



National College Health Assessment – Codebook

Note that this codebook was developed using the Spring version of the Original ACHA-NCHA. Every question that asks “within the last school year” in the Spring version of the survey, is worded “within the last 12 months” in the Fall version of the survey.

(variable names and value labels are highlighted in yellow)

The following questions ask about various aspects of your health. This survey is completely voluntary. You may choose not to participate or not to answer any specific questions. You may skip any question you are not comfortable answering. The survey is confidential. E-mail contact information is destroyed before data are compiled to protect anonymity. Composite data will then be shared with your campus for use in health promotion activities.

**NAVIGATE WITH THE MOUSE OR PRESS THE TAB KEY AFTER EACH ENTRY
DO NOT USE THE ENTER KEY**

The first 10 questions ask about health, health education, and safety

1) Considering your age, how would you describe your general health? (Q1)

- ☐ Excellent (1)
- ☐ Very good (2)
- ☐ Good (3)
- ☐ Fair (4)
- ☐ Poor (5)
- ☐ Don't know (6)

2) On which of the following health topics have you received information from your college or university in the last school year? (Select all that apply) (Q2)

- ☐ Tobacco use prevention (A)
- ☐ Alcohol and other drug use prevention (B)
- ☐ Sexual assault/relationship violence prevention (C)
- ☐ Violence prevention (D)
- ☐ Injury prevention and safety (E)
- ☐ Suicide prevention (F)
- ☐ Pregnancy prevention (G)
- ☐ AIDS/ HIV (H)
- ☐ Sexually transmitted disease (STD) prevention (I)
- ☐ Dietary behaviors and nutrition (J)
- ☐ Physical activity and fitness (K)
- ☐ None of the above (L)

1 = CHECKED

3) Use the scale below to record the BELIEVABILITY of each source of health information (Please mark the best response for each question to the right) (Q3)

	(1)	(2)	(3)
	Believable	Neither Believable Nor Unbelievable	Unbelievable
(A) Leaflets, pamphlets, flyers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Campus newspaper articles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Health center medical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Health educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Resident assistants/advisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Use the scale below to record the BELIEVABILITY of each source of health information (Please mark the best response for each question to the right) (Q3)

	(1)	(2)	(3)
	Believable	Neither Believable Nor Unbelievable	Unbelievable
(H) Religious Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(K) Campus peer educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(L) Faculty/coursework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(M) Internet/world wide web	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(N) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Do you usually get health-related information from any of the following sources? (Q4)

	(1)	(2)
	No	Yes
(A) Leaflets, pamphlets, flyers	<input type="radio"/>	<input type="radio"/>
(B) Campus newspaper articles	<input type="radio"/>	<input type="radio"/>
(C) Health center medical staff	<input type="radio"/>	<input type="radio"/>
(D) Health educators	<input type="radio"/>	<input type="radio"/>
(E) Friends	<input type="radio"/>	<input type="radio"/>
(F) Resident assistants/advisors	<input type="radio"/>	<input type="radio"/>
(G) Parents	<input type="radio"/>	<input type="radio"/>

6) Do you usually get health-related information from any of the following sources? (Q4)

	(1)	(2)
	No	Yes
(H) Religious Center	<input type="radio"/>	<input type="radio"/>
(I) Television	<input type="radio"/>	<input type="radio"/>
(J) Magazines	<input type="radio"/>	<input type="radio"/>
(K) Campus peer educators	<input type="radio"/>	<input type="radio"/>
(L) Faculty/coursework	<input type="radio"/>	<input type="radio"/>
(M) Internet/world wide web	<input type="radio"/>	<input type="radio"/>
(N) Other	<input type="radio"/>	<input type="radio"/>

7) Within the last school year, how often did you: (Please mark the appropriate column for each row) (Q5)

	(1)	(2)	(3)	(4)	(5)	(6)
	N/A didn't do this within the last school year	Never	Rarely	Sometimes	Most of the time	Always
(A) Wear a seatbelt when you rode in a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Wear a helmet when you rode a bicycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Wear a helmet when you rode a motorcycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Wear a helmet when you were inline skating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) Within the last school year, were you: (Q6)

	(1)	(2)
	No	Yes
(A) In a physical fight?	<input type="radio"/>	<input type="radio"/>
(B) Physically assaulted (do not include sexual assault)?	<input type="radio"/>	<input type="radio"/>

9) Within the last school year, have you experienced: (Q7)

	(1)	(2)
	No	Yes
(A) Verbal threats for sex against your will?	<input type="radio"/>	<input type="radio"/>
(B) Sexual touching against your will?	<input type="radio"/>	<input type="radio"/>
(C) Attempted sexual penetration (vaginal, anal, oral intercourse) against your will?	<input type="radio"/>	<input type="radio"/>
(D) Sexual penetration (vaginal, anal, oral intercourse) against your will?	<input type="radio"/>	<input type="radio"/>

10) Within the last school year, have you been in a relationship that was: (Q8)

	(1)	(2)
	No	Yes
(A) Emotionally abusive?	<input type="radio"/>	<input type="radio"/>
(B) Physically abusive?	<input type="radio"/>	<input type="radio"/>
(C) Sexually abusive?	<input type="radio"/>	<input type="radio"/>

The next 15 questions ask about alcohol, tobacco, and drugs.

11) Within the last 30 days, on how many days did you use: (Mark one for each row) (Q9)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in last 30 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
(A) Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12) Within the last 30 days, on how many days did you use: (Mark one for each row) (Q9)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in last 30 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
(F) Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Amphetamines (diet pills, speed, meth, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Rohypnol (roofies), GHB, or Liquid X (intentional use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) MDMA (Ecstasy, XTC, E, X, Adam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) Within the last 30 days, how often do you think the typical student at your school used: State your best estimate. (Mark one for each row) (Q10)

	(1)	(2)	(3)
	Never used	One or more days	Used daily
(A) Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Amphetamines (diet pills, speed, meth, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Rohypnol (roofies), GHB, or Liquid X (intentional use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) MDMA (Ecstasy, XTC, E, X, Adam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

14) Within the last 30 days, did you: (Mark one for each row) (Q11)

	(1)	(2)	(3)	(4)
	Not applicable Don't drive	Not applicable Don't drink	No	Yes
(A) Drive after drinking any alcohol at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Drive after having 5 or more drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15) The last time you "partied"/socialized, how many hours did you drink alcohol? State your best estimate. (Q12)

_____ Hours

16) The last time you "partied"/socialized, how many alcoholic drinks did you have? State your best estimate. (Q13)

_____ Drinks

17) In the last two weeks, on how many occasions did you drink the same or more alcohol as indicated in item #16? State your best estimate. (Q14)

_____ Occasions

18) How many alcoholic drinks do you think the typical student at your school had the last time he/she "partied"/socialized? (Q15)

Drinks

19) Think back over the last two weeks. How many times, if any, have you had five or more alcoholic drinks at a sitting? (Q16)

- ☐ 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 or more times (10)

(Please mark the appropriate column for each row)

20) During the last school year, if you "partied"/socialized, how often did you... (Q17)

	(1)	(2)	(3)	(4)	(5)	(6)
	Not applicable Don't drink	Always	Usually	Sometimes	Rarely	Never
(A) Alternate non-alcoholic with alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Determine, in advance, not to exceed a set number of drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Choose not to drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Use a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Eat before and/or during drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21) During the last school year, if you "partied"/socialized, how often did you... (Q17)

	(1)	(2)	(3)	(4)	(5)	(6)
	Not applicable Don't drink	Always	Usually	Sometimes	Rarely	Never
(F) Have a friend let you know when you've had enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Keep track of how many drinks you were having	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Pace your drinks to 1 or fewer per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Avoid drinking games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Drink an alcoholic look-alike (non-alcoholic beer, punch etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please mark the appropriate column for each row)

22) If you drink alcohol, within the last school year, have you experienced any of the following as a consequence of your drinking? (Q18)

	(1)	(2)	(3)
	Not applicable Don't drink	No	Yes
(A) Physically injured yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Physically injured another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Been involved in a fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Did something you later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Forgot where you were or what you did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Force/threat for sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Had unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23) Within the last 30 days, what percent of students at your school used Cigarettes? State your best estimate. (Q19)

_____ Percent (A)

24) Within the last 30 days, what percent of students at your school used Alcohol? State your best estimate.

_____ Percent (B)

25) Within the last 30 days, what percent of students at your school used Rohypnol or GHB? State your best estimate.

_____ Percent (C)

The next 11 questions ask about sex behavior, perceptions, and contraception.

26) Within the last school year, with how many partners, if any, have you had sex (oral, vaginal, or anal)? (Q20)

_____ Number of Partners

27) Within the last school year, were your sexual partner(s), if any, (Q21)

- ☐ N/A (1)
- ☐ Male (2)
- ☐ Female (3)
- ☐ Both Male and Female (4)

28) Within the last school year, with how many partners do you think the typical student at your school has had sex (oral, vaginal, or anal)? (Q22)

_____ Number of Partners

(Please mark the appropriate column for each row)

29) Within the last 30 days, if you are sexually active, how many times did you have: (Q23)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never did this sexual activity	Have not done this during last 30 days	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	11 or more times
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please mark the appropriate column for each row)

30) How many times within the last 30 days do you think the typical student at your school has had: (Q24)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	0 times	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	11 or more times
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please mark the appropriate column for each row)

31) Within the last 30 days, if you are sexually active, how often did you or your partner(s) use a condom during: (Q25)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Never did this sexual activity	Have not done this during last 30 days	Never	Rarely	Sometimes	Mostly	Always
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please mark the appropriate column for each row)

32) Within the last 30 days, how often do you think the typical student at your school has used a condom during: (Q26)

	(1)	(2)	(3)	(4)	(5)	(6)
	Typical student not participate	Never	Rarely	Sometimes	Mostly	Always
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Please mark the appropriate column for each row)

33) If you are sexually active, did you use a condom the last time you had: (Q27)

	(1)	(2)	(3)	(4)
	Never did this sexual activity	No	Yes	Don't know Don't remember
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal Intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34) If you have had vaginal intercourse, what method did you or your partner use to prevent pregnancy the last time? (Select all that apply) (Q28)

- ☐ Have not had vaginal intercourse (A)
- ☐ Birth control pills (B)
- ☐ Depo Provera (shots) (C)
- ☐ Norplant (implant) (D)
- ☐ Condoms (male or female) (E)
- ☐ Diaphragm/Cervical cap/Sponge (F)
- ☐ Spermicide (e.g. foam) (G)
- ☐ Fertility awareness (calendar, mucous, basal body temperature) (H)
- ☐ Withdrawal (I)
- ☐ Other method (J)
- ☐ Nothing (K)

1 = CHECKED

35) Within the last school year, if you are sexually active, have you or your partner(s) used emergency contraception ("morning after pill")? (Q29)

- ☐ No (1)
- ☐ Yes (2)
- ☐ Don't know (3)
- ☐ Not sexually active (4)

36) Within the last school year, have you unintentionally become pregnant or gotten someone else pregnant? (Q30)

- ☐ Have not had vaginal intercourse within the last school year (1)
- ☐ No (2)
- ☐ Yes (3)
- ☐ Don't know (4)

The next 5 questions ask about weight, nutrition, and exercise.

37) How do you describe your weight? (Q35)

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

38) Are you trying to do any of the following about your weight? (Q36)

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

39) Within the last 30 days, did you do any of the following? (select all that apply) (Q37)

- ☐ Exercise to lose weight (A)
- ☐ Diet to lose weight (B)
- ☐ Vomit or take laxatives to lose weight (C)
- ☐ Take diet pills to lose weight (D)
- ☐ I didn't do any of the above (E)

1 = CHECKED

40) How many servings of fruits and vegetables do you usually have per day (1 serving=1 medium piece of fruit, 1/2 cup chopped, cooked or canned fruit/vegetables, 3/4 cup fruit/vegetable juice, small bowl of salad greens, or 1/2 cup dried fruit)? (Q38)

- ☐ I don't eat fruits and vegetables (1)
- ☐ 1-2 (2)
- ☐ 3-4 (3)
- ☐ 5 or more (4)

(Please mark the appropriate column for each row)

41) On how many of the past 7 days did you: (Q39)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
(A) Participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Do exercises to strength or tone your muscles, such as push-ups, sit-ups, or weight lifting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Get enough sleep so that you felt rested when you woke up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 10 questions ask about mental and physical health.

(Please mark the appropriate column for each row)

42) Within the last school year how many times have you: (Q40)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Never	1-2 times	3-4 times	5-6 times	7-8 times	9-10 times	11 or more times
(A) Felt things were hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Felt overwhelmed by all you had to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Felt exhausted (not from physical activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Felt very sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Felt so depressed that it was difficult to function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Seriously considered attempting suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Attempted suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43) Have you ever been diagnosed with depression? (Q41)

☐ Yes (1)

☐ No (2)

44) If Yes: (Q41)

	(1)	(2)
	No	Yes
(A) Have you been diagnosed with depression within the last school year?	<input type="radio"/>	<input type="radio"/>
(B) Are you currently in therapy for depression?	<input type="radio"/>	<input type="radio"/>
(C) Are you currently taking medication for depression?	<input type="radio"/>	<input type="radio"/>

45) Have you: (Q42)

	(1) No	(2) Yes	(3) Don't Know
(A) Been vaccinated against hepatitis B?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Been vaccinated against meningococcal disease (meningococcal meningitis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Been vaccinated against varicella (chicken pox)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Been vaccinated with measles, mumps, rubella (2 shots)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Been vaccinated against influenza (the flu) in the last year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Had a dental exam and cleaning in the last year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) (Males) Performed testicular self exam in the last month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) (Females) Performed breast self exam in the last month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) (Females) Had a routine gynecological exam in the last year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Had your blood pressure checked in the last 2 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(K) Had your cholesterol checked in the last 5 years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(L) Used sunscreen daily?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46) Have you ever been tested for HIV infection? (Q31)

- ☐ No (1)
☐ Yes (2)
☐ Don't know (3)

47) Within the last school year, have you had any of the following? (Q43)

	(1) No	(2) Yes
(A1) Allergy problems	<input type="radio"/>	<input type="radio"/>
(B1) Anorexia	<input type="radio"/>	<input type="radio"/>
(C1) Anxiety Disorder	<input type="radio"/>	<input type="radio"/>
(D1) Asthma	<input type="radio"/>	<input type="radio"/>
(E1) Bulimia	<input type="radio"/>	<input type="radio"/>
(F1) Chronic Fatigue Syndrome	<input type="radio"/>	<input type="radio"/>
(G1) Depression	<input type="radio"/>	<input type="radio"/>
(H1) Diabetes	<input type="radio"/>	<input type="radio"/>
(I1) Endometriosis	<input type="radio"/>	<input type="radio"/>
(J1) Genital Herpes	<input type="radio"/>	<input type="radio"/>
(K1) Genital warts/HPV	<input type="radio"/>	<input type="radio"/>
(L1) Hepatitis B or C	<input type="radio"/>	<input type="radio"/>
(M1) High blood pressure	<input type="radio"/>	<input type="radio"/>
(N1) High cholesterol	<input type="radio"/>	<input type="radio"/>
(O1) HIV infection	<input type="radio"/>	<input type="radio"/>

48) Within the last school year, have you had any of the following? (Q43)

	(1)	(2)
	No	Yes
(P1) Repetitive stress injury (e.g. carpal tunnel syndrome)	<input type="radio"/>	<input type="radio"/>
(Q1) Seasonal Affect Disorder	<input type="radio"/>	<input type="radio"/>
(R1) Substance abuse problem	<input type="radio"/>	<input type="radio"/>
(S1) Back pain	<input type="radio"/>	<input type="radio"/>
(T1) Broken bone/fracture	<input type="radio"/>	<input type="radio"/>
(U1) Bronchitis	<input type="radio"/>	<input type="radio"/>
(V1) Chlamydia	<input type="radio"/>	<input type="radio"/>
(W1) Ear Infection	<input type="radio"/>	<input type="radio"/>
(X1) Gonorrhea	<input type="radio"/>	<input type="radio"/>
(Y1) Mononucleosis	<input type="radio"/>	<input type="radio"/>
(Z1) Pelvic Inflammatory Disease	<input type="radio"/>	<input type="radio"/>
(AA1) Sinus Infection	<input type="radio"/>	<input type="radio"/>
(AB1) Strep throat	<input type="radio"/>	<input type="radio"/>
(AC1) Tuberculosis	<input type="radio"/>	<input type="radio"/>

49) Have you ever been diagnosed with any of the following? (Q43)

	(1)	(2)
	No	Yes
(A2) Allergy problems	<input type="radio"/>	<input type="radio"/>
(B2) Anorexia	<input type="radio"/>	<input type="radio"/>
(C2) Anxiety Disorder	<input type="radio"/>	<input type="radio"/>
(D2) Asthma	<input type="radio"/>	<input type="radio"/>
(E2) Bulimia	<input type="radio"/>	<input type="radio"/>
(F2) Chronic Fatigue Syndrome	<input type="radio"/>	<input type="radio"/>
(G2) Depression	<input type="radio"/>	<input type="radio"/>
(H2) Diabetes	<input type="radio"/>	<input type="radio"/>
(I2) Endometriosis	<input type="radio"/>	<input type="radio"/>
(J2) Genital Herpes	<input type="radio"/>	<input type="radio"/>
(K2) Genital warts/HPV	<input type="radio"/>	<input type="radio"/>
(L2) Hepatitis B or C	<input type="radio"/>	<input type="radio"/>
(M2) High blood pressure	<input type="radio"/>	<input type="radio"/>
(N2) High cholesterol	<input type="radio"/>	<input type="radio"/>
(O2) HIV infection	<input type="radio"/>	<input type="radio"/>

50) Have you ever been diagnosed with any of the following? (Q43)

	(1)	(2)
	No	Yes
(P2) Repetitive stress injury (e.g. carpal tunnel syndrome)	<input type="radio"/>	<input type="radio"/>
(Q2) Seasonal Affect Disorder	<input type="radio"/>	<input type="radio"/>
(R2) Substance abuse problem	<input type="radio"/>	<input type="radio"/>
(S2) Back pain	<input type="radio"/>	<input type="radio"/>
(T2) Broken bone/fracture	<input type="radio"/>	<input type="radio"/>
(U2) Bronchitis	<input type="radio"/>	<input type="radio"/>
(V2) Chlamydia	<input type="radio"/>	<input type="radio"/>
(W2) Ear Infection	<input type="radio"/>	<input type="radio"/>
(X2) Gonorrhea	<input type="radio"/>	<input type="radio"/>
(Y2) Mononucleosis	<input type="radio"/>	<input type="radio"/>
(Z2) Pelvic Inflammatory Disease	<input type="radio"/>	<input type="radio"/>
(AA2) Sinus Infection	<input type="radio"/>	<input type="radio"/>
(AB2) Strep throat	<input type="radio"/>	<input type="radio"/>
(AC2) Tuberculosis	<input type="radio"/>	<input type="radio"/>

The next 4 questions ask about impediments to academic performance.

51) Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (Q44)

	(1)	(2)	(3)	(4)	(5)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course
(A) Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Assault (physical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Assault (sexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Attention Deficit Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52) Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (Q44)

	(1)	(2)	(3)	(4)	(5)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course
(F) Cold/Flu/Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Concern for a troubled friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Chronic illness (diabetes, asthma, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Death of a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53) Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (Q44)

	(1)	(2)	(3)	(4)	(5)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course
(K) Depression/Anxiety Disorder/Seasonal Affective Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(L) Drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(M) Eating disorder/problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(N) HIV Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(O) Injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(P) Internet use/computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Q) Learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

54) Within the last school year, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (Q44)

	(1)	(2)	(3)	(4)	(5)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course
(R) Mononucleosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(S) Pregnancy (yours or your partner's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(T) Relationship difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(U) Sexually transmitted disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(V) Sinus infection/ear infection/bronchitis/strep throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(W) Sleep difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(X) Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Y) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The last questions ask about demographic characteristics.

55) How old are you? (Q45)

_____ Years

56) What is your sex? (Q46)

- ☐ Female (1)
☐ Male (2)

The next two questions ask about your height. For example if your height is 5 foot, 7 inches, please indicate "5" in question 57 and "7" in question 58.

57) What is your height in feet? (Q47)

58) and inches? (Q47)

59) What is your weight in pounds? (Q48)

_____ Pounds

60) Year in school: (Q49)

- ☐ 1st year undergraduate (1)
- ☐ 2nd year undergraduate (2)
- ☐ 3rd year undergraduate (3)
- ☐ 4th year undergraduate (4)
- ☐ 5th year undergraduate (5)
- ☐ Graduate or professional (6)
- ☐ Adult special (7)
- ☐ Other (8)

61) Are you a full-time student? (Q50)

- ☐ Yes (1)
- ☐ No (2)

62) How do you usually describe yourself? (Mark all that apply) (Q51)

- ☐ White-not Hispanic (includes Middle Eastern) (A)
- ☐ Black-not Hispanic (B)
- ☐ Hispanic or Latino (C)
- ☐ Asian or Pacific Islander (D)
- ☐ American Indian or Alaskan Native (E)
- ☐ Other (F)

1 = CHECKED

63) Are you an international student? (Q52)

- ☐ Yes (1)
- ☐ No (2)

64) What is your current relationship status? (Q53)

- ☐ Single (1)
- ☐ Married/domestic partner (2)
- ☐ Engaged or committed dating relationship (3)
- ☐ Separated (4)
- ☐ Divorced (5)
- ☐ Widowed (6)

65) Which of the following best describes you? (Q32)

- ☐ Heterosexual (1)
- ☐ Gay/Lesbian (2)
- ☐ Bisexual (3)
- ☐ Transgendered (4)
- ☐ Unsure (5)

66) Where do you currently live? (Q54)

- ☐ Campus residence hall (1)
- ☐ Fraternity or sorority house (2)
- ☐ Other university/college housing (3)
- ☐ Off-campus housing (4)
- ☐ Parent/guardian's home (5)
- ☐ Other (6)

67) Are you a member of a social fraternity or sorority? (National Interfraternity Conference, National Panhellenic Conference, or National Pan-Hellenic Council) (Q55)

- ☐ Yes (1)
- ☐ No (2)

68) How many hours a week do you work for pay? (Q56)

- ☐ 0 hours (1)
- ☐ 1-9 hours (2)
- ☐ 10-19 hours (3)
- ☐ 20-29 hours (4)
- ☐ 30-39 hours (5)
- ☐ 40 hours (6)
- ☐ more than 40 hours (7)

69) If you have a credit card(s) how much total credit card debt did you carry last month? That is, what was the total unpaid balance on all of your cards (that you are responsible for paying)? (Q33)

- ☐ None, I don't have any credit cards/I'm not responsible for paying (1)
- ☐ None, I pay the full amount each month (2)
- ☐ \$1-\$99 (3)
- ☐ \$100-\$249 (4)
- ☐ \$250-\$499 (5)
- ☐ \$500-\$999 (6)
- ☐ \$1,000-\$1,999 (7)
- ☐ \$2,000-\$2,999 (8)
- ☐ \$3,000-\$3,999 (9)
- ☐ \$4,000-\$4,999 (10)
- ☐ \$5,000-\$5,999 (11)
- ☐ \$6,000 or more (12)

70) What is your approximate cumulative grade average? (Q34)

- ☐ A (1)
- ☐ B (2)
- ☐ C (3)
- ☐ D/F (4)
- ☐ N/A (5)

71) How many hours a week do you volunteer? (Q57)

- ☐ 0 hours (1)
- ☐ 1-9 hours (2)
- ☐ 10-19 hours (3)
- ☐ 20-29 hours (4)
- ☐ 30-39 hours (5)
- ☐ 40 hours (6)
- ☐ more than 40 hours (7)

72) Do you have any kind of health insurance (including prepaid plans such as HMOs-health maintenance organizations)? (Q58)

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)

Thank you for taking the time and thought to complete this survey. We appreciate your participation!