



NCHA III Codebook

Revised 9/6/2019

The ACHA-NCHA III is currently available only as a web-based survey. Schools using the ACHA-NCHA Paper Survey will continue to use the NCHA II until further notice. Unfortunately, many of the enhancements made to the NCHA III (especially those using display and skip logic to improve the respondent experience) do not translate simply to a paper survey format. ACHA will be addressing options for the paper survey over the next year.

National College Health Assessment

The ACHA-NCHA asks about various aspects of your health and is completely voluntary. You may skip any question you do not want to answer. You may complete the survey in multiple sessions. This survey link is unique to you. You may begin the survey on one device and continue where you left off on another device. Use the buttons at the bottom of the survey to navigate through the survey. Do not use your browser's back button. The survey is confidential. When you hit the "Submit Survey" button on the last page of the survey, the link between your email address and your survey responses is destroyed.

By clicking the 'Begin Survey' button below, you agree that:

- the purpose of this study has been thoroughly explained to you;
- you are at least 18 years of age;
- and you consent to participate in the survey.

Please direct any questions about the survey to the campus contact identified in your survey invitation email.

Scales embedded in the ACHA-NCHA III (scales used with permission or licensing agreement)	ACHA-NCHA III item numbers
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	N3Q22A – N3Q22Q
The Connor-Davison Resilience Scale (CD-RISC2)	N3Q42
Diener Flourishing Scale – Psychological Well-Being (PWB)	N3Q41
USDA ERS Food Security 6-Item Short Form	N3Q12
Kessler 6 (K6) – screening for serious mental illness	N3Q44
UCLA Three-Item Loneliness Scale (Hughes, et. al. 2004)	N3Q45
The Suicide Behaviors Questionnaire – Revised (SBQ-R)	N3Q49 - N3Q52

Overall Health and Community

N3Q1 How would you describe your overall health?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)

N3Q2 Please select your level of agreement with the following statements:

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Somewhat agree (4)	Agree (5)	Strongly agree (6)
I feel that I belong at my college/university. (N3Q2A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that students' health and well-being is a priority at my college/university. (N3Q2B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my college/university, I feel that the campus climate encourages free and open discussion about students' health and well-being. (N3Q2C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my college/university, we are a campus where we look out for each other. (N3Q2D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q3 How many hours do you spend in a typical week (7 days) on the following activities?

	0 hours (1)	1-5 hours (2)	6-10 hours (3)	11-15 hours (4)	16-20 hours (5)	21-25 hours (6)	26-30 hours (7)	More than 30 hours (8)
Attending classes, discussion sections, or labs (N3Q3A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Studying and other academic activities outside of class (N3Q3B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attending cultural events, movies, concerts, sports or other entertainment with others (N3Q3C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing community service or volunteer activities (N3Q3D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in physical exercise, team sports, recreational sports, or physically active hobbies (N3Q3E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in spiritual or religious activities (N3Q3F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in student clubs or organizations (N3Q3G)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socializing with friends (N3Q3H)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partying (N3Q3I)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending time with family (N3Q3J)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV, streaming movies/TV or other media for entertainment (N3Q3K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gaming (N3Q3L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using social media (N3Q3M)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commuting to school and/or to work (N3Q3N)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working for pay (N3Q3O)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participating in meditation or meditative activities (N3Q3P)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing unpaid household responsibilities (N3Q3Q)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking care of children or other family members (unpaid) (N3Q3R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Weight, Nutrition, and Exercise

N3Q4 How do you describe your weight?

- Very underweight (1)
- Slightly underweight (2)
- About the right weight (3)
- Slightly overweight (4)
- Very overweight (5)

N3Q5 Are you trying to do any of the following about your weight?

- I am not trying to do anything about my weight (1)
- Stay the same weight (2)
- Lose weight (3)
- Gain weight (4)

For the next two questions, the levels of physical activity intensity can be characterized in terms of breathing difficulty. A person doing moderate physical activity can typically talk, but not sing while doing the activity. A person doing vigorous physical activity typically cannot say more than a few words without pausing for a breath while doing the activity.

N3Q6 In the last 7 days, how many (total) minutes did you spend doing moderate physical activity? Examples: brisk walking, dancing, or household chores.

_____ minutes

N3Q7 In the last 7 days, how many (total) minutes did you spend doing vigorous physical activity? Examples: running, swimming laps, or hiking.

_____ minutes

N3Q8 In the last 7 days, on how many days did you do exercises to strengthen or tone your muscles? Examples: push ups, sit ups, or weightlifting/training.

- 0 days (0)
- 1 day (1)
- 2 days (2)
- 3 days (3)
- 4 days (4)
- 5 days (5)
- 6 days (6)
- 7 days (7)

N3Q9A In the last 7 days, how many servings of sugar-sweetened beverages did you drink on average per day?

One serving is 12 oz of soda; 8 oz of sugar-sweetened, flavored water or sports drink; 6 oz of sugar-sweetened coffee, tea, or juice. If you do not drink sugar-sweetened beverages, please enter 0.

_____ servings

N3Q9B In the past 30 days, on how many days did you drink energy drinks or energy shots (for example: Red Bull, Monster, Full Throttle, 5 Hour Energy, Rockstar Energy Shot, or Full Throttle Energy Shot, etc.)

_____ days

N3Q10 In the last 7 days, how many servings of fruit did you eat on average per day?

One serving is a medium piece of fresh fruit; 1/2 cup of fresh, frozen, or canned fruit; 1/4 cup of dried fruit; or 3/4 cup of 100% fresh fruit juice

- 0 servings per day (1)
- 1-2 servings per day (2)
- 3-4 servings per day (3)
- 5-6 servings per day (4)
- More than 6 servings per day (5)

N3Q11 In the last 7 days, how many servings of vegetables did you eat on average per day?

One serving is ½ cup of fresh, frozen, or canned vegetables; ¾ cup 100% vegetable juice; or 1 cup salad greens)

- 0 servings per day (1)
- 1-2 servings per day (2)
- 3-4 servings per day (3)
- 5-6 servings per day (4)
- More than 6 servings per day (5)

USDA Food Security

N3Q12 For the following statements, please say whether the statement was often true, sometimes true, or never true for you in the last 30 days.

	Often True (2)	Sometimes True (1)	Never True (0)
The food that I bought just didn't last, and I didn't have money to get more. (N3Q12A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't afford to eat balanced meals. (N3Q12B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q12C In the last 30 days, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes, almost every day (3)
- Yes, some days, but not every day (2)
- Only 1 or 2 days (1)
- No (0)

N3Q12D In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money for food?

Yes (1)

No (0)

N3Q12E In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?

Yes (1)

No (0)

Sleep

N3Q13 How long does it usually take for you to fall asleep at night once you close your eyes?

- Under 5 minutes (1)
- 5-15 minutes (2)
- 16-30 minutes (3)
- 31 minutes - 1 hour (4)
- over 1 hour (5)

N3Q14 Over the last 2 weeks, what is the average amount of sleep you have gotten on a weeknight (excluding naps)? (Please select the response closest to your answer)

- Less than 4 hours (1)
- 4 hours (2)
- 5 hours (3)
- 6 hours (4)
- 7 hours (5)
- 8 hours (6)
- 9 hours (7)
- 10 or more hours (8)

N3Q15 Over the last 2 weeks, what is the average amount of sleep you have gotten on a weekend night (excluding naps)? (Please select the response closest to your answer)

- Less than 4 hours (1)
- 4 hours (2)
- 5 hours (3)
- 6 hours (4)
- 7 hours (5)
- 8 hours (6)
- 9 hours (7)
- 10 or more hours (8)

N3Q16 On how many of the last 7 days did you: (Please mark the appropriate column for each row)

	0 days (1)	1 day (2)	2 days (3)	3 days (4)	4 days (5)	5 days (6)	6 days (7)	7 days (8)
Wake up too early in the morning and couldn't get back to sleep? (N3Q16A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel tired or sleepy during the day? (N3Q16B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have an extremely hard time falling asleep? (N3Q16C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get enough sleep so that you felt rested? (N3Q16D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a nap? (N3Q16E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q16F On average, how long are your naps?

- Less than 30 minutes (1)
- Between 30 and 59 minutes (2)
- Between 60 and 119 minutes (3)
- 2 hours or more (4)

Safety

N3Q17 **Within the last 12 months, how often did you: (Please mark the appropriate column for each row)**

	<u>Did not do this activity</u> within the last 12 months (1)	Never (2)	Rarely (3)	Sometimes (4)	Most of the time (5)	Always (6)
Wear a helmet when you rode a bicycle? (N3Q17A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you rode a motorcycle/ motor scooter? (N3Q17B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you were skateboarding? (N3Q17C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q18A **When, if ever, was the last time you drove a car or other vehicle?**

- Never (1)
- Within the last 2 weeks (2)
- More than 2 weeks ago but within the last 30 days (3)
- More than 30 days ago but within the last 3 months (4)
- More than 3 months ago but within the last 12 months (5)
- More than 12 months ago (6)

N3Q18B **Within the last 2 weeks, on how many days did you drive a car or other vehicle?**
_____ days

N3Q18C **Within the last 2 weeks, on how many days did you manually operate a device to text, email, video chat, or use the internet or apps while driving a car or other vehicle?**
 _____ days

N3Q18D **Within the last 12 months, how many times have you been involved in an accident when you drove a car or other vehicle?**

- No accidents (1)
- One accident (2)
- Two accidents (3)
- Three or more accidents (4)

N3Q19 **Within the last 12 months, did you experience any of the following in an intimate (coupled/partnered) relationship? (Please mark the appropriate column for each row)**

	No (1)	Yes (2)
A partner called me names, insulted me, or put me down to make me feel bad. (N3Q19A)	<input type="radio"/>	<input type="radio"/>
A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends. (N3Q19B)	<input type="radio"/>	<input type="radio"/>
A partner pushed, grabbed, shoved, slapped, kicked, bit, choked, or hit me without my consent. (N3Q19C)	<input type="radio"/>	<input type="radio"/>
A partner forced me into unwanted sexual contact by holding me down or hurting me in some way. (N3Q19D)	<input type="radio"/>	<input type="radio"/>
A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs. (N3Q19E)	<input type="radio"/>	<input type="radio"/>

N3Q20 Within the last 12 months, did you experience any of the following? Do not include intimate relationships. (Please mark the appropriate column for each row)

	No (1)	Yes (2)
I was in a physical fight. (N3Q20A)	<input type="radio"/>	<input type="radio"/>
I was physically assaulted (do not include sexual assault). (N3Q20B)	<input type="radio"/>	<input type="radio"/>
I was verbally threatened. (N3Q20C)	<input type="radio"/>	<input type="radio"/>
I was sexually touched without my consent. (N3Q20D)	<input type="radio"/>	<input type="radio"/>
Sexual penetration (vaginal, anal, oral) was attempted on me without my consent. (N3Q20E)	<input type="radio"/>	<input type="radio"/>
I was sexually penetrated (vaginal, anal, oral), or made to penetrate someone without my consent. (N3Q20F)	<input type="radio"/>	<input type="radio"/>
I was a victim of stalking (for example: waiting for me outside my classroom, residence, or office; or repeated emails/phone calls). (N3Q20G)	<input type="radio"/>	<input type="radio"/>

N3Q21 How safe do you feel: (Please mark the appropriate column for each row)

	Not safe at all (1)	Somewhat unsafe (2)	Somewhat safe (3)	Very safe (4)
On my campus (daytime)? (N3Q21A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my campus (nighttime)? (N3Q21B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the community surrounding my campus (daytime)? (N3Q21C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the community surrounding my campus (nighttime)? (N3Q21D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASSIST

N3Q22A In your life, which of the following substances have you ever used?
For prescription medications, please report nonmedical use only. "Nonmedical use" means taking prescription drugs just for the feeling or experience they cause or taking them more often or at higher doses than prescribed.

	No (0)	Yes (3)
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.) (N3Q22A1)	<input type="radio"/>	<input type="radio"/>
Alcoholic beverages (beer, wine, liquor, etc.) (N3Q22A2)	<input type="radio"/>	<input type="radio"/>
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [Please report nonmedical use only.] (N3Q22A3)	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.) (N3Q22A4)	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) [Please report nonmedical use only.] (N3Q22A5)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (speed, crystal meth, ice, etc.) (N3Q22A6)	<input type="radio"/>	<input type="radio"/>
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.) (N3Q22A7)	<input type="radio"/>	<input type="radio"/>
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [Please report nonmedical use only.] (N3Q22A8)	<input type="radio"/>	<input type="radio"/>
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.) (N3Q22A9)	<input type="radio"/>	<input type="radio"/>

Heroin (N3Q22A10)	<input type="radio"/>	<input type="radio"/>
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) [Please report nonmedical use only.] (N3Q22A11)	<input type="radio"/>	<input type="radio"/>
Other – Specify: (N3Q22A12)	<input type="radio"/>	<input type="radio"/>

N3Q22B In the **past 3 months**, how often have you used the substance(s) you mentioned? (rows endorsed in N3Q22A are displayed for this question)

Response options: Never (0), Once or twice (2), Monthly (3), Weekly (4), Daily or almost daily (5)

N3Q22C Regarding your use of **cannabis/marijuana** use in the past 3 months, was it prescribed for you?

- Yes (1)
- No (0)
- Don't know (99)

N3Q22D Regarding your use of prescription cannabis/marijuana in the past 3 months:

	Yes (1)	No (0)	I don't know (99)
Do you ever use MORE of your prescribed cannabis/marijuana, that is, take a higher dosage, than is prescribed for you? (N3Q22D1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use your prescribed cannabis/marijuana MORE OFTEN , that is, shorten the time between dosages, than is prescribed for you? (N3Q22D2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q22E Regarding your use of prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) in the past 3 months, was it prescribed for you?

- Yes (1)
- No (0)
- Don't know (99)

N3Q22F **Regarding your use of prescription stimulants** (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) in the past 3 months:

	Yes (1)	No (0)	Don't know (99)
Do you ever use MORE of your stimulant medication, that is, take a higher dosage, than is prescribed for you? (N3Q22F1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use your stimulant medication MORE OFTEN , that is, shorten the time between dosages, than is prescribed for you? (N3Q22F2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q22G **Regarding your use of prescription sedatives or sleeping pills** (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) in the past 3 months, was it prescribed for you?

- Yes (1)
- No (0)
- Don't know (99)

N3Q22H Regarding your use of prescription sedatives or sleeping pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) in the past 3 months:

	Yes (1)	No (0)	Don't know (99)
Do you ever use MORE of your sedatives or sleeping pills, that is, take a higher dosage, than is prescribed for you? (N3Q22H1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use your sedatives or sleeping pills MORE OFTEN , that is, shorten the time between dosages, than is prescribed for you? (N3Q22H2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q22I Regarding your use of prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) in the past 3 months, was it prescribed for you?

- Yes (1)
- No (0)
- Don't know (99)

N3Q22J Regarding your use of prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) in the past 3 months:

	Yes (1)	No (0)	Don't know (99)
Do you ever use MORE of your opioid medication, that is, take a higher dosage, than is prescribed for you? (N3Q22J1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you ever use your opioid medication MORE OFTEN , that is, shorten the time between dosages, than is prescribed for you? (N3Q22J2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q22K During the past 3 months, how often have you had a strong desire or urge to use the following substance(s)? (rows endorsed in N3Q22A are displayed for this question)

Response options: Never (0), Once or twice (3), Monthly (4), Weekly (5), Daily or almost daily (6)

N3Q22L During the past 3 months, how often has your use of the following substance(s) led to health, social, legal, or financial problems? (rows endorsed in N3Q22A are displayed for this question)

Response options: Never (0), Once or twice (4), Monthly (5), Weekly (6), Daily or almost daily (7)

N3Q22M During the past 3 months, how often have you failed to do what was normally expected of you because of your use of the following substance(s)? (rows endorsed in N3Q22A are displayed for this question)

Response options: Never (0), Once or twice (5), Monthly (6), Weekly (7), Daily or almost daily (8)

N3Q22N Has a friend or relative or anyone else ever expressed concern about your use of the following substance(s)? (rows endorsed in N3Q22A are displayed for this question)

Response options: No, never (0); Yes, in the past 3 months (6); Yes, but not in the past 3 months (3)

N3Q22O Have you ever tried and failed to control, cut down or stop using the following substance(s)? (rows endorsed in N3Q22A are displayed for this question)

Response options: No, never (0); Yes, in the past 3 months (6); Yes, but not in the past 3 months (3)

**N3Q22P Have you ever used any drug by injection?
[RECREATIONAL or NON-MEDICAL USE ONLY]**

- No, never (0)
- Yes, in the past 3 months (2)
- Yes, but **not** in the past 3 months (1)

N3Q22Q In the past 3 months, how often have you injected drugs? *[RECREATIONAL or NON-MEDICAL USE ONLY]*

- Once per week or less (0)
- More than once per week (1)

Alcohol, Tobacco, and Other Drugs

N3Q23 Within the last 3 months, which tobacco products have you used?

	No (1)	Yes (2)
Cigarettes (N3Q23A)	<input type="radio"/>	<input type="radio"/>
E-cigarettes or other vape products (for example: Juul, etc.) (N3Q23B)	<input type="radio"/>	<input type="radio"/>
Water pipe or hookah (N3Q23C)	<input type="radio"/>	<input type="radio"/>
Chewing or smokeless tobacco (N3Q23D)	<input type="radio"/>	<input type="radio"/>
Cigars or little cigars (N3Q23E)	<input type="radio"/>	<input type="radio"/>
Other (please specify) (N3Q23F)	<input type="radio"/>	<input type="radio"/>

N3Q24 When, if ever, was the last time you used cannabis/marijuana? Please include medical and non-medical use.

- Never (1)
- Within the last 2 weeks (2)
- More than 2 weeks ago but within the last 30 days (3)
- More than 30 days ago but within the last 3 months (4)
- More than 3 months ago but within the last 12 months (5)
- More than 12 months ago (6)

N3Q25A When, if ever, was the last time you drank alcohol?

- Never (1)
- Within the last 2 weeks (2)
- More than 2 weeks ago but within the last 30 days (3)
- More than 30 days ago but within the last 3 months (4)
- More than 3 months ago but within the last 12 months (5)
- More than 12 months ago (6)

N3Q25B The last time you drank alcohol:

	No (1)	Yes (2)
Did you get drunk? (N3Q25B1)	<input type="radio"/>	<input type="radio"/>
Did you intend to get drunk? (N3Q25B2)	<input type="radio"/>	<input type="radio"/>

One drink of alcohol is defined as a 12 oz. can or bottle of beer or wine cooler, a 4 oz. glass of wine, or a shot of liquor straight or in a mixed drink.

N3Q26 The last time you drank alcohol in a social setting, how many drinks of alcohol did you have?

_____ drinks

N3Q27 The last time you drank alcohol in a social setting, over how many hours did you drink alcohol?

_____ hours

N3Q28 Over the last two weeks, how many times have you had five or more drinks (males) or four or more drinks (females) containing any kind of alcohol at a sitting?

- None (1)
- 1 time (2)
- 2 times (3)
- 3 times (4)
- 4 times (5)
- 5 times (6)
- 6 times (7)
- 7 times (8)
- 8 times (9)
- 9 times (10)
- 10 or more times (11)

N3Q29 Within the last 12 months, have you experienced any of the following when drinking alcohol? (Please mark the appropriate column for each row)

	No (1)	Yes (2)
Did something I later regretted (N3Q29A)	<input type="radio"/>	<input type="radio"/>
Blackout (forgot where I was or what I did for a large period of time and cannot remember , even when someone reminds me) (N3Q29B)	<input type="radio"/>	<input type="radio"/>
Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me) (N3Q29C)	<input type="radio"/>	<input type="radio"/>
Got in trouble with the police (N3Q29D)	<input type="radio"/>	<input type="radio"/>
Got in trouble with college/university authorities (N3Q29E)	<input type="radio"/>	<input type="radio"/>
Someone had sex with me without my consent (N3Q29F)	<input type="radio"/>	<input type="radio"/>
Had sex with someone without their consent (N3Q29G)	<input type="radio"/>	<input type="radio"/>
Had unprotected sex (N3Q29H)	<input type="radio"/>	<input type="radio"/>
Physically injured myself (N3Q29I)	<input type="radio"/>	<input type="radio"/>
Physically injured another person (N3Q29J)	<input type="radio"/>	<input type="radio"/>
Seriously considered suicide (N3Q29K)	<input type="radio"/>	<input type="radio"/>
Needed medical help (N3Q29L)	<input type="radio"/>	<input type="radio"/>

N3Q30A Within the last 30 days, did you drive after drinking any alcohol at all?

- No (1)
- Yes (2)

N3Q30B Within the last 12 months, to what extent did your alcohol use affect your academic performance? (Please select the most serious outcome below)

- My alcohol use did not affect my academics (1)
- My alcohol use negatively impacted my performance in a class (2)
- My alcohol use delayed progress towards my degree (3)

N3Q31A Within the last 30 days, did you drive within 6 hours of using cannabis/marijuana?

- No (1)
- Yes (2)

N3Q31B Within the last 12 months, to what extent did your cannabis/marijuana use affect your academic performance? (Please select the most serious outcome below)

- My cannabis/marijuana use did not affect my academics (1)
- My cannabis/marijuana use negatively impacted my performance in a class (2)
- My cannabis/marijuana use delayed progress towards my degree (3)

N3Q32 Do you identify as a person in recovery from alcohol or other drug use?

- No (1)
 - Yes. Please specify the type of substance: (2)
-

Sexual Health

We recognize this survey asks about a limited number of sexual behaviors, likewise, the questions and response options may not represent your full identity, behaviors you engage in, nor use the language you prefer. Please answer to the best of your ability.

As you answer questions in this section, please include only sexual experiences for which you gave consent and exclude any sexual contact for which you did not consent.

N3Q33 When, if ever, was the last time you had: (Please mark the appropriate column for each row)

	Never (1)	Within the last 2 weeks (2)	More than 2 weeks ago but within the last 30 days (3)	More than 30 days ago but within the last 3 months (4)	More than 3 months ago but within the last 12 months (5)	More than 12 months ago (6)
Oral sex (oral/genital contact)? (N3Q33A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal intercourse (penis in vagina)? (N3Q33B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal intercourse (penis in anus)? (N3Q33C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q34 Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse?

_____ Number of Partners

N3Q35 Within the last 12 months, did you have sexual partner(s) who were: (Please mark the appropriate column for each row)

	No (1)	Yes (2)
Women or females (N3Q35A)	<input type="radio"/>	<input type="radio"/>
Men or males (N3Q35B)	<input type="radio"/>	<input type="radio"/>
Trans women (N3Q35C)	<input type="radio"/>	<input type="radio"/>
Trans men (N3Q35D)	<input type="radio"/>	<input type="radio"/>
Genderqueer (N3Q35E)	<input type="radio"/>	<input type="radio"/>
Person(s) with another identity (N3Q35F)	<input type="radio"/>	<input type="radio"/>

N3Q36 Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (for example: male condom, female condom, dam, or glove) during: (Please mark the appropriate column for each row)

	Never (1)	Rarely (2)	Sometimes (3)	Most of the time (4)	Always (5)
Oral sex (oral/genital contact)? (N3Q36A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal intercourse (penis in vagina)? (N3Q36B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal intercourse (penis in anus)? (N3Q36C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q37 Did you or your partner use any method of to prevent pregnancy the last time you had vaginal intercourse (penis in vagina)?

- Yes (1)
- No, did not want to prevent pregnancy (2)
- No, did not use any method (3)
- Don't know (4)

N3Q38 Please indicate which of the following method(s) you or your partner used to prevent pregnancy the last time you had vaginal intercourse. (Please select ALL that apply)

- Birth control pills (monthly or extended cycle) (1)
- Birth control shots (2)
- Birth control implants (3)
- Birth control patch (4)
- The ring (5)
- Emergency contraception ("morning after pill" or "Plan B") (6)
- Intrauterine device (IUD) (7)
- Male (external) condom (8)
- Female (internal) condom (9)
- Diaphragm or cervical cap (10)

- Contraceptive sponge (11)
- Withdrawal (12)
- Fertility awareness (calendar, mucous, and basal body temperature) (13)
- Sterilization (for example: hysterectomy, tubes tied, or vasectomy) (14)
- Don't know (15)
- Other method (16)_____

N3Q39 Within the last 12 months, have you or your partner(s) used emergency contraception (“morning after pill” or “Plan B”)?

- No (1)
- Yes (2)
- Don't know (3)
- Not applicable (4)

N3Q40 Within the last 12 months, have you or your partner(s) become pregnant?

- No (1)
- Yes, unintentionally (2)
- Yes, intentionally (3)
- Don't know (4)

Diener PWB Scale

N3Q41 **Below are 8 statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by indicating that response for each statement.**

	Strongly agree (7)	Agree (6)	Slightly agree (5)	Neither agree nor disagree (4)	Slightly disagree (3)	Disagree (2)	Strongly disagree (1)
I lead a purposeful and meaningful life. (N3Q41A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social relationships are supportive and rewarding. (N3Q41B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am engaged and interested in my daily activities. (N3Q41C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively contribute to the happiness and well-being of others. (N3Q41D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am competent and capable in the activities that are important to me. (N3Q41E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am a good person and live a good life.
(N3Q41F)

I am optimistic about my future.
(N3Q41G)

People respect me.
(N3Q41H)

Mental Health

N3Q42 Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not at all true (0)	Rarely true (1)	Sometimes true (2)	Often true (3)	True nearly all the time (4)
I am able to adapt when changes occur. (N3Q42A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to bounce back after illness, injury, or other hardships. (N3Q42B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q43 If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

No (1)

Yes (2)

N3Q44 The next 6 questions ask about how you have been feeling during the past 30 days. For each question, please select the response that best describes how often you had this feeling.

During the past 30 days, about how often did you feel...

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
...nervous? (N3Q44A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless? (N3Q44B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety? (N3Q44C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...so sad nothing could cheer you up? (N3Q44D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort? (N3Q44E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...worthless? (N3Q44F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q45 Indicate how often each of the statements below is descriptive of you.

	Hardly ever (1)	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? (N3Q45A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (N3Q45B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (N3Q45C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q46 **Within the last 12 months, how often have you intentionally cut, burned, bruised, or otherwise injured yourself?**

- Never (1)
- Once or twice (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

N3Q47A Within the last 12 months, have you had problems or challenges with any the following?

	No (1)	Yes (2)
Academics (N3Q47A1)	<input type="radio"/>	<input type="radio"/>
Career (N3Q47A2)	<input type="radio"/>	<input type="radio"/>
Finances (N3Q47A3)	<input type="radio"/>	<input type="radio"/>
Procrastination (N3Q47A4)	<input type="radio"/>	<input type="radio"/>
Faculty (N3Q47A5)	<input type="radio"/>	<input type="radio"/>
Family (N3Q47A6)	<input type="radio"/>	<input type="radio"/>
Intimate relationships (N3Q47A7)	<input type="radio"/>	<input type="radio"/>
Roommate/housemate (N3Q47A8)	<input type="radio"/>	<input type="radio"/>
Peers (N3Q47A9)	<input type="radio"/>	<input type="radio"/>
Personal appearance (N3Q47A10)	<input type="radio"/>	<input type="radio"/>
Health of someone close to me (N3Q47A11)	<input type="radio"/>	<input type="radio"/>
Death of a family member, friend, or someone close to me (N3Q47A12)	<input type="radio"/>	<input type="radio"/>
Bullying (for example: making threats, spreading rumors, physical or verbal attacks, or excluding someone from a group) (N3Q47A13)	<input type="radio"/>	<input type="radio"/>

Cyberbullying (use of technology to harass, threaten, embarrass, or target another person) (N3Q47A14)	<input type="radio"/>	<input type="radio"/>
Hazing (rituals, challenges, and other activities involving harassment, abuse, embarrassment, ridicule, or humiliation used as a way of initiating a person into a group) (N3Q47A15)	<input type="radio"/>	<input type="radio"/>
Microaggression (a subtle but offensive comment or action directed at a minority or other non-dominant group, whether intentional or unintentional, that reinforces a stereotype) (N3Q47A16)	<input type="radio"/>	<input type="radio"/>
Sexual Harassment (unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature) (N3Q47A17)	<input type="radio"/>	<input type="radio"/>
Discrimination (the unjust or prejudicial treatment of a person based on the group, class, or category to which the person is perceived to belong) (N3Q47A18)	<input type="radio"/>	<input type="radio"/>

N3Q47B **Within the last 12 months, to what extent did the following issue(s) cause you distress?** (rows endorsed in N3Q51A are displayed for this question)

Response options: No Distress (1), Minimal Distress (2), Moderate Distress (3), High Distress (4)

N3Q47C Within the last 12 months, to what extent did the following issue(s) affect your academic performance? (Please select the most serious outcome below) (rows endorsed in N3Q51A are displayed for this question)

Response options: This issue did not affect my academic performance (1), This issue negatively impacted my performance in a class (2), This issue delayed progress towards my degree (3)

N3Q48 Within the last 30 days, how would you rate the overall level of stress you have experienced?

- No stress (1)
- Low (2)
- Moderate (3)
- High (4)

N3Q49 Have you ever thought about or attempted to kill yourself?

- Never (1)
- It was just a brief passing though (2)
- I have had a plan at least once to kill myself but did not try to do it (3)
- I have had a plan at least once to kill myself and really wanted to die (4)
- I have attempted to kill myself, but did not want to die (5)
- I have attempted to kill myself and really hoped to die (6)

N3Q50 How often have you thought about killing yourself in the past year?

- Never (1)
- Rarely (1 time) (2)
- Sometimes (2 times) (3)
- Often (3-4 times) (4)
- Very often (5 or more times) (5)

N3Q51 Have you ever told someone that you were going to commit suicide, or that you might do it?

- No (1)
- Yes, at one time, but did not really want to die (2)
- Yes, at one time, and really wanted to die (3)
- Yes, more than once, but did not want to do it (4)
- Yes, more than once, and really wanted to do it (5)

N3Q52 **How likely is it that you will attempt suicide someday?**

- Never (0)
- No chance at all (1)
- Rather unlikely (2)
- Unlikely (3)
- Likely (4)
- Rather likely (5)
- Very likely (6)

N3Q53 **Within the last 12 months, have you attempted suicide?**

- No (1)
- Yes (2)

Services Used

The following section asks about whether or not you have received services from different types of healthcare or mental health professionals.

N3Q54A **Have you ever received psychological or mental health services?**

- No (1)
- Yes (2)

N3Q54B Within in the last 12 months, have you received psychological or mental health services?

No (1)

Yes (2)

N3Q54C Were the psychological or mental health services you received in the last 12 months provided by:

	No (1)	Yes (2)
My current campus health and/or counseling center? (N3Q54C1)	<input type="radio"/>	<input type="radio"/>
A mental health provider in the local community near my campus? (N3Q54C2)	<input type="radio"/>	<input type="radio"/>
A mental health provider in my home town? (N3Q54C3)	<input type="radio"/>	<input type="radio"/>
A mental health provider not described above (please specify) (N3Q54C4)	<input type="radio"/>	<input type="radio"/>

N3Q55A Within the last 12 months, have you visited any medical provider (for example: a nurse practitioner, physician assistant, primary care doctor, or other type of medical doctor) for a check-up or any other medical reasons?

No (1)

Yes (2)

N3Q55B Were the medical services you received in the last 12 months provided by:

	No (1)	Yes (2)
My current campus health center? (N3Q55B1)	<input type="radio"/>	<input type="radio"/>
A medical service provider in the local community near my campus? (N3Q55B2)	<input type="radio"/>	<input type="radio"/>
A medical service provider in my home town? (N3Q55B3)	<input type="radio"/>	<input type="radio"/>
A medical service provider not described above? (please specify) (N3Q55B4)	<input type="radio"/>	<input type="radio"/>

N3Q56 Have you had a gynecologic visit or exam (for example: contraception, STI testing, pelvic exam, or Pap test) with a healthcare provider (for example: OB-GYN, nurse practitioner, or physician assistant)?

- No (1)
- Yes (2)
- Don't know (3)
- Not applicable (4)

Medical

N3Q57 Have you had a dental exam and cleaning in the last 12 months?

- No (1)
- Yes (2)
- Don't know (3)

N3Q58 **When you are outdoors in the sun, how often do you wear sunscreen?**

- Never (1)
- Rarely (2)
- Sometimes (3)
- Usually (4)
- Always (5)

N3Q59 **When you are outdoors in the sun, how often do you do the following to protect your skin from ultraviolet (UV) exposure?**

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)
Wear a shirt with sleeves (N3Q59A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear sunglasses (N3Q59B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay in the shade (N3Q59C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a hat (N3Q59D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

N3Q60 **In the last 12 months, how many times have you spent time outdoors with the intention of getting a tan?**

_____ times

N3Q61 The Human Papillomavirus (HPV) vaccine (for example: Gardasil, Silgard, or Cervarix) is recommended, but usually not required, and is given in a series of 2 or 3 shots based on your age. Which of the following best describes your vaccination status for HPV:

- I have not received any of the HPV vaccine series (1)
- I have started, but not yet completed the HPV vaccine series (2)
- I have completed the HPV vaccine series (3)
- I don't know my HPV vaccination status (4)

N3Q62 Did you have a flu vaccine within the last 12 months?

- No (1)
- Yes (2)
- I don't know (3)

N3Q63A Within the last 12 months, have you been diagnosed by a healthcare professional with any of the following?

	No (1)	Yes (2)
Bronchitis (N3Q63A1)	<input type="radio"/>	<input type="radio"/>
Chlamydia (N3Q63A2)	<input type="radio"/>	<input type="radio"/>
Chicken Pox (Varicella) (N3Q63A3)	<input type="radio"/>	<input type="radio"/>
Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis) (N3Q63A4)	<input type="radio"/>	<input type="radio"/>
Concussion (N3Q63A5)	<input type="radio"/>	<input type="radio"/>
Gonorrhea (N3Q63A6)	<input type="radio"/>	<input type="radio"/>
Flu (influenza) or flu-like illness (N3Q63A7)	<input type="radio"/>	<input type="radio"/>
Mumps (N3Q63A8)	<input type="radio"/>	<input type="radio"/>

Mononucleosis (mono) (N3Q63A9)	<input type="radio"/>	<input type="radio"/>
Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury) (N3Q63A10)	<input type="radio"/>	<input type="radio"/>
Pelvic Inflammatory Disease (N3Q63A11)	<input type="radio"/>	<input type="radio"/>
Pneumonia (N3Q63A12)	<input type="radio"/>	<input type="radio"/>
Shingles (N3Q63A13)	<input type="radio"/>	<input type="radio"/>
Stomach or GI virus or bug, food poisoning or gastritis (N3Q63A14)	<input type="radio"/>	<input type="radio"/>
Urinary tract infection (N3Q63A15)	<input type="radio"/>	<input type="radio"/>
Other short-term, temporary illness not listed above (please specify) (N3Q63A16)	<input type="radio"/>	<input type="radio"/>

(follow up question N3Q69B will only display rows from N3Q69A for which “yes” is selected)

N3Q63B Within the last 12 months, to what extent did the following affect your academic performance? (Please select the most serious outcome below)

Response options: This issue did not affect my academic performance (1), This issue negatively impacted my performance in a class (2), This issue delayed progress towards my degree (3)

N3Q64 Have you ever been tested for HIV?

- Yes, within the last 12 months (1)
- Yes, more than 12 months ago (2)
- No (3)
- Unsure (4)

Chronic Conditions

N3Q65A Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions?

	No (1)	Yes (2)
Acne (N3Q65A1)	<input type="radio"/>	<input type="radio"/>
ADD/ADHD – Attention Deficit/Hyperactivity Disorder (N3Q65A2)	<input type="radio"/>	<input type="radio"/>
Alcohol or Other Drug-Related Abuse or Addiction (N3Q65A3)	<input type="radio"/>	<input type="radio"/>
Allergies - food allergy (N3Q65A4)	<input type="radio"/>	<input type="radio"/>
Allergies - animals/pets (N3Q65A5)	<input type="radio"/>	<input type="radio"/>
Allergies - environmental (for example: pollen, grass, dust, mold) (N3Q65A6)	<input type="radio"/>	<input type="radio"/>
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) (N3Q65A7)	<input type="radio"/>	<input type="radio"/>
Asthma (N3Q65A8)	<input type="radio"/>	<input type="radio"/>
Autism spectrum (N3Q65A9)	<input type="radio"/>	<input type="radio"/>
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) (N3Q65A10)	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder (N3Q65A11)	<input type="radio"/>	<input type="radio"/>
Cancer (N3Q65A12)	<input type="radio"/>	<input type="radio"/>
Celiac disease (N3Q65A13)	<input type="radio"/>	<input type="radio"/>

Chronic pain (for example:
back or joint pain, arthritis,
nerve pain) (N3Q65A14)

Depression (for example:
Major depression, persistent
depressive disorder,
disruptive mood disorder)
(N3Q65A15)



Diabetes or pre-diabetes/insulin resistance (N3Q65A16)	<input type="radio"/>	<input type="radio"/>
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) (N3Q65A17)	<input type="radio"/>	<input type="radio"/>
Endometriosis (N3Q65A18)	<input type="radio"/>	<input type="radio"/>
Gambling Disorder (N3Q65A19)	<input type="radio"/>	<input type="radio"/>
Genital herpes (N3Q65A20)	<input type="radio"/>	<input type="radio"/>
Gastroesophageal Reflux Disease (GERD) or acid reflux (N3Q65A21)	<input type="radio"/>	<input type="radio"/>
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition) (N3Q65A22)	<input type="radio"/>	<input type="radio"/>
Hepatitis B or C (N3Q65A23)	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension) (N3Q65A24)	<input type="radio"/>	<input type="radio"/>
High cholesterol (hyperlipidemia) (N3Q65A25)	<input type="radio"/>	<input type="radio"/>
HIV or AIDS (N3Q65A26)	<input type="radio"/>	<input type="radio"/>
Human papillomavirus (HPV) or genital warts (N3Q65A27)	<input type="radio"/>	<input type="radio"/>
Insomnia (N3Q65A28)	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome (spastic colon or spastic bowel) (N3Q65A29)	<input type="radio"/>	<input type="radio"/>

Migraine headaches (N3Q65A30)	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania, other body- focused repetitive behavior disorders) (N3Q65A31)	<input type="radio"/>	<input type="radio"/>
Polycystic Ovarian Syndrome (PCOS) (N3Q65A32)	<input type="radio"/>	<input type="radio"/>
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor-related condition (N3Q65A33)	<input type="radio"/>	<input type="radio"/>
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder) (N3Q65A34)	<input type="radio"/>	<input type="radio"/>
Sleep Apnea (N3Q65A35)	<input type="radio"/>	<input type="radio"/>
Thyroid condition or disorder (N3Q65A36)	<input type="radio"/>	<input type="radio"/>
Tourette's or other neurodevelopmental condition not already listed (N3Q65A37)	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury (TBI) (N3Q65A38)	<input type="radio"/>	<input type="radio"/>
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis) (N3Q65A39)	<input type="radio"/>	<input type="radio"/>

Other ongoing or chronic
condition **not listed above**
(N3Q65A40)



(if they select “other” on N3Q71A, they will see these questions)

You indicated that you have been diagnosed by a healthcare or mental health professional with an ongoing or chronic condition not already listed. Please use this list to indicate only additional conditions not already reported in another question.

N3Q65B Please indicate in which of the following categories you have an other ongoing or chronic condition that has been diagnosed by a healthcare or mental health professional.

	No (1)	Yes (2)
Allergic & immunologic disorder (N3Q65B1)	<input type="radio"/>	<input type="radio"/>
Autoimmune disorder (N3Q65B2)	<input type="radio"/>	<input type="radio"/>
Blood disorder (N3Q65B3)	<input type="radio"/>	<input type="radio"/>
Brain & nervous system disorder (N3Q65B4)	<input type="radio"/>	<input type="radio"/>
Hair, skin, nails disorder (N3Q65B5)	<input type="radio"/>	<input type="radio"/>
Digestive system disorder (N3Q65B6)	<input type="radio"/>	<input type="radio"/>
Endocrine system disorder (N3Q65B7)	<input type="radio"/>	<input type="radio"/>
Eye/ear/nose/throat disorder (N3Q65B8)	<input type="radio"/>	<input type="radio"/>
Heart & vascular disorder (N3Q65B9)	<input type="radio"/>	<input type="radio"/>
Infectious disease (N3Q65B10)	<input type="radio"/>	<input type="radio"/>
Mental health/psychological disorder (N3Q65B11)	<input type="radio"/>	<input type="radio"/>
Musculoskeletal disorder (N3Q65B12)	<input type="radio"/>	<input type="radio"/>
Reproductive system disorder (N3Q65B13)	<input type="radio"/>	<input type="radio"/>
Respiratory disorder (N3Q65B14)	<input type="radio"/>	<input type="radio"/>
Sleep-wake disorder (N3Q65B15)	<input type="radio"/>	<input type="radio"/>
Urinary system disorder (N3Q65B16)	<input type="radio"/>	<input type="radio"/>

Other ongoing or chronic condition **not previously reported** (please specify) (N3Q65B17)

(if they select “yes” on N3Q71B, they will see the corresponding question(s) from N3Q71C to NQ371R)

N3Q65C Have you ever been diagnosed with any of the following ongoing or chronic allergic & immunologic disorders?

	No (1)	Yes (2)
Anaphylaxis (N3Q65C1)	<input type="radio"/>	<input type="radio"/>
Medication allergy (N3Q65C2)	<input type="radio"/>	<input type="radio"/>
Latex allergy (N3Q65C3)	<input type="radio"/>	<input type="radio"/>
Insect/bee sting allergy (N3Q65C4)	<input type="radio"/>	<input type="radio"/>
Immune deficiency (N3Q65C5)	<input type="radio"/>	<input type="radio"/>
Other allergic or immunologic condition <u>not previously reported</u> (please specify) (N3Q65C6)	<input type="radio"/>	<input type="radio"/>

N3Q65D Have you ever been diagnosed with any of the following ongoing or chronic autoimmune disorders?

	No (1)	Yes (2)
Other allergic or immunologic condition (N3Q65D1)	<input type="radio"/>	<input type="radio"/>
Rheumatoid Arthritis (N3Q65D2)	<input type="radio"/>	<input type="radio"/>
Scleroderma (N3Q65D3)	<input type="radio"/>	<input type="radio"/>
Systemic Lupus Erythematosus (N3Q65D4)	<input type="radio"/>	<input type="radio"/>
Other autoimmune disorder <u>not previously reported</u> (please specify) (N3Q65D5)	<input type="radio"/>	<input type="radio"/>

N3Q65E Have you ever been diagnosed with any of the following ongoing or chronic blood disorders?

	No (1)	Yes (2)
Anemia (N3Q65E1)	<input type="radio"/>	<input type="radio"/>
Hemophilia (N3Q65E2)	<input type="radio"/>	<input type="radio"/>
Hypercoagulable states (N3Q65E3)	<input type="radio"/>	<input type="radio"/>
Platelet Conditions (N3Q65E4)	<input type="radio"/>	<input type="radio"/>
Sickle Cell Disease (N3Q65E5)	<input type="radio"/>	<input type="radio"/>
Other blood condition <u>not previously reported</u> (please specify) (N3Q65E6)	<input type="radio"/>	<input type="radio"/>

N3Q65F Have you ever been diagnosed with any of the following ongoing or chronic brain & nervous system disorders?

	No (1)	Yes (2)
Cerebral Palsy (N3Q65F1)	<input type="radio"/>	<input type="radio"/>
Epilepsy (N3Q65F2)	<input type="radio"/>	<input type="radio"/>
Seizure Conditions (N3Q65F3)	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis (N3Q65F4)	<input type="radio"/>	<input type="radio"/>
Other brain or nervous system condition not previously reported (please specify (N3Q65F5)	<input type="radio"/>	<input type="radio"/>

N3Q65G Have you ever been diagnosed with any of the following ongoing or chronic hair, skin, nail disorders?

	No (1)	Yes (2)
Alopecia (N3Q65G1)	<input type="radio"/>	<input type="radio"/>
Eczema (N3Q65G2)	<input type="radio"/>	<input type="radio"/>
Hirsutism (N3Q65G3)	<input type="radio"/>	<input type="radio"/>
Hyperhidrosis (N3Q65G4)	<input type="radio"/>	<input type="radio"/>
Photodermatitis (N3Q65G5)	<input type="radio"/>	<input type="radio"/>
Psoriasis (N3Q65G6)	<input type="radio"/>	<input type="radio"/>
Vitiligo (N3Q65G7)	<input type="radio"/>	<input type="radio"/>
Other hair, skin, or nail condition not previously reported (please specify) (N3Q65G8)	<input type="radio"/>	<input type="radio"/>

N3Q65H Have you ever been diagnosed with any of the following ongoing or chronic digestive system disorders?

	No (1)	Yes (2)
Crohn's Disease (N3Q65H1)	<input type="radio"/>	<input type="radio"/>
Diverticular Disease (N3Q65H2)	<input type="radio"/>	<input type="radio"/>
Esophageal Disease (N3Q65H3)	<input type="radio"/>	<input type="radio"/>
Gallbladder Disease (N3Q65H4)	<input type="radio"/>	<input type="radio"/>
Ulcerative Colitis (N3Q65H5)	<input type="radio"/>	<input type="radio"/>
Other digestive system condition <u>not previously reported</u> (please specify) (N3Q65H6)	<input type="radio"/>	<input type="radio"/>

N3Q65I What other endocrine system disorder (not previously reported) were you diagnosed with?

N3Q65J Have you ever been diagnosed with any of the following ongoing or chronic eye, ear, nose, throat disorders?

	No (1)	Yes (2)
Hearing loss (N3Q65J1)	<input type="radio"/>	<input type="radio"/>
Uveitis (N3Q65J2)	<input type="radio"/>	<input type="radio"/>
Vertigo (N3Q65J3)	<input type="radio"/>	<input type="radio"/>
Other eye/ear/nose/throat condition <u>not previously reported</u> (please specify) (N3Q65J4)	<input type="radio"/>	<input type="radio"/>

N3Q65K Have you ever been diagnosed with any of the following ongoing or chronic heart & vascular system disorders?

	No (1)	Yes (2)
Cardiac Arrhythmia (N3Q65K1)	<input type="radio"/>	<input type="radio"/>
Coronary Artery Disease (N3Q65K2)	<input type="radio"/>	<input type="radio"/>
Congenital Heart Condition (N3Q65K3)	<input type="radio"/>	<input type="radio"/>
Congestive Heart Failure (N3Q65K4)	<input type="radio"/>	<input type="radio"/>
Heart Murmur (N3Q65K5)	<input type="radio"/>	<input type="radio"/>
Valvular Heart Disease (for example: Mitral valve prolapse) (N3Q65K6)	<input type="radio"/>	<input type="radio"/>
Other heart or vascular condition <u>not previously reported</u> (please specify) (N3Q65K7)	<input type="radio"/>	<input type="radio"/>

N3Q65L Have you ever been diagnosed with any of the following ongoing or chronic infectious diseases?

	No (1)	Yes (2)
Lyme Disease (N3Q65L1)	<input type="radio"/>	<input type="radio"/>
Other infectious disease <u>not previously listed</u> (please specify) (N3Q65L2)	<input type="radio"/>	<input type="radio"/>

N3Q65M What other mental health/condition(s) (not previously reported) were you diagnosed with?

N3Q65N Have you ever been diagnosed with any of the following ongoing or chronic musculoskeletal disorders?

	No (1)	Yes (2)
Carpal Tunnel Syndrome (N3Q65N1)	<input type="radio"/>	<input type="radio"/>
Fibromyalgia (N3Q65N2)	<input type="radio"/>	<input type="radio"/>
Gout (N3Q65N3)	<input type="radio"/>	<input type="radio"/>
Muscular Dystrophy (N3Q65N4)	<input type="radio"/>	<input type="radio"/>
Osteoarthritis (N3Q65N5)	<input type="radio"/>	<input type="radio"/>
Osteoporosis (N3Q65N6)	<input type="radio"/>	<input type="radio"/>
Temporomandibular Joint Dysfunction (N3Q65N7)	<input type="radio"/>	<input type="radio"/>
Other musculoskeletal condition <u>not previously reported</u> (please specify) (N3Q65N8)	<input type="radio"/>	<input type="radio"/>

N3Q65O Have you ever been diagnosed with any of the following ongoing or chronic reproductive system disorders?

	No (1)	Yes (2)
Amenorrhea (N3Q65O1)	<input type="radio"/>	<input type="radio"/>
Cervical Dysplasia (N3Q65O2)	<input type="radio"/>	<input type="radio"/>
Premenstrual Syndrome (PMS), Premenstrual Dysphoric Disorder (PMDD), or painful periods (Dysmenorrhea) (N3Q65O3)	<input type="radio"/>	<input type="radio"/>
Prostatitis (N3Q65O4)	<input type="radio"/>	<input type="radio"/>
Sexual Dysfunction (N3Q65O5)	<input type="radio"/>	<input type="radio"/>
Other reproductive system condition <u>not previously reported</u> (please specify) (N3Q65O6)	<input type="radio"/>	<input type="radio"/>

N3Q65P Have you ever been diagnosed with any of the following ongoing or chronic respiratory system disorders?

	No (1)	Yes (2)
Cystic Fibrosis (N3Q65P1)	<input type="radio"/>	<input type="radio"/>
Sarcoidosis (N3Q65P2)	<input type="radio"/>	<input type="radio"/>
Active Tuberculosis (N3Q65P3)	<input type="radio"/>	<input type="radio"/>
Other respiratory system condition <u>not previously reported</u> (please specify) (N3Q65P4)	<input type="radio"/>	<input type="radio"/>

N3Q65Q Have you ever been diagnosed with any of the following ongoing or chronic sleep-wake disorders?

	No (1)	Yes (2)
Hypersomnolence (N3Q65Q1)	<input type="radio"/>	<input type="radio"/>
Narcolepsy (N3Q65Q2)	<input type="radio"/>	<input type="radio"/>
Restless Leg Syndrome (N3Q65Q3)	<input type="radio"/>	<input type="radio"/>
Sleep Paralysis (N3Q65Q4)	<input type="radio"/>	<input type="radio"/>
Sleep Terrors (or night terrors) (N3Q65Q5)	<input type="radio"/>	<input type="radio"/>
Sleep Walking (N3Q65Q6)	<input type="radio"/>	<input type="radio"/>
Other sleep-wake condition <u>not previously reported</u> (please specify) (N3Q65Q7)	<input type="radio"/>	<input type="radio"/>

N3Q65R Have you ever been diagnosed with any of the following ongoing or chronic urinary system disorders?

	No (1)	Yes (2)
Bladder disease (N3Q65R1)	<input type="radio"/>	<input type="radio"/>
Kidney disease (N3Q65R2)	<input type="radio"/>	<input type="radio"/>
Kidney stone (N3Q65R3)	<input type="radio"/>	<input type="radio"/>
Urinary Incontinence (N3Q65R4)	<input type="radio"/>	<input type="radio"/>
Other urinary system condition <u>not previously reported</u> (please specify) (N3Q65R5)	<input type="radio"/>	<input type="radio"/>

N3Q65S You indicated that you had been diagnosed with Diabetes or Pre-Diabetes. Were you told that you had:

	No (1)	Yes (2)
Type 1 Diabetes (N3Q65S1)	<input type="radio"/>	<input type="radio"/>
Type 2 Diabetes (N3Q65S2)	<input type="radio"/>	<input type="radio"/>
Pre-diabetes or insulin resistance (N3Q65S3)	<input type="radio"/>	<input type="radio"/>
Gestational Diabetes (N3Q65S4)	<input type="radio"/>	<input type="radio"/>

N3Q65T Have you had an appointment and/or discussion with a healthcare or mental health professional for the following condition(s) within the last 12 months?

	No (1)	Yes (2)
Acne (N3Q65T1)	<input type="radio"/>	<input type="radio"/>
ADD/ADHD – Attention Deficit/Hyperactivity Disorder (N3Q65T2)	<input type="radio"/>	<input type="radio"/>
Alcohol or Other Drug-Related Abuse or Addiction (N3Q65T3)	<input type="radio"/>	<input type="radio"/>
Allergies - food allergy (N3Q65T4)	<input type="radio"/>	<input type="radio"/>
Allergies - animals/pets (N3Q65T5)	<input type="radio"/>	<input type="radio"/>
Allergies - environmental (for example: pollen, grass, dust, mold) (N3Q65T6)	<input type="radio"/>	<input type="radio"/>
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) (N3Q65T7)	<input type="radio"/>	<input type="radio"/>
Asthma (N3Q65T8)	<input type="radio"/>	<input type="radio"/>
Autism Spectrum (N3Q65T9)	<input type="radio"/>	<input type="radio"/>
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) (N3Q65T10)	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder (N3Q65T11)	<input type="radio"/>	<input type="radio"/>
Cancer (N3Q65T12)	<input type="radio"/>	<input type="radio"/>
Celiac disease (N3Q65T13)	<input type="radio"/>	<input type="radio"/>

Chronic pain (for example: back or joint pain, arthritis, nerve pain) (N3Q65T14)	<input type="radio"/>	<input type="radio"/>
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder) (N3Q65T15)	<input type="radio"/>	<input type="radio"/>
Diabetes or pre- diabetes/insulin resistance (N3Q65T16)	<input type="radio"/>	<input type="radio"/>
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge- Eating) (N3Q65T17)	<input type="radio"/>	<input type="radio"/>
Endometriosis (N3Q65T18)	<input type="radio"/>	<input type="radio"/>
Gambling Disorder (N3Q65T19)	<input type="radio"/>	<input type="radio"/>
Genital herpes (N3Q65T20)	<input type="radio"/>	<input type="radio"/>
Gastroesophageal Reflux Disease (GERD) or acid reflux (N3Q65T21)	<input type="radio"/>	<input type="radio"/>
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition) (N3Q65T22)	<input type="radio"/>	<input type="radio"/>
Hepatitis B or C (N3Q65T23)	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension) (N3Q65T24)	<input type="radio"/>	<input type="radio"/>
High cholesterol (hyperlipidemia) (N3Q65T25)	<input type="radio"/>	<input type="radio"/>
HIV or AIDS (N3Q65T26)	<input type="radio"/>	<input type="radio"/>

Human papillomavirus (HPV) or genital warts (N3Q65T27)	<input type="radio"/>	<input type="radio"/>
Insomnia (N3Q65T28)	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome (spastic colon or spastic bowel) (N3Q65T29)	<input type="radio"/>	<input type="radio"/>
Migraine headaches (N3Q65T30)	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders) (N3Q65T31)	<input type="radio"/>	<input type="radio"/>
Polycystic Ovarian Syndrome (PCOS) (N3Q65T32)	<input type="radio"/>	<input type="radio"/>
PTSD (Posttraumatic Stress Disorder), Adjustment Disorder, or another trauma- or stressor- related condition (N3Q65T33)	<input type="radio"/>	<input type="radio"/>
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder) (N3Q65T34)	<input type="radio"/>	<input type="radio"/>
Sleep Apnea (N3Q65T35)	<input type="radio"/>	<input type="radio"/>
Thyroid condition or disorder (N3Q65T36)	<input type="radio"/>	<input type="radio"/>
Tourette's or other neurodevelopmental condition not already listed (N3Q65T37)	<input type="radio"/>	<input type="radio"/>

Traumatic brain injury (TBI)
(N3Q65T38)

Urinary system disorder (for
example: bladder or kidney
disease, urinary reflux,
interstitial cystitis)
(N3Q65T39)

Other ongoing or chronic
condition **not listed above**
(N3Q65T40)

N3Q65U In the last 12 months, what treatment(s), if any, have you used for the following conditions?

	No treatment (1)	Medicine only (2)	Therapy only (3)	Both medicine and therapy (4)	Other Treatment (5)
ADD/ADHD - Attention Deficit/Hyperactivity Disorder (N3Q65U2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or Other Drug-Related Abuse or Addiction (N3Q65U3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) (N3Q65U7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum (N3Q65U9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) (N3Q65U10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder (N3Q65U11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder) (N3Q65U15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) (N3Q65U17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling Disorder (N3Q65U19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia (N3Q65U28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders) (N3Q65U31)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor-related condition (N3Q65U33)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder) (N3Q65U34)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tourette's or other neurodevelopmental condition not already listed (N3Q65U37)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No treatment (1)	Medicine only (2)	Therapy only (3)	Both medicine and therapy (4)	Other Treatment (5)
Traumatic brain injury (TBI) (N3Q65U38)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol or Other Drug-Related Abuse or Addiction (N3Q65U13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) (N3Q65U14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) (N3Q65U15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder) (N3Q65U16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating) (N3Q65U17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling Disorder (N3Q65U18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Neurodevelopmental
Conditions: (for
example: Autism
Spectrum,
ADD/ADHD –
Attention
Deficit/Hyperactivity,
Tourette's)
(N3Q65U19)



Obsessive-
Compulsive and
Related Conditions
(for example: OCD,
Body Dysmorphia,
Hoarding,
Trichotillomania and
other body-focused
repetitive behavior
disorders)
(N3Q71W8)



Personality
Disorders (for
example: Borderline
Personality,
Avoidant
Personality,
Dependent
Personality)
(N3Q71W9)



Schizophrenia and
Other Psychotic
Conditions (for
example:
Schizophrenia,
Schizoaffective
Disorder,
Schizophreniform
Disorder, Delusional
Disorder)
(N3Q71W10)



Trauma- and
Stressor-Related
Conditions (for
example: PTSD -
Posttraumatic Stress
Disorder, Acute
Stress Disorder,
Adjustment
Disorder)
(N3Q71W11)

Traumatic brain
injury (TBI)
(N3Q71W12)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(if "other" treatment is selected in N2Q71W)

N3Q65V In the last 12 months, what other treatment did you receive?

N3Q65W Have you received treatment for the following condition(s) by a healthcare or mental health professional within the last 12 months?

	No (1)	Yes (2)
Acne (N3Q65W1)	<input type="radio"/>	<input type="radio"/>
Allergies - food allergy (N3Q65W4)	<input type="radio"/>	<input type="radio"/>
Allergies - animals/pets (N3Q65W5)	<input type="radio"/>	<input type="radio"/>
Allergies - environmental (for example: pollen, grass, dust, mold) (N3Q65W6)	<input type="radio"/>	<input type="radio"/>
Asthma (N3Q65W8)	<input type="radio"/>	<input type="radio"/>
Cancer (N3Q65W12)	<input type="radio"/>	<input type="radio"/>
Celiac disease (N3Q65W13)	<input type="radio"/>	<input type="radio"/>
Chronic pain (for example: back or joint pain, arthritis, nerve pain) (N3Q65W14)	<input type="radio"/>	<input type="radio"/>
Diabetes or pre-diabetes/insulin resistance (N3Q65W16)	<input type="radio"/>	<input type="radio"/>
Endometriosis (N3Q65W18)	<input type="radio"/>	<input type="radio"/>
Genital herpes (N3Q65W20)	<input type="radio"/>	<input type="radio"/>
Gastroesophageal Reflux Disease (GERD) or acid reflux (N3Q65W21)	<input type="radio"/>	<input type="radio"/>
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition) (N3Q65W22)	<input type="radio"/>	<input type="radio"/>

Hepatitis B or C (N3Q65W23)	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension) (N3Q65W24)	<input type="radio"/>	<input type="radio"/>
High cholesterol (hyperlipidemia) (N3Q65W25)	<input type="radio"/>	<input type="radio"/>
HIV or AIDS (N3Q65W26)	<input type="radio"/>	<input type="radio"/>
Human papillomavirus (HPV) or genital warts (N3Q65W27)	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome (spastic colon or spastic bowel) (N3Q65W29)	<input type="radio"/>	<input type="radio"/>
Migraine headaches (N3Q65W30)	<input type="radio"/>	<input type="radio"/>
Polycystic Ovarian Syndrome (PCOS) (N3Q65W32)	<input type="radio"/>	<input type="radio"/>
Sleep Apnea (N3Q65W35)	<input type="radio"/>	<input type="radio"/>
Thyroid condition or disorder (N3Q65W36)	<input type="radio"/>	<input type="radio"/>
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis) (N3Q65W39)	<input type="radio"/>	<input type="radio"/>

(if "no" is selected in N3Q65W)

N3Q65X Did a healthcare or mental health professional tell you that you do not need treatment, or that you can stop treatment, for the following conditions?

	No (1)	Yes (2)
ADD/ADHD – Attention Deficit/Hyperactivity Disorder (N3Q65X1)	<input type="radio"/>	<input type="radio"/>
Acne (N3Q65X2)	<input type="radio"/>	<input type="radio"/>
Alcohol or Other Drug-Related Abuse or Addiction (N3Q65X3)	<input type="radio"/>	<input type="radio"/>
Allergies - food allergy (N3Q65X4)	<input type="radio"/>	<input type="radio"/>
Allergies - animals/pets (N3Q65X5)	<input type="radio"/>	<input type="radio"/>
Allergies - environmental (for example: pollen, grass, dust, mold) (N3Q65X6)	<input type="radio"/>	<input type="radio"/>
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia) (N3Q65X7)	<input type="radio"/>	<input type="radio"/>
Asthma (N3Q65X8)	<input type="radio"/>	<input type="radio"/>
Autism spectrum (N3Q65X9)	<input type="radio"/>	<input type="radio"/>
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode) (N3Q65X10)	<input type="radio"/>	<input type="radio"/>
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder (N3Q65X11)	<input type="radio"/>	<input type="radio"/>
Cancer (N3Q65X12)	<input type="radio"/>	<input type="radio"/>
Celiac disease (N3Q65X13)	<input type="radio"/>	<input type="radio"/>

Chronic pain (for example: back or joint pain, arthritis, nerve pain) (N3Q65X14)	<input type="radio"/>	<input type="radio"/>
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder) (N3Q65X15)	<input type="radio"/>	<input type="radio"/>
Diabetes or pre- diabetes/insulin resistance (N3Q65X16)	<input type="radio"/>	<input type="radio"/>
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge- Eating) (N3Q65X17)	<input type="radio"/>	<input type="radio"/>
Endometriosis (N3Q65X18)	<input type="radio"/>	<input type="radio"/>
Gambling Disorder (N3Q65X19)	<input type="radio"/>	<input type="radio"/>
Genital herpes (N3Q65X20)	<input type="radio"/>	<input type="radio"/>
Gastroesophageal Reflux Disease (GERD) or acid reflux (N3Q65X21)	<input type="radio"/>	<input type="radio"/>
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition) (N3Q65X22)	<input type="radio"/>	<input type="radio"/>
Hepatitis B or C (N3Q65X23)	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension) (N3Q65X24)	<input type="radio"/>	<input type="radio"/>
High cholesterol (hyperlipidemia) (N3Q65X25)	<input type="radio"/>	<input type="radio"/>
HIV or AIDS (N3Q65X26)	<input type="radio"/>	<input type="radio"/>

Human papillomavirus (HPV) or genital warts (N3Q65X27)	<input type="radio"/>	<input type="radio"/>
Insomnia (N3Q65X28)	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome (spastic colon or spastic bowel) (N3Q65X29)	<input type="radio"/>	<input type="radio"/>
Migraine headaches (N3Q65X30)	<input type="radio"/>	<input type="radio"/>
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders) (N3Q65X31)	<input type="radio"/>	<input type="radio"/>
Polycystic Ovarian Syndrome (PCOS) (N3Q65X32)	<input type="radio"/>	<input type="radio"/>
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition (N3Q65X33)	<input type="radio"/>	<input type="radio"/>
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder) (N3Q65X34)	<input type="radio"/>	<input type="radio"/>
Sleep Apnea (N3Q65X35)	<input type="radio"/>	<input type="radio"/>
Thyroid condition or disorder (N3Q65X36)	<input type="radio"/>	<input type="radio"/>
Tourette's or other neurodevelopmental condition not already listed (N3Q65X37)	<input type="radio"/>	<input type="radio"/>

Traumatic brain injury (TBI)
(N3Q65X38)

Urinary system disorder (for
example: bladder or kidney
disease, urinary reflux,
interstitial cystitis)
(N3Q65X39)

N3Q65Y Within the last 12 months, to what extent did your ongoing or chronic condition(s) affect your academic performance? (Please select the most serious outcome below)

- My condition(s) did not affect my academic performance (1)
- My condition(s) negatively impacted my performance in a class (2)
- My condition(s) delayed progress towards my degree (3)

Impediments to Academic Performance

N3Q66

Within the **last 12 months**, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	I did not experience this issue/not applicable (1)	I have experienced this issue, but my academics have not been affected (2)	I have experienced this issue and it negatively impacted my performance in a class (3)	I have experienced this issue and it delayed progress towards my degree (4)
Assault (physical) (N3Q66A)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assault (sexual) (N3Q66B)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allergies (N3Q66C)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (N3Q66D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) (N3Q66E)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concussion or Traumatic Brain Injury (TBI) (N3Q66F)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression (N3Q66G)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorder/problem (N3Q66H)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/migraines (N3Q66I)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Influenza or influenza like illness (the flu) (N3Q66J)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Injury (for example: burn, sprain or broken bone) <u>excluding</u> concussion or TBI (N3Q66K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PMS (Premenstrual Syndrome), painful periods, or menstrual cramping) (N3Q66L)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder (PTSD) (N3Q66M)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term illness, excluding upper respiratory illness and influenza (N3Q66N)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upper respiratory illness (for example: sinus infection, colds, or sore throat, etc.) (N3Q66O)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep difficulties (N3Q66P)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress (N3Q66Q)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other issue <u>not previously reported</u> (please specify) (N3Q66R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Characteristics

This part of the survey will help us understand your personal characteristics. There may be limitations to the response options provided, and the response categories offered may not represent your full identity nor use the language you prefer. We care about all identities and experiences and ask that you indicate which choice best describes you.

N3Q67A **What sex were you assigned at birth?**

- Female (1)
- Male (2)
- Intersex (3)

N3Q67B **Do you identify as transgender?**

- No (1)
- Yes (2)

N3Q67C **Which term do you use to describe your gender identity?**

- Woman or female (1)
 - Man or male (2)
 - Trans woman (3)
 - Trans man (4)
 - Genderqueer (5)
 - Agender (7)
 - Genderfluid (8)
 - Intersex (10)
 - Non-binary (9)
 - My identity is not listed above (please specify) (6)
-

Note: students who select another identity and specify a cisgender response are recoded either female or male in the data file. No additional recoding is done with the open-ended responses.

N3Q68 **What term best describes your sexual orientation?**

- Straight/Heterosexual (9)
 - Bisexual (2)
 - Gay (3)
 - Lesbian (4)
 - Pansexual (5)
 - Queer (6)
 - Questioning (7)
 - My identity is not listed above (please specify) (10)
-

Note: students who select another identity and specify asexual as their response are recoded Asexual (1) in the data file. No additional recoding is done with the open-ended responses.

N3Q69 **How old are you?**

_____ Years

N3Q70 **What is your height in feet (') and inches (")?**

Click [here](#) for a centimeter to feet/inches conversion calculator

_____ feet

_____ inches

N3Q71 **What is your weight in pounds?**

Click [here](#) for a kilogram to pound conversion calculator

_____ Pounds

N3Q72 What is your year in school?

- 1st year undergraduate (1)
- 2nd year undergraduate (2)
- 3rd year undergraduate (3)
- 4th year undergraduate (4)
- 5th year or more undergraduate (5)
- Master's (MA, MS, MFA, MBA, MPP, MPA, MPH, etc) (6)
- Doctorate (PhD, EdD, MD, JD, etc) (7)
- Not seeking a degree (8)
- Other (please specify) (9) _____

N3Q73 What is your enrollment status?

- Full-time (1)
- Part-time (2)
- Other (please specify): (3) _____

N3Q74 Do you have a visa (for example: F-1, J-1, or M-1) to study or work in the United States?

- No (1)
- Yes (2)

N3Q75A How do you usually describe yourself? (Please select ALL that apply)

- American Indian or Native Alaskan (1)
 - Asian or Asian American (2)
 - Black or African American (4)
 - Hispanic or Latino/a/x (5)
 - Middle Eastern/North African (MENA) or Arab Origin (3)
 - Native Hawaiian or Other Pacific Islander Native (6)
 - White (7)
 - Biracial or Multiracial (8)
 - My identity is not listed above (please specify) (9)
-

N3Q75B Are you? (Please select ALL that apply)

- Mexican, Mexican American, Chicano (1)
 - Puerto Rican (2)
 - Cuban (3)
 - Another Hispanic, Latino/a/x, or Spanish origin (please specify) (4)
-

N3Q75C Are you? (Please select ALL that apply)

- East Asian (for example: Chinese, Japanese, or Korean) (1)
 - Southeast Asian (for example: Cambodian, Vietnamese, Hmong, or Filipino) (2)
 - South Asian (for example: Indian, Pakistani, Nepalese, or Sri Lankan) (3)
 - Other Asian (please specify) (4)
-

N3Q76 What is your relationship status?

- Not in a relationship (1)
- In a relationship but not married/partnered (2)
- Married/partnered (3)

N3Q77A Are you a member of a social fraternity or sorority?

- No (1)
- Yes (2)

N3Q77B Do you live in a fraternity or sorority residence?

- No (1)
- Yes (2)

(only if they select "no" on N3Q83B, they will see this question)

N3Q78 Where do you currently live?

- Campus or university housing (1)
- Parent/guardian/other family member's home (2)

- Off-campus or other non-university housing (3)
- Temporarily staying with a relative, friend, or “couch surfing” until I find housing (4)
- I don’t currently have a place to live (5)
- Other (please specify) (6) _____

The next question asks about your access to health insurance. Health insurance helps pay for things like hospitalizations, surgery, emergency care, and specialty care. Health insurance typically covers medical care beyond what a registered student might be eligible for at a campus student health center.

N3Q79 What is your primary source of health insurance?

- I have a college/university Student Health Insurance Plan (1)
- I am covered by my parent/guardian’s plan (2)
- I am covered by my employer-based plan (or my spouse/partner’s employer-based plan) (3)
- I have Medicaid, Medicare, SCHIP, or VA/Tricare coverage (4)
- I bought a plan on my own (5)
- I don’t have health insurance (6)
- I don’t know if I have health insurance (7)
- I have health insurance, but I don’t know the primary source (8)

N3Q80 What is your approximate cumulative grade average?

- A+ (1)
- A (2)
- A- (3)
- B+ (4)
- B (5)
- B- (6)
- C+ (7)
- C (8)
- C- (9)
- D+ (10)
- D (11)
- D- (12)
- F (13)
- N/A (14)

**N3Q81 Do you participate in organized college athletics at any of the following levels?
(Please mark the appropriate column for each row)**

	No (1)	Yes (2)
Varsity (N3Q87A)	<input type="radio"/>	<input type="radio"/>
Club Sports (N3Q87B)	<input type="radio"/>	<input type="radio"/>
Intramurals (N3Q87C)	<input type="radio"/>	<input type="radio"/>

N3Q82 Do you have any of the following? (Please mark the appropriate column for each row)

	No (1)	Yes (2)
Attention-Deficit/Hyperactivity Disorder (ADD or ADHD) (N3Q88A)	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder (N3Q88B)	<input type="radio"/>	<input type="radio"/>
Deaf/Hearing loss (N3Q88C)	<input type="radio"/>	<input type="radio"/>
Learning disability (N3Q88D)	<input type="radio"/>	<input type="radio"/>
Mobility/Dexterity disability (N3Q88E)	<input type="radio"/>	<input type="radio"/>
Blind/Low Vision (N3Q88F)	<input type="radio"/>	<input type="radio"/>
Speech or language disorder (N3Q88G)	<input type="radio"/>	<input type="radio"/>

N3Q83 Are you currently or have you been a member of the Armed Services?

- No (1)
- Yes and I **have** served in a geographic area of hazardous duty (2)
- Yes and I **have not** served in a geographic area of hazardous duty (3)

N3Q84 What is the highest level of education completed by either of your parents (or guardians)?

- Did not finish high school (1)
- High school diploma or GED (2)
- Attended college but did not complete degree (3)
- Associate's degree (AA, AS, etc.) or trade/technical training (4)
- Bachelor's degree (BA, BS, etc.) (5)
- Master's degree (MA, MS, MFA, MBA, MPP, MPA, MPH, etc.) (6)
- Doctoral or professional degree (PhD, EdD, JD, MD, etc.) (7)
- Don't know (8)

N3Q85 Are you a parent or do you have primary responsibility for someone else's child/children?

- No (1)
- Yes (2)

Any campus-specific extra questions will always begin with N3Q93

SCHOOLID is a variable used to identify cases coming from the same institution within a given survey period.

HT_INCH height in inches

WTKG weight in kilograms

Estimated Blood Alcohol Concentration (BAC) is based on the reported number of drinks consumed the last time they "partied" or socialized (N3Q26_1), their approximate length of time of consumption

(N3Q27_1), sex (N3Q73A), weight (N3Q77_1), and an average rate of ethanol metabolism (.015 g/100mL/hour.) BAC is a continuous variable.

RBAC1 collapses the continuous variable, estimated BAC, into a categorical variable where (1= YES) for those students with an estimated BAC under 0.08% the last time they “partied” or socialized.

RBAC2 collapses the continuous variable, estimated BAC, into a categorical variable where (1= YES) for those students with an estimated BAC under 0.10% the last time they “partied” or socialized.

Estimated Body Mass Index (BMI) is based on self-reported height (N3Q76_1 and N3Q76_2) and weight (N3Q77_1) and is a continuous variable. The calculation for computing BMI is $\text{weight (kg)} / [\text{height (m)}]^2$.

RBMI is the continuous BMI variable recoded into the following categories identified by the World Health Organization:

- (1) BMI <18.5 Underweight
- (2) BMI 18.5-24.9 Healthy Weight
- (3) BMI 25-29.9 Overweight
- (4) BMI 30-34.5 Class I Obesity
- (5) BMI 35-39.9 Class II Obesity
- (6) BMI \geq 40 Class III Obesity

RDIENER – Diener Flourishing Scale – Psychological Well-Being (PWB) Score (8-56)

RCDRISC2 - The Connor-Davison Resilience Scale (CD-RISC) Score (0-8)

RUSDAFI – USDA Food Security 6-item Short Scale Score (5 items when self-administered) (0-6)

RRUSDAFI - USDA Food Security 6-item Short Scale Score collapsed

- (1) Very low food security (5-6)
- (2) Low food security (2-4)
- (3) High or marginal food security (0-1)

RKESSLER6 - Kessler 6 Screening for Non-Specific Serious Mental Illness Score (0-24)

RRKESSLER6 - Kessler 6 Screening for Non-Specific Serious Mental Illness Score Collapsed

- (1) No or low psychological distress (0-8)
- (2) Moderate psychological distress (9-12)
- (3) Serious psychological distress (13-24)

RULS3 – UCLA Loneliness Scale Score (3-9)

RRULS3 - UCLA Loneliness Scale Score Collapsed

- (1) Negative for loneliness (3-5)
- (2) Positive for loneliness (6-9)

RSBQR - Suicide Behavior Questionnaire-Revised (SBQR) Screening Score (3-18)

RRSBQR - Suicide Behavior Questionnaire-Revised (SBQR) Screening Score

(1) Negative suicidal screening (3-6)

(2) Positive suicidal screening (7-18)

Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Substance Specific Involvement Scores (SSIS)

SSISTOBACCO – SSIS Tobacco Score (0-39)

SSISALCOHOL – SSIS Alcohol Score (0-39)

SSISCANNABIS – SSIS Cannabis Score (0-39) – **Adjusted for students with prescriptions for use and report using only as directed (does not take more than prescribed, nor more often than prescribed)**

SSISCOCAINE - SSIS Cocaine Score (0-39)

SSISRXSTIMULANT - SSIS Prescription Stimulant Score (0-39) – **Adjusted for students with prescriptions for use and report using only as directed (does not take more than prescribed, nor more often than prescribed)**

SSISMETH - SSIS Methamphetamine Score (0-39)

SSISINHALANT - SSIS Inhalant Score (0-39)

SSISSEDATIVE - SSIS Sedative or Sleeping Pill Score (0-39) – **Adjusted for students with prescriptions for use and report using only as directed (does not take more than prescribed, nor more often than prescribed)**

SSISHALLUCINOGEN - SSIS Hallucinogen Score (0-39)

SSISHEROIN - SSIS Heroin Score (0-39)

SSISRXOPIOID - SSIS Prescription Opioid Score (0-39) – **Adjusted for students with prescriptions for use and report using only as directed (does not take more than prescribed, nor more often than prescribed)**

SSISOTHER - SSIS Other Drug Score (0-39)

TOBACCORISK - SSIS Tobacco Score Collapsed

CANNABISRISK - Adjusted SSIS Cannabis Score Collapsed

COCAINERISK - SSIS Cocaine Score Collapsed

RXSTIMULANTRISK – Adjusted SSIS Prescription Stimulant Score Collapsed

METHRISK - SSIS Methamphetamine Score Collapsed

INHALANTRISK - SSIS Inhalant Score Collapsed

SEDATIVERISK – Adjusted SSIS Sedative or Sleeping Pills Score Collapsed

HALLUCINOGENRISK - SSIS Hallucinogen Score Collapsed

HEROINRISK - SSIS Heroin Score Collapsed

RXOPIOIDRISK – Adjusted SSIS Prescription Opioid Score Collapsed

OTHERSSISRISK - SSIS Other Drug Score Collapsed

(1) Low Risk (0-3)

(2) Moderate Risk (4-26)

(3) High Risk (27-39)

ALCOHOLRISK - SSIS Alcohol Score Collapsed

- (1) Low Risk (0-10)
- (2) Moderate Risk (11-26)
- (3) High Risk (27-39)

RSEX* - uses the responses to N3Q73A, N3Q73B, and N3Q73C to create a new variable, SEX AND GENDER. This variable is used to sort respondents into female and male categories in the ACHA-NCHA report documents.

- If a student's gender identity (N3Q73C) is consistent with their sex at birth (N3Q73A) AND the student selects "no" for transgender (N3Q73B), then RSEX is coded as female or male.
- If a student selects "yes" for transgender (N3Q73B) OR their sex at birth (N3Q73A) is not consistent with their gender identity (N3Q73C), then RSEX is coded as non-binary.
- If a student selects "intersex" for sex at birth (N3Q73A), then RSEX is coded as nonbinary even if transgender (N3Q73B) or gender identity (N3Q73C) are missing, with one exception:
 - If a student selects "intersex" for sex at birth (N3Q73A), transgender (N3Q73B) is "no" or missing, and gender identity (N3Q73C) is "female" or "male," then RSEX is coded as female or male, respectively.
- If a student skips any of the three questions used to compute RSEX, then they are sorted as missing, unless they selected "intersex" for sex at birth (N3Q73A).

- (1) Female
- (2) Male
- (3) Non-Binary
- (-9) Missing

****Note that you are under no obligation to use the variable RSEX, and you are welcome to recalculate it using different decision rules if you like. Responses from the original questions N3Q73A, N3Q73B, and N3Q73C remain in the data file for your use.***