American College Health Association National College Health Assessment (ACHA-NCHA)



Administered Spring 2006, Fall 2008, Spring 2010, and Spring 2016

> Response Rates: 2006: 36.3% 2008: 35.2% 2010: 43.0% 2016: 35.8%

American College Health Association National College Health Assessment

Instructions:

3/8" spine perf The following questions ask about various aspects of your health.

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

Select only one response unless instructed otherwise.

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

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

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

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

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

American College Health Association

National College Health Assessment

PAGE ONE
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1.	How would you describe your general health? C Excellent C Very good C Good Fair C	⊃ Poor	
		2. Have you received information on the following topics from your college or university?	3. Are you interest in receiving information on t following topics from your colleg or university?
	(Please mark the appropriate column for each question to the right)	No Yes	No Yes
	Alcohol and other drug use	ŏ ŏ	ŏ ŏ
	Cold/Flu/Sore throat		0
	Depression/Anxiety		0 0
	Eating disorders	0 0	0 0
	Grief and loss	0 0	0 0
	How to help others in distress	0 0	
	Injury prevention Nutrition		
	Physical activity Pregnancy prevention	0 0	
	Problem use of Internet/computer games		
	Relationship difficulties		
	Sexual assault/Relationship violence prevention		0 0
	Sexually transmitted disease/infection (STD/I) prevention		0
	Sleep difficulties		0 0
	Stress reduction		0 0
	Suicide prevention	0 0	0 0
	Tobacco use		0 0
	Violence prevention	0 0	0 0
			Al
			Most of the tin
	Within the last 10 menths, how often did your		Sometimes
4.	Within the last 12 months, how often did you:		Rarely
	(Please mark the appropriate		Never
	column for each row) N/A, o	did not do this activity within th	e last 12 months
	Wear a seatbelt when you rode in a car?		0000
	Wear a helmet when you rode a bicycle? Wear a helmet when you rode a motorcycle?		
	Wear a helmet when you were inline skating?		0000
	wear a nemier when you were nime skating:		0000
5.	Within the last 12 months:		1
	(Please mark the appropriate column for each row)		
	Were you in a physical fight?		
	Were you maphysical light? Were you physically assaulted (do not include sexual ass	cault)?	
	Were you verbally threatened?		
	Were you sexually touched without your consent?		
	Was sexual penetration attempted (vaginal, anal, oral) wit	hout your consent?	
	Were you sexually penetrated (vaginal, anal, oral) without		
	Were you a victim of stalking (e.g., waiting for you outside	-	
	residence, or office; repeated emails/phone calls)?		

	Always
	Most of the time
4. Within the last 12 months, how often did you:	Sometimes
4. Within the last 12 months, now often did you.	Rarely
(Please mark the appropriate	Never
column for each row)	N/A, did not do this activity within the last 12 months
Wear a seatbelt when you rode in a car?	00000
Wear a helmet when you rode a bicycle?	000000
Wear a helmet when you rode a motorcycle?	000000
Wear a helmet when you were inline skating?	00000

i. Within the last 12 months:	Yes
(Please mark the appropriate column for each row)	
Were you in a physical fight?	00
Were you physically assaulted (do not include sexual assault)?	00
Were you verbally threatened?	00
Were you sexually touched without your consent?	00
Was sexual penetration attempted (vaginal, anal, oral) without your consent?	00
Were you sexually penetrated (vaginal, anal, oral) without your consent?	00
Were you a victim of stalking (e.g., waiting for you outside your classroom,	
residence, or office; repeated emails/phone calls)?	00

(Please mark the appropriate column for each row)	No
Emotionally abusive? (e.g., called derogatory names, yelled at, ridiculed)	Č
Physically abusive? (e.g., kicked, slapped, punched)	0
Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform	
or have an unwanted sexual act performed on you)	C

	Very safe
7. How safe do you feel:	Somewhat safe
	Somewhat unsafe
(Please mark the appropriate column for each row)	Not safe at all
On this campus (daytime)?	0000
On this campus (nighttime)?	0000
In the community surrounding this school (daytime)?	0000
In the community surrounding this school (nighttime)?	0000

Alcohol, Tobacco, and Drugs						
8. Within the last 30 days, on how many days did you use:	3-5 days 1-2 days Have used, but not in last 30 days	10-19 days 20-29 days				
(Please mark the appropriate column for each row)	Never used	Used daily				
Cigarettes		0000				
Tobacco from a water pipe (hookah)	0000	0000				
Cigars, little cigars, clove cigarettes	0000	0000				
Smokeless tobacco	0000	0000				
Alcohol (beer, wine, liquor)	0000	0000				
Marijuana (pot, weed, hashish, hash oil)	0000	0000				
Cocaine (crack, rock, freebase)	0000	0000				
Methamphetamine (crystal meth, ice, crank)	0000	0000				
Other amphetamines (diet pills, bennies)	0000	0000				
Sedatives (downers, ludes)	0000	0000				
Hallucinogens (LSD, PCP)	0000	0000				
Anabolic steroids (Testosterone)	0000	0000				
Opiates (heroin, smack)	0000	0000				
Inhalants (glue, solvents, gas)	0000	0000				
MDMA (Ecstasy)	0000	0000				
Other club drugs (GHB, Ketamine, Rohypnol)	0000	0000				
Other illegal drugs	0000	0000				

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	Within the last 30 days, how often do you think the typical student at your school used:	3-5 days 6-9 days 1-2 days 10-19 days
	(State your best estimate; Please mark the appropriate column for each row)	lave used, but not in last 30 days Never used
(Cigarettes	0000000
	Tobacco from a water pipe (hookah)	0000000
	Cigars, little cigars, clove cigarettes	0000000
	Smokeless tobacco	0000000
	Alcohol (beer, wine, liquor)	0000000
	Marijuana (pot, weed, hashish, hash oil)	0000000
	Cocaine (crack, rock, freebase)	0000000
	Methamphetamine (crystal meth, ice, crank)	0000000
	Other amphetamines (diet pills, bennies)	0000000
	Sedatives (downers, ludes) Hallucinogens (LSD, PCP)	
	Anabolic steroids (Testosterone)	0000000
	Opiates (heroin, smack)	0000000
	Inhalants (glue, solvents, gas)	0000000
	MDMA (Ecstasy)	0000000
	Other club drugs (GHB, Ketamine, Rohypnol)	0000000
	Other illegal drugs	0000000
	.	
	e drink of alcohol is defined as a 12 oz. can or bottle quor straight or in a mixed drink.	of beer or wine cooler, a 4 oz. glass of wine, or a sh
10. ⁻	The last time you D 11. The last time y	you H 12. How many drinks of D
	"partied"/socialized how B "partied"/social	alized over 0 alcohol do you think B
	many drinks of alcohol	rrs did you U 1 1 the typical student I
	did you nave? (If you did N drink alcohol?	(If you did R 2 2 at your school had N
	not drink alconol, please K not drink alcoh	iol, please S the last time ne/sne K
	enter 00. If less than 10, S enter 00. If less	s than 10, "partied"/socialized? S
(enter 01, 02, 03, etc.)	s, etc.) (If you think the typical
	66	student at your school
		does not drink alcohol,
	8 8	B B b b b b b b b b b b b b b b b b b b
	99	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Q	00, 610.9
13. (Over the last two weeks, how many times have you had	five or more drinks of alcohol at a sitting?
	○ N/A, don't drink ○ 2 times ○ 5 times	
	○ None ○ 3 times ○ 6 times	
	O 1 time O 4 times O 7 times	O 10 or more times
14. \	Within the last 30 days, did you:	No
	(Please mark the appropriate column for each row)	N/A, don't drink N/A, don't drive
	Drive after drinking any alcohol at all	000
ļ	Drive after drinking five or more drinks of alcohol	000

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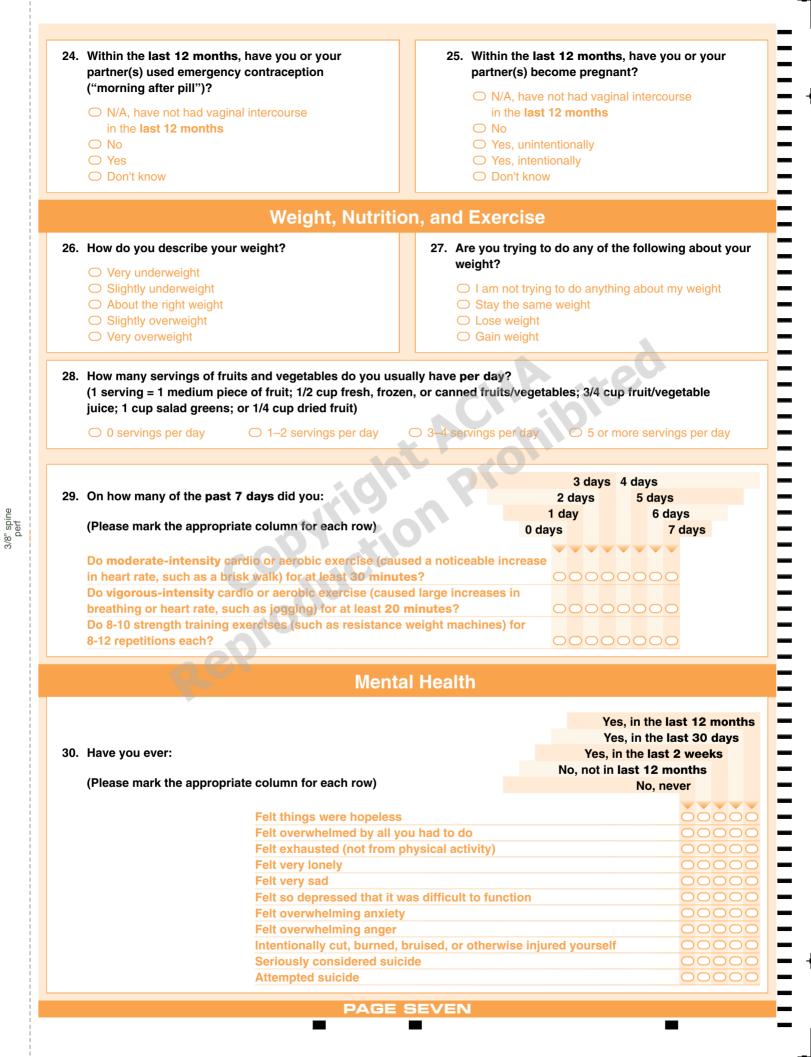
"	During the last 12 months, when you partied"/socialized, how often did you:		Sometimes
		Never N/A, don't drink	Most of the time
-	Please mark the appropriate column for each row)		
	Iternate non-alcoholic with alcoholic beverages		0000
	woid drinking games		0000
	Choose not to drink alcohol		0000
	Determine, in advance, not to exceed a set number of drinks		0000
	at before and/or during drinking lave a friend let you know when you have had enough		0000
	Keep track of how many drinks you were having		
	Pace your drinks to 1 or fewer per hour		
	Stay with the same group of friends the entire time you were drinking		
	Stick with only one kind of alcohol when drinking		
	Ise a designated driver		0000
_			
i. V	Vithin the last 12 months, have you experienced any of the following	α	Yes
v	vhen drinking alcohol?	5	No N/A, don't drink
(Please mark the appropriate column for each row)		
C	id something you later regretted		
F	Forgot where you were or what you did		
	Rot in trouble with the police		000
	Someone had sex with me without my consent		000
	lad sex with someone without their consent		000
	lad unprotected sex		000
	Physically injured yourself		
P	Physically injured another person		
P			
P	Physically injured another person		
F S	Physically injured another person		
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)		Alcohol Marijua
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used	Alcohol % Used @ @ @ @ @ @ @
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (0) (1) (1)	Alcohol % Used @ @ @ @ @ @ @ @ @ @
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (0) (1) (1) (2) (2)	Alcohol % Used 0 0 1 1 2 2 2 2 2
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (0) (1) (1) (2) (2) (3) (3)	Alcohol % Used 0 0 1 1 2 2 3 3 3
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (0) (1) (1) (2) (2) (3) (3) (4) (4)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (0) (1) (1) (2) (2) (3) (3) (4) (4) (5) (5)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 4 6 5 5
F S	Physically injured another person Seriously considered suicide Vithin the last 30 days, what percent of students at your school use	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (6)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 4 4 5 5 6 6 6 6
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (6) (7) (7)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 7 7
r. v	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 8 6 8 8
F S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (0) (1) (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (6) (7) (7)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 7 7
r S S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 8 6 8 8
r S S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 9 9
8.	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 8 6 8 8
7. V S	Physically injured another person Seriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 9 9 8 8 9 9 8 9 9 8 9 9
7. V S	Physically injured another person beriously considered suicide Within the last 30 days, what percent of students at your school use state your best estimate. (If less than 10, please enter 00, 01, 02, etc.)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used 0 0 1 1 2 2 3 3 4 4 6 5 5 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9
7. V S	Physically injured another person Beriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.) Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you? (Please mark the appropriate column for each row) Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used % Used 0 0 1 1 2 2 3 3 4 4 4 5 5 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9
7. V S	Physically injured another person Beriously considered suicide Within the last 30 days, what percent of students at your school use State your best estimate. (If less than 10, please enter 00, 01, 02, etc.) Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you? (Please mark the appropriate column for each row) Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft) Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)	% Used (1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (6) (5) (6) (5) (7) (7) (8) (8)	Alcohol % Used % Used 0 0 0 1 1 2 2 3 3 4 4 6 5 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9

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 19. Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 00. If less than 10, enter 01, 02, 03, etc.) P A D D	
Image Image <tr< th=""><th>Yes</th></tr<>	Yes
21. Within the last 30 days, did you have:	Yes
(Please mark the appropriate column for each row)No, have done this sexual activi past but not in the last No, have never done this sexual activi Dral sex?Oral sex? Vaginal intercourse?	30 days ctivity
Anal intercourse?	000
22. Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during: (Please mark the appropriate column for each row) Oral sex? Vaginal intercourse? Anal intercourse?	CONDOM/ BARRIER USE
 23A. Did you or your partner use a method of birth control to prevent pregnancy the last time you had vaginal intercourse? Yes (continue to item 23B) N/A, have not had vaginal intercourse (skip to item 24) No, have not had vaginal intercourse that could result in a pregnancy (skip to item 24) No, did not want to prevent pregnancy (skip to item 24) No, did not use any birth control method (skip to item 24) Don't know (skip to item 24) 	
23B. Please indicate whether or not you or your partner used each of the following methods of birth control pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each ro	,
23B. Please indicate whether or not you or your partner used each of the following methods of birth control pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each ro	Yes No
pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each ro Yes No Birth control pills (monthly or extended cycle) Birth control shots Diaphragm or cervical cap Contraceptive sponge Spermicide (e.g., foam, jelly, cream)	
pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each ro Yes No Birth control pills (monthly or extended cycle)	No



Yes, other treatment Yes, treated with medication and psychotherapy Yes, treated with psychotherapy Yes, treated with medication Yes, diagnosed but not treated No

(Please mark the appropriate column for each row)

Anorexia	000000
Anxiety	000000
Attention Deficit and Hyperactivity Disorder (ADHD)	000000
Bipolar Disorder	000000
Bulimia	000000
Depression	000000
Insomnia	000000
Other sleep disorder	000000
Obsessive Compulsive Disorder (OCD)	00000
Panic attacks	000000
Phobia	000000
Schizophrenia	000000
Substance abuse or addiction (alcohol or other drugs)	2000000
Other addiction (e.g., gambling, internet, sexual)	000000
Other mental health condition	000000

32. Have you ever been diagnosed with depression?

 $\bigcirc N_0 \bigcirc$

33. Within the last 12 months, have a	ny of the following been traumatic or very difficult for you to handle?	Yes
(Please mark the appropriate colu	nn for each row)	No
	Academics	00
	Career-related issue	
	Death of a family member or friend	00
	Family problems	00
	Intimate relationships	00
	Other social relationships	00
	Finances	00
	Health problem of a family member or partner	00
	Personal appearance	$\bigcirc \bigcirc$
	Personal health issue	$\bigcirc \bigcirc$
	Sleep difficulties	00
	Other	00

34. Have you ever received psychological or mental health services from any of the following?

(Please mark the appropriate column for each row)

Counselor/Therapist/Psychologist
Psychiatrist
Other medical provider (e.g., physician, nurse practitioner)
Minister/Priest/Rabbi/Other clergy

Yes

No

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35.	Have you ever received psychological or mental health services from your current college/university's Counseling or Health Service? No Yes	 36. 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 Yes 							
 37. Within the last 12 months, how would you rate the overall level of stress you have experienced? No stress Less than average stress Average stress More than average stress Tremendous stress 									
Physical Health									
38.	Within the last 30 days, did you do any of the following?	Yes							
	(Please mark the appropriate column for each row)	No							
	Exercise to lose weight								
	Diet to lose weight								
	Vomit or take laxatives to lose weight								
	Take diet pills to lose weight	00							
39.	Have you:	Don't know Yes							
	(Please mark the appropriate column for each row)	No							
	Had a dental exam and cleaning in the last 12 months?								
	(Males) Performed testicular self exam in the last 30 day								
	(Females) Performed breast self exam in the last 30 days								
	(Females) Had a routine gynecological exam in the last 1								
	Used sunscreen regularly with sun exposure?	000							
	Ever been tested for Human Immunodeficiency Virus (HIV	/) infection?							
40.	Have you received the following vaccinations (shots)?	Don't know							
		Yes							
	(Please mark the appropriate column for each row)	No							
	Hepatitis B	000							
	Human Papillomavirus/HPV (cervical cancer vaccine)	000							
	Influenza (the flu) in the last 12 months (shot or nasal m Measles, Mumps, Rubella	· · · · · · · · · · · · · · · · · · ·							
	Measles Milmos Kilpella								
	Meningococcal disease (meningococcal meningitis) Varicella (chicken pox)								

	Within the last 12 months, have you been diag			
	(Please mark the appropriate	Yes		Yes
	column for each row)	No		No
	Allergies	ÕÕ	High blood pressure	00
	Asthma	00	High cholesterol	00
	Back pain	00	Human Immunodeficiency Virus (HIV)	00
	Broken bone/Fracture/Sprain	00	Irritable Bowel Syndrome (IBS)	00
	Bronchitis	00	Migraine headache	00
	Chlamydia	$\bigcirc \bigcirc$	Mononucleosis	00
	Diabetes	$\bigcirc \bigcirc$	Pelvic Inflammatory Disease (PID)	00
	Ear infection	$\bigcirc \bigcirc$	Repetitive stress injury	
	Endometriosis	00	(e.g., carpal tunnel syndrome)	00
	Genital herpes	00	Sinus infection	00
	Genital warts/Human Papillomavirus (HPV)	$\bigcirc \bigcirc$	Strep throat	00
	Gonorrhea	$\bigcirc \bigcirc$	Tuberculosis	00
	Hepatitis B or C	$\bigcirc \bigcirc$	Urinary tract infection	00
42.	On how many of the past 7 days did you get e in the morning? O days O 1 day O 2 days O 3) 7 days
	in the morning?	days (me. In the had with		
	in the morning? O days O 1 day O 2 days O 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your	days (me. In the had with	 A days 5 days 6 days 6 days 	
43.	in the morning? O days O 1 day O 2 days O 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay a	days (me. In the had with	 A days 5 days 6 days A little problem More than a little problem A big problem A very big problem) 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the daytin past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay a during your daytime activities?	days (me. In the had with	 A days 5 days 6 days A little problem More than a little problem A big problem A very big problem 3 days 4 days) 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the daytin past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate	days (me. In the had with	 A days 5 days 6 days A little problem More than a little problem A big problem A very big problem A very big problem 3 days 4 days 5 days) 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you:	days (me. In the had with	 A days 5 days 6 days A little problem A little problem More than a little problem A big problem A very big problem A very big problem 3 days 4 days 5 days 1 day) 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the daytin past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate	days (me. In the had with	 A days 5 days 6 days A little problem More than a little problem More than a little problem A big problem A very big problem 3 days 4 days 2 days 5 days 6 days 	ays i days 7 days 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate column for each row)	a days (me. In the had with wake)	 A days 5 days 6 days A little problem A little problem More than a little problem A big problem A very big problem 3 days 4 days 2 days 5 da 1 day 6 	ays 6 days 7 days
43.	in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the daytin past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate	days me. In the had with wake)	 A days 5 days 6 days A little problem A little problem More than a little problem A big problem A very big problem 3 days 4 days 2 days 5 da 1 day 6 	ays 7 days 7 days 7 days
43.	 in the morning? 0 days 1 day 2 days 3 People sometimes feel sleepy during the daytin past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate column for each row) Awakened too early in the morning and couldne to be appropriate and couldne	days me. In the had with wake)	 A days 5 days 6 days A little problem More than a little problem More than a little problem A big problem A very big problem A very big problem a days a days 5 days 5 days 6 days 	ays days 7 days 7 days

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SERIAL #

	esis, dissertation, research, or practicum work
outcome for each item below)	ceived an incomplete or dropped the course
Deschool a laws	Received a lower grade in the course
I have experienced this issue but my	grade on an exam or important project
	not happen to me/not applicable
. Within the last 12 months, have any of the following affected your a	-
Alcohol use	00000
Allergies	00000
Anxiety	00000
Assault (physical)	00000
Assault (sexual)	00000
Attention Deficit and Hyperactivity Disorder (ADHD)	00000
Cold/Flu/Sore throat	00000
Concern for a troubled friend or family member	00000
Chronic health problem or serious illness (e.g., diabetes, asthma, ca	
Chronic pain	000000
Death of a friend or family member	000000
Depression	000000
Discrimination (e.g., homophobia, racism, sexism)	000000
Drug use	000000
Eating disorder/problem	000000
Finances	000000
Gambling	000000
Homesickness	000000
Injury (fracture, sprain, strain, cut)	000000
Internet use/computer games	00000
Learning disability	000000
Participation in extracurricular activities (e.g., campus clubs, organ	
Pregnancy (yours or your partner's)	00000
Relationship difficulties	00000
Roommate difficulties	00000
Sexually transmitted disease/infection (STD/I)	00000
Sinus infection/Ear infection/Bronchitis/Strep throat	00000
Sleep difficulties	00000
Stress	00000
Work	00000
Other (please specify) 000000
Demographic Charact	eristics

47. What is your gender?

○ Female ○ Male

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- Transgender
- 48. What is your sexual orientation?
 - Heterosexual
 - Gay/Lesbian O Bisexual
 - Unsure

- in feet and inches?
 - E I G H

in pounds?

 $\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ G H D T 2 2 2 2

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51.	What is your year in school?		How many hours a week do you work for pay?		
	O 1st year undergraduate		○ 0 hours	○ 30–39 hours	
	○ 2nd year undergraduate		○ 1–9 hours	○ 40 hours	
	○ 3rd year undergraduate		○ 10–19 hours	O More than 40 I	nours
	O 4th year undergraduate		○ 20–29 hours		
	○ 5th year or more undergraduate				
	○ Graduate or professional	61.	How many hours a	week do you voluntee r	?
	O Not seeking a degree		○ 0 hours	O 30–39 hours	
	○ Other		○ 1–9 hours	○ 40 hours	
			○ 10–19 hours	O More than 40 I	nours
	What is your enrollment status?		○ 20–29 hours		
C	D Full-time O Part-time O Other				
		62.	What is your primary source of health insurance?		
	Have you transferred to this college or		My college/university sponsored plan		
	university within the last 12 months?		O My parents' plan		
	○ No ○ Yes		 Another plan 		
			O I don't have healt	h insurance	
	How do you usually describe yourself?		○ I am not sure if I	have health insurance	
	(Mark all that apply)				
	○ White	63.	What is your approx	kimate cumulative grad	le average?
	O Black or African American				O N/A
	○ Hispanic or Latino/a	C.4			almate d
	Asian or Pacific Islander	64.		nonths, have you partie	-
	O American Indian, Alaskan Native, or Native Hawaiian			e athletics at any of the	
	O Biracial or Multiracial		following levels?		Maa
	○ Other		(Please mark the ap		Yes
			column for each row	N)	No
	Are you an international student?		Varsity		$\bigcirc \bigcirc$
(○ No ○ Yes		Club sports		00
			Intramurals		00
•	What is your relationship status?				
	O Not in a relationship	65.	Do you have any of	the following?	
	 In a relationship but not living together 			-	Yes
	 In a relationship and living together 		(Please mark the ap column for each row		No
_	What is your marital status?		Attention Deficit an		
	 Single Divorced 		Disorder (ADHD)	anyperaetivity	\cap
	O Married/Partnered O Other		Chronic illness (e.g	cancer diabetes	00
	O Separated		auto-immune disor		00
			Deafness/Hearing lo		00
	Where do you currently live?		Learning disability	/00	00
•	Campus residence hall		Mobility/Dexterity d	ieability	
	 Campus residence nan Fraternity or sorority house 		Partial sightedness		
	 Other college/university housing 		Partial signedness		
	 Orner conege/university hodsing Parent/guardian's home 		Speech or language		
	O Other off-campus housing		Other disability		
	Other Other				00
	Other		Are you currently o	r have vou been a mem	ber of the
	Are you a member of a social fraternity or sorority?	00.	66. Are you currently or have you been a member of the United States Armed Services (Active Duty, Reserve,		
	(e.g., National Interfraternity Conference, National		or National Guard)?		, 110301 40,
	Panhellenic Conference, National Pan-Hellenic		-		
	Council, National Association of Latino Fraternal			oployed to an arra of h	ovelou e dut
	Organizations)			eployed to an area of haz	
				ot deployed to an area o	II.
	○ No ○ Yes		hazardous duty		
		Т	HANK YOU FOR C	OMPLETING THIS S	URVEY

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PLEASE DO NOT WRITE IN THIS AREA

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