1. Have you paid your Student Health Fees this semester?
   A Yes
   B No

2. How have you used the USC Student Health Center?
   A Never
   B For colds only
   C For colds & specialty appointments (dermatology, gynecology, allergies, etc.)
   D Routine Care
   E Health Promotion and Prevention

3. Approximately how many times have you used the USC Student Health Center?
   A 0
   B 1 – 5
   C 6 – 10
   D 11 – 15
   E Over 15 times

4. What is your current year in college?
   A 1st year
   B 2nd year
   C 3rd year
   D 4th year
   E 5th year
   F 6th year
   G 7th year
   H 8th year or beyond

5. Are you a full-time student?
   A Yes
   B No

6. What ethnicity do you most closely identify with?
   A White – not Hispanic
   B Black – not Hispanic
   C Hispanic or Latino
   D Asian or Pacific Islander
   E American Indian or Alaskan Native

7. What is your marital status?
   A Never been married
   B Married
   C Separated
   D Divorced
   E Widowed

8. With whom do you currently live?
   (Select all that apply.)
   A Alone
   B Spouse/domestic partner
   C Roommate(s)/friend(s)
   D Parent(s)/guardian(s)
   E Other relatives
   F Your children
   G Other

9. Where do you currently live?
   A College dormitory or residence hall
   B Fraternity or sorority house
   C Other university housing
   D Off-campus house or apartment
   E Parent/guardian’s home
   F Other

10. Are you a member of social fraternity or sorority?
    A Yes
    B No
11. How many hours a week do you work for pay?
   A 0 hours
   B 1 – 9 hours
   C 10 – 19 hours
   D 20 – 29 hours
   E 30 – 39 hours
   F 40 hours
   G More than 40 hours

12. Do you have any kind of health care coverage, including health insurance or prepaid plans such as HMOs (health maintenance organizations)?
   A Yes
   B No
   C Not sure

13. How much education does your mother have?
   A She did not finish high school
   B She graduated from high school or attained a GED
   C She had some education after high school
   D She graduated from college
   E Not sure

14. How much education does your father have?
   A He did not finish high school
   B He graduated from high school or attained a GED
   C He had some education after high school
   D He graduated from college
   E Not sure

The next 15 questions ask about safety and violence.

15. How often do you wear a seat belt when riding in a car driven by someone else?
   A Never
   B Rarely
   C Sometimes
   D Most of the time
   E Always

16. How often do you wear a seat belt when driving a car?
   A I do not drive a car
   B Never wear a seat belt
   C Rarely wear a seat belt
   D Sometimes wear a seat belt
   E Most of the time wear a seat belt
   F Always wear a seat belt

17. During the past 12 months, how many times did you ride a motorcycle?
   A 0 times
   B 1 to 10 times
   C 11 to 20 times
   D 21 to 39 times
   E 40 or more times

18. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
   A I did not ride a motorcycle during the past 12 months
   B Never wore a helmet
   C Rarely wore a helmet
   D Sometimes wore a helmet
   E Most of the time wore a helmet
   F Always wore a helmet

19. During the past 12 months, how many times did you ride a bicycle?
   A 0 times
   B 1 to 10 times
   C 11 to 20 times
   D 21 to 39 times
   E 40 or more times
20. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?

A I did not ride a bicycle during the past 12 months
B Never wore a helmet
C Rarely wore a helmet
D Sometimes wore a helmet
E Most of the time wore a helmet
F Always wore a helmet

21. During the past 12 months, how many times did you go boating or swimming?

A 0 times
B 1 to 10 times
C 11 to 20 times
D 21 to 39 times
E 40 or more times

22. When you went boating or swimming during the past 12 months, how often did you drink alcohol?

A I did not go boating or swimming
B Never drank alcohol
C Rarely drank alcohol
D Sometimes drank alcohol
E Most of the time drank alcohol
F Always drank alcohol

23. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

A 0 times
B 1 time
C 2 or 3 times
D 4 or 5 times
E 6 or more times

24. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

A 0 times
B 1 time
C 2 or 3 times
D 4 or 5 times
E 6 or more times

25. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club? Do not count carrying a weapon as part of your job.

A 0 days
B 1 day
C 2 or 3 days
D 4 or 5 days
E 6 or more days

26. During the past 12 months, how many times were you in a physical fight?

A 0 times – **SKIP TO QUESTION 29**
B 1 time
C 2 or 3 times
D 4 or 5 times
E 6 or 7 times
F 8 or 9 times
G 10 or 11 times
H 12 or more times

27. During the past 12 months, with whom did you fight? (Select all that apply.)

A A total stranger
B A friend or someone I know
C A boyfriend, girlfriend, or date
D My spouse or domestic partner
E A parent, brother, sister, or other family member
F Other

28. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

A 0 times
B 1 time
C 2 or 3 times
D 4 or 5 times
E 6 or more times
Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life. The next four questions ask about suicide.

29. During the past 12 months, did you ever seriously consider attempting suicide?
   A  Yes
   B  No

30. During the past 12 months, did you make a plan about how you would attempt suicide?
   A  Yes
   B  No

31. During the past 12 months, how many times did you actually attempt suicide?
   A  0 times
   B  1 time
   C  2 or 3 times
   D  4 or 5 times
   E  6 or more times

32. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
   A  I did not attempt suicide during the past 12 months
   B  Yes
   C  No

The next eight questions ask about tobacco use.

33. Have you ever tried smoking cigarettes, even one or two puffs?
   A  Yes
   B  No – SKIP TO QUESTION 41

34. How old were you when you smoked a whole cigarette for the first time?
   A  I have never smoked a whole cigarette
   B  12 years old or younger
   C  13 or 14 years old
   D  15 or 16 years old
   E  17 or 18 years old
   F  19 or 20 years old
   G  21 to 24 years old
   H  25 years old or older

35. During the past 30 days, on how many days did you smoke cigarettes?
   A  0 days
   B  1 or 2 days
   C  3 to 5 days
   D  6 to 9 days
   E  10 to 19 days
   F  20 to 29 days
   G  All 30 days

36. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
   A  I did not smoke cigarettes during the past 30 days
   B  Less than 1 cigarette per day
   C  1 cigarette per day
   D  2 to 5 cigarettes per day
   E  6 to 10 cigarettes per day
   F  11 to 20 cigarettes per day
   G  More than 20 cigarettes per day

37. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
   A  Yes
   B  No
38. How old were you when you first started smoking cigarettes regularly (at least one cigarette every day for 30 days)?

A I have never smoked cigarettes regularly
B 12 years old or younger
C 13 or 14 years old
D 15 or 16 years old
E 17 or 18 years old
F 19 or 20 years old
G 21 to 24 years old
H 25 years old or older

39. Have you ever tried to quit smoking cigarettes?

A Yes
B No

40. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

A 0 days
B 1 or 2 days
C 3 to 5 days
D 6 to 9 days
E 10 to 19 days
F 20 to 29 days
G All 30 days

The following questions ask about drinking alcohol. This includes drinking a 12-oz can/bottle of beer or wine cooler, a 4-oz glass of wine, or a shot of liquor straight or in a mixed drink. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

41. How old were you when you had your first drink of alcohol other than a few sips?

A I have never had a drink of alcohol other than a few sips – SKIP TO QUESTION 46
B 12 years old or younger
C 13 or 14 years old
D 15 or 16 years old
E 17 or 18 years old
F 19 or 20 years old
G 21 to 24 years old
H 25 years old or older

42. During the past 30 days, on how many days did you have at least one drink of alcohol?

A 0 days
B 1 or 2 days
C 3 to 5 days
D 6 to 9 days
E 10 to 19 days
F 20 to 29 days
G All 30 days

43. In the past 30 days, on those occasions when you drank alcohol, how many drinks did you usually have?

A Didn’t drink
B 1 drink
C 2 drinks
D 3 drinks
E 4 drinks
F 5 drinks
G 6 drinks
H 7 drinks
I 8 drinks
J 9 drinks
K 10+ drinks
44. Now estimate the number of hours in which you drank that many drinks (as indicated in Question 43).
   A  Didn’t drink
   B  1-2 hours
   C  3-4 hours
   D  5-6 hours
   E  7-9 hours
   F  10+ hours

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
   A  0 days
   B  1 day
   C  2 days
   D  3 to 5 days
   E  6 to 9 days
   F  10 to 19 days
   G  20 or more days

46. How many drinks do you believe the typical USC student drinks when they “party”?
   A  0 drinks
   B  1 drink
   C  2 drinks
   D  3 drinks
   E  4 drinks
   F  5 drinks
   G  6 drinks
   H  7 drinks
   I  8 drinks
   J  9 drinks
   K  10-12 drinks
   L  13+ drinks

47. I believe that most of my friends drink alcohol:
   A  Less than I do
   B  As much as I do
   C  More than I do
   D  They don’t drink

**Have you ever…?**

48. Felt the need to cut down on your drinking
   A  Yes
   B  No

49. Become annoyed at criticism of your drinking
   A  Yes
   B  No

50. Felt guilty about your drinking
   A  Yes
   B  No

51. Needed a drink first thing in the morning to get going
   A  Yes
   B  No

52. Thought you had a drinking problem
   A  Yes
   B  No

53. Thought you had a drug problem
   A  Yes
   B  No

54. Sought medical/psychological treatment for drinking/drug use
   A  Yes
   B  No

**How important are each of the following reasons for you to drink alcohol?**

55. To get away from my problems and troubles
   A  Very important
   B  Important
   C  Somewhat important
   D  Not at all important
56. To get drunk
   A Very important
   B Important
   C Somewhat important
   D Not at all important

57. To fit in with my friends
   A Very important
   B Important
   C Somewhat important
   D Not at all important

58. To feel more comfortable when I’m with the opposite sex
   A Very important
   B Important
   C Somewhat important
   D Not at all important

59. As a reward for working hard
   A Very important
   B Important
   C Somewhat important
   D Not at all important

60. Because everyone else is drinking
   A Very important
   B Important
   C Somewhat important
   D Not at all important

Since the beginning of the school year, how often have you experienced any of the following because of other students’ drinking?

61. Been insulted or humiliated
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

62. Had a serious argument or quarrel
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

63. Been pushed, hit or assaulted
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

64. Had your property damaged
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

65. Had to “babysit” or take care of another student who drank too much
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

66. Found vomit in the halls or bathroom of your residence
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

67. Had your studying or sleep interrupted
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times

68. Experienced an unwanted sexual advance
   A Not at all
   B Once
   C 2-3 times
   D 4 or more times
69. Been a victim of sexual assault or “date rape”

A  Not at all  
B  Once  
C  2-3 times  
D  4 or more times

70. Been a victim of another crime on campus

A  Not at all  
B  Once  
C  2-3 times  
D  4 or more times

71. Been a victim of another crime off campus

A  Not at all  
B  Once  
C  2-3 times  
D  4 or more times

**The next three questions ask about marijuana use.**

72. During your life, how many times have you used marijuana?

A  0 times – **SKIP TO QUESTION 75**  
B  1 or 2 times  
C  3 to 9 times  
D  10 to 19 times  
E  20 to 39 times  
F  40 to 99 times  
G  100 or more times

73. How old were you when you first tried marijuana for the first time?

A  12 years old or younger  
B  13 or 14 years old  
C  15 or 16 years old  
D  17 or 18 years old  
E  19 or 20 years old  
F  21 to 24 years old  
G  25 years old or older

74. During the past 30 days, how many times did you use marijuana?

A  0 times  
B  1 or 2 times  
C  3 to 9 times  
D  10 to 19 times  
E  20 to 39 times  
F  40 or more times

**The next 10 questions ask about cocaine and other drug use.**

75. During your life, how many times have you used any form of cocaine including powder, crack, or freebase?

A  0 times – **SKIP TO QUESTION 79**  
B  1 or 2 times  
C  3 to 9 times  
D  10 to 19 times  
E  20 to 39 times  
F  40 to 99 times  
G  100 or more times

76. How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?

A  12 years old or younger  
B  13 or 14 years old  
C  15 or 16 years old  
D  17 or 18 years old  
E  19 or 20 years old  
F  21 to 24 years old  
G  25 years old or older

77. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

A  0 times  
B  1 or 2 times  
C  3 to 9 times  
D  10 to 19 times  
E  20 to 39 times  
F  40 or more times


78. During your life, how many times have you used the **crack** or **freebase** forms of cocaine?

A 0 times  
B 1 or 2 times  
C 3 to 9 times  
D 10 to 19 times  
E 20 to 39 times  
F 40 to 99 times  
G 100 or more times  

79. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

A 0 times  
B 1 or 2 times  
C 3 to 9 times  
D 10 to 19 times  
E 20 to 39 times  
F 40 to 99 times  
G 100 or more times  

80. During your life, how many times have you taken steroids (pills or injections) without a doctor’s prescription?

A 0 times  
B 1 or 2 times  
C 3 to 9 times  
D 10 to 19 times  
E 20 to 39 times  
F 40 to 99 times  
G 100 or more times  

81. During the past 30 days, how many times have you used any other type of **illegal** drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?

A 0 times  
B 1 or 2 times  
C 3 to 9 times  
D 10 to 19 times  
E 20 to 39 times  
F 40 or more times  

82. During the past 30 days, how many times have you used any **illegal** drug in combination with drinking alcohol?

A 0 times  
B 1 or 2 times  
C 3 to 9 times  
D 10 to 19 times  
E 20 to 39 times  
F 40 or more times  

83. During the past 30 days, how many times have you used needles to inject any **illegal** drug into your body?

A 0 times  
B 1 time  
C 2 or more times  

84. Have you ever shared needles to inject drugs?

A Yes  
B No  

The next 15 questions ask about sexual behavior. For the purpose of this survey, sexual intercourse is defined as vaginal intercourse, anal intercourse, or oral/genital sex.

85. How old were you when you had sexual intercourse for the first time?

A I have never had sexual intercourse – **SKIP TO QUESTION 103**  
B 12 years old or younger  
C 13 or 14 years old  
D 15 or 16 years old  
E 17 or 18 years old  
F 19 or 20 years old  
G 21 to 24 years old  
H 25 years old or older
86. During your life, with how many **females** have you had sexual intercourse?
   - A  I have never had sexual intercourse with a female
   - B  1 female
   - C  2 females
   - D  3 females
   - E  4 females
   - F  5 females
   - G 6 or more females

87. During the past 3 months, with how many **females** have you had sexual intercourse?
   - A  I have never had sexual intercourse with a female
   - B  I have had sexual intercourse with a female, but not during the past 3 months
   - C  1 female
   - D  2 females
   - E  3 females
   - F  4 females
   - G  5 females
   - H  6 or more females

88. During your life, with how many **males** have you had sexual intercourse?
   - A  I have never had sexual intercourse with a male
   - B  1 male
   - C  2 males
   - D  3 males
   - E  4 males
   - F  5 males
   - G 6 or more males

89. During the past 3 months, with how many **males** have you had sexual intercourse?
   - A  I have never had sexual intercourse with a male
   - B  I have had sexual intercourse with a male, but not during the past 3 months
   - C  1 male
   - D  2 males
   - E  3 males
   - F  4 males
   - G  5 males
   - H  6 or more males

90. During the past 30 days, how many times did you have sexual intercourse?
   - A  0 times
   - B  1 time
   - C  2 or 3 times
   - D  4 to 9 times
   - E  10 to 19 times
   - F  20 or more times

91. During the past 30 days, how often did you or your partner use a condom or other barrier method?
   - A  I have not had sexual intercourse during the past 30 days
   - B  Never used a condom
   - C  Rarely used a condom
   - D  Sometimes used a condom
   - E  Most of the time used a condom
   - F  Always used a condom

92. The last time you had sexual intercourse, did you or your partner use a condom or other barrier method?
   - A  Yes
   - B  No

93. The last time, did you drink alcohol or use drugs before you had sexual intercourse?
   - A  Yes
   - B  No
94. The **last time** you had sexual intercourse, was pregnancy a concern?
   A Yes  
   B No  
   C Unsure

95. If so, what method did you or your partner use to prevent pregnancy? *(Select all that apply).*
   A None  
   B Oral Contraceptives (birth control pills)  
   C Condoms  
   D Foam/Spermicide  
   E Emergency Contraception  
   F Depo Provera  
   G Diaphragm  
   H Withdrawal/Rhythm  
   I Other  
   J Not sure

96. How many times have you or your partner been pregnant?
   A 0 times – **SKIP TO QUESTION 102**  
   B 1 time  
   C 2 or more times  
   D Not sure

97. Of the pregnancies reported in Question 96, how many were unintended?
   A 0  
   B 1  
   C 2 or more  
   D Not sure

98. What was the outcome of the unintended pregnancy? *YOU MAY MARK MORE THAN ONE RESPONSE.*
   A Continuation  
   B Termination  
   C Adoption  
   D Other (miscarriage)

99. Please select who you felt **most** comfortable discussing the unintended pregnancy with:
   A Partner  
   B Friends  
   C Parents  
   D Private doctor  
   E Outside facility

100. Please select who you felt **least** comfortable discussing the unintended pregnancy with:
   A Partner  
   B Friends  
   C Parents  
   D Private doctor  
   E Outside facility

101. How comfortable would you feel discussing the unintended pregnancy with Student Health Services?
   A Very comfortable  
   B Comfortable  
   C Not very comfortable

102. The reason I do not use contraception consistently is:
   A I want to become pregnant  
   B I do not think I will become pregnant  
   C I only have sex with same sex partners  
   D I do not know where to get contraception  
   E Contraceptive devices are too expensive  
   F Contraceptive methods get in the way of sex  
   G My partner does not want to use contraception  
   H I am afraid of weight gain while on contraceptive devices  
   I I am afraid of the side effects of contraceptive devices
103. Have you ever been tested for the HIV virus?
   A  Yes
   B  No
   C  Not sure

The next eight questions ask about body weight.

104. How do you describe your weight?
   A  Very underweight
   B  Slightly underweight
   C  About the right weight
   D  Slightly overweight
   E  Very overweight

105. About which of the following are you trying to do about your weight?
   A  Lose weight
   B  Gain weight
   C  Stay the same weight
   D  I am not trying to do anything about my weight

106. During the past 30 days, did you diet to lose weight or to keep from gaining weight?
   A  Yes
   B  No

107. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
   A  Yes
   B  No

108. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
   A  Yes
   B  No

109. During the past 30 days, did you take diet pills to lose weight or to keep from gaining weight?
   A  Yes
   B  No

110. What is your height?
   HEIGHT
   FT.  IN.

111. What is your weight?
   WEIGHT
   POUNDS

The next seven questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, on campus, at restaurants, or anywhere else.

112. Yesterday, how many times did you eat fruit?
   A  0 times
   B  1 time
   C  2 times
   D  3 or more times

113. Yesterday, how many times did you drink fruit juice?
   A  0 times
   B  1 time
   C  2 times
   D  3 or more times
114. Yesterday, how many times did you eat green salad?
   A 0 times
   B 1 time
   C 2 times
   D 3 or more times

115. Yesterday, how many times did you eat cooked vegetables?
   A 0 times
   B 1 time
   C 2 times
   D 3 or more times

116. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?
   A 0 times
   B 1 time
   C 2 times
   D 3 or more times

117. Yesterday, how many times did you eat french fries or potato chips?
   A 0 times
   B 1 time
   C 2 times
   D 3 or more times

118. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?
   A 0 times
   B 1 time
   C 2 times
   D 3 or more times

The next six questions ask about physical activity.

119. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard, such as basketball, jogging, swimming laps, tennis, fast bicycling, or similar aerobic activities?
   A 0 days
   B 1 day
   C 2 days
   D 3 days
   E 4 days
   F 5 days
   G 6 days
   H 7 days

120. On how many of the past 7 days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?
   A 0 days
   B 1 day
   C 2 days
   D 3 days
   E 4 days
   F 5 days
   G 6 days
   H 7 days

121. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
   A 0 days
   B 1 day
   C 2 days
   D 3 days
   E 4 days
   F 5 days
   G 6 days
   H 7 days
122. On how many of the past 7 days did you **walk or bicycle for at least 30 minutes at a time**? (Include walking or bicycling to or from class or work.)

A 0 days  
B 1 day  
C 2 days  
D 3 days  
E 4 days  
F 5 days  
G 6 days  
H 7 days

123. During this school year, have you been enrolled in a physical education class?

A Yes  
B No

124. During this school year, on how many college sports teams (intramural or extramural) did you participate?

A 0 teams  
B 1 team  
C 2 teams  
D 3 or more teams