in school:
- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year or more undergraduate
- Graduate or professional
- Adult special
- Other

50. Are you a full-time student?
- Yes
- No

51. How do you usually describe yourself? (Mark all that apply)
- White - not Hispanic (includes Middle Eastern)
- Black - not Hispanic
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

52. Are you an international student?
- Yes
- No

53. What is your current relationship status?
- Single
- Separated
- Married/domestic partner
- Divorced
- Engaged or committed dating relationship
- Widowed
- Other

54. Where do you currently live?
- Campus residence hall
- Fraternity or sorority house
- Parent/guardian’s home
- Other university/college housing
- Other

55. Are you a member of a social fraternity or sorority? (National Interfraternity Conference, National Panhellenic Conference, or National Pan-Hellenic Council)
- Yes
- No

56. 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

57. How many hours a week do you volunteer?
- 0 hours
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- More than 40 hours

58. Do you have any kind of health insurance (including prepaid plans such as HMOs - health maintenance organizations)?
- Yes
- No
- Not sure

The next question asks about impediments to academic performance.

- Received an incomplete or dropped the course
- Received a lower grade in the course
- Received a lower grade on an exam or important project
- I have experienced this issue but my academics have not been affected
- This did not happen to me/not applicable

The last questions ask about demographic characteristics.

- Drug use
- Eating disorder/problem
- HIV infection
- Injury
- Internet use/computer games
- Learning disability
- Mononucleosis
- Pregnancy (yours or your partner’s)
- Relationship difficulty
- Sexually transmitted disease
- Sinus infection/ear infection/bronchitis/strep throat
- Sleep difficulties
- Stress
- Other

Thank you for completing this survey.

Please do not write in this area.

Serial #