



THE HEALTHY MINDS STUDY: QUESTIONNAIRE

**TEXT IN BLUE=LOGISTIC NOTES (MAINLY QUALTRICS PROGRAMMING)**

**=PAGE BREAK**

**TEXT IN GRAY=SKIP LOGIC**

**TEXT HIGHLIGHTED IN YELLOW=SCHOOL-SPECIFIC**

[SURVEY TITLE APPEARING IN BROWSER WINDOW: The Healthy Minds Study]

This is a confidential survey conducted in partnership between [name of school] and researchers at the University of Michigan.

**CONSENT/ASSENT FORM**

[See separate documents]

By clicking “CONTINUE”, you are agreeing to participate.

1. Yes, I am at least 18 years old and I [consent/assent] to participate in this study.
2. No, I do not wish to participate in this study and understand that there is no penalty for not participating.

**BASIC INFORMATION**

The first section of the survey will ask you to provide basic information about yourself.

**A1.**

How old are you?

*(You must be 18 years or older to complete this survey)*

1. 18 years old
2. 19 years old
3. 20 years old
4. 21 years old
5. 22 years old
6. 23-25 years old
7. 26-30 years old
8. 31-35 years old
9. 36-40 years old
10. 41+ years old

**A2.**

What is your gender?

1. Female
2. Male
3. Transgender

*[If A2 = 3, ask →]*

**A2a.**

Please indicate which of the following best describes you:

1. Female to male
2. Male to female
3. Intersexed
4. Rather not say

**A3.**

How do you usually describe your race and/or ethnicity?

*(Select all that apply)*

1. White/Caucasian
2. African American/Black
3. Hispanic/Latino
4. American Indian/Alaskan Native
5. Arab/Middle Eastern/Arab American
6. Asian/Asian-American
7. Pacific Islander
8. Other (specify) **[OPEN TEXT]**
9. Not applicable – I would prefer not to identify my race/ethnicity

**A4.**

Are you a US citizen or permanent resident?

0. No
1. Yes

*[If 'A4 = 0, ask →]*

**A4a.**

What is your country of citizenship (passport country)?

*(Use command or control key to select more than one country.)*

**[multi-select box]**

1. Afghanistan	8. Austria	15. Belgium
2. Albania	9. Azerbaijan	16. Belize
3. Angola	10. Bahamas	17. Bolivia
4. Antigua and Barbuda	11. Bahrain	18. Bosnia and Herzegovina
5. Argentina	12. Bangladesh	19. Brazil
6. Armenia	13. Barbados	20. Brunei
7. Australia	14. Belarus	21. Bulgaria

22. Burma	66. Israel	110. Romania
23. Burundi	67. Italy	111. Russia
24. Cambodia	68. Jamaica	112. Saint Kitts and Nevis
25. Cameroon	69. Japan	113. Saint Lucia
26. Canada	70. Jordan	114. Saudi Arabia
27. Central African Republic	71. Kazakhstan	115. Senegal
28. Chile	72. Kenya	116. Serbia
29. China	73. North Korea	117. Sierra Leone
30. Colombia	74. South Korea	118. Singapore
31. Congo, the Democratic Republic	75. Kuwait	119. Slovakia
32. Costa Rica	76. Kyrgyzstan	120. Slovenia
33. Cote d'Ivoire	77. Laos	121. South Africa
34. Croatia	78. Latvia	122. Spain
35. Cyprus	79. Lebanon	123. Sri Lanka
36. Czech Republic	80. Lithuania	124. St Vincent and the Grenadines
37. Denmark	81. Luxembourg	125. Sudan
38. Dominica	82. Macedonia	126. Swaziland
39. Dominican Republic	83. Madagascar	127. Sweden
40. Ecuador	84. Malawi	128. Switzerland
41. Egypt	85. Malaysia	129. Syria
42. El Salvador	86. Mali	130. Taiwan
43. Estonia	87. Mauritania	131. Tanzania
44. Ethiopia	88. Mauritius	132. Thailand
45. Finland	89. Mexico	133. Trinidad and Tobago
46. France	90. Moldova	134. Tunisia
47. Gabon	91. Mongolia	135. Turkey
48. Gambia	92. Morocco	136. Turkmenistan
49. Gaza Strip	93. Mozambique	137. Uganda
50. Georgia	94. Namibia	138. Ukraine
51. Germany	95. Nepal	139. United Arab Emirates
52. Ghana	96. Netherlands	140. United Kingdom
53. Greece	97. New Zealand	141. Uruguay
54. Guatemala	98. Nicaragua	142. Uzbekistan
55. Guinea	99. Nigeria	143. Venezuela
56. Guyana	100. Norway	144. Vietnam
57. Haiti	101. Oman	145. West Bank
58. Honduras	102. Pakistan	146. Yemen
59. Hungary	103. Panama	147. Yugoslavia
60. Iceland	104. Paraguay	148. Zambia
61. India	105. Peru	149. Zimbabwe
62. Indonesia	106. Philippines	150. Other
63. Iran	107. Poland	
64. Iraq	108. Portugal	
65. Ireland	109. Qatar	

**A5.**

How would you describe your sexual orientation?

1. Heterosexual
2. Bisexual
3. Gay/Lesbian/Queer
4. Questioning
5. Other (specify) [OPEN TEXT]

**A6.**

Where do you live?

1. Campus residence hall
2. Fraternity or sorority house
3. Other university housing
4. Off-campus, non-university housing

5. Parent or guardian's home
6. Other (specify) [OPEN TEXT]

**A7.**

What activities do you currently participate in at your school?

*(Select all that apply)*

1. Academic or pre-professional organization
2. Athletics (club)
3. Athletics (intercollegiate varsity)
4. Athletics (intramural)
5. Community service
6. Cultural or racial organization
7. Dance
8. Fraternity or sorority
9. Gender or sexuality organization
10. Government or politics (including student government)
11. Health and wellness organization
12. Media or publications
13. Music or drama
14. Religious organization
15. Social organization (that is not a fraternity or sorority)
16. Visual or fine arts
17. Other (specify) [OPEN TEXT]
18. None [mutually exclusive]

*[If A7 = 2-3, ask →]*

**A7a.**

What sport(s) do you participate in at your school?

*(Select all that apply)*

*(Use command or control key to select more than one sport.)*

[multi-select box]

- |                            |                            |
|----------------------------|----------------------------|
| 1. Baseball                | 14. Rowing                 |
| 2. Basketball              | 15. Rugby                  |
| 3. Boxing                  | 16. Sailing                |
| 4. Cheering and/or dancing | 17. Soccer                 |
| 5. Cross country           | 18. Softball               |
| 6. Cycling                 | 19. Swimming and/or diving |
| 7. Fencing                 | 20. Tennis                 |
| 8. Field hockey            | 21. Track and field        |
| 9. Football                | 22. Volleyball             |
| 10. Golf                   | 23. Water polo             |
| 11. Gymnastics             | 24. Wrestling              |
| 12. Ice hockey             | 25. Other (specify)        |
| 13. Lacrosse               |                            |

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**A8.**

In what degree program are you currently?

*(Select all that apply)*

1. Associate's degree
2. Bachelor's degree
3. Master's degree
4. JD
5. MD
6. PhD or equivalent
7. Other (specify) [OPEN TEXT]

**A9.**

What year are you in your current degree program?

1. 1
2. 2
3. 3

- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9+

[If A8 = 1-2, ask →]

**A8a.**

Did you transfer to your current institution from another college or university?

- 1. Yes, I transferred from a community or junior college.
- 2. Yes, I transferred from a four-year college or university.
- 3. No

[If A8 = 1-2, ask →]

**A8b.**

What is the highest degree you plan to pursue?

- 1. 2-year college degree (associate's)
- 2. 4-year college degree (bachelor's)
- 3. Master's degree
- 4. Doctoral degree (JD, MD, PhD, etc.)
- 5. Other degree (specify)
- 6. I don't know yet

<b>A9.</b> How much do you agree or disagree with the following statements?	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
<b>A9a.</b> I will transfer to another school before completing my degree at my current institution.					
<b>A9b.</b> [If A8 = 1-2, ask → I have doubts about whether college is worth the time, money, and effort that I'm spending on it.]					
<b>A9c.</b> [If A8 = 3 or 6, ask → I have doubts about whether graduate school is worth the time, money, and effort that I'm spending on it.]					
<b>A9d.</b> I am confident that I will be able to finish my degree no matter what challenges I may face.					

**A10.**

What is your field of study?

(Select all that apply)

- 1. Humanities (English, language, history, philosophy, etc.)
- 2. Social Science (Economics, psychology, sociology, political science, etc.)
- 3. Natural science and mathematics (Math, biology, chemistry, physics, etc.)
- 4. Art and Design
- 5. Architecture and Urban Planning
- 6. Business
- 7. [If A8 = 6, ask → Dentistry]
- 8. Education
- 9. Engineering
- 10. [If A8 = 4, ask → Law]
- 11. [If A8 = 5-6, ask → Medicine]
- 12. Music, theatre, or dance
- 13. Natural Resources and Environment
- 14. Nursing
- 15. Pharmacy
- 16. [If A8 = 1-2, ask → Pre-professional (pre-business, pre-health, pre-law)]

17. Public Health
18. Public Policy
19. [If A8 = 3-6, ask → Social Work]
20. [If A8 = 1-2, ask → Undecided] [mutually exclusive]
21. Other (specify) [OPEN TEXT]

**A10a.**

Which of the following best describes your grade point average this year?

1. A
  2. A-
  3. B+
  4. B
  5. B-
  6. C+
  7. C
  8. C-
  9. D
  10. No grade or don't know
- 

**A11.**

How religious would you say you are?

1. Very religious
2. Fairly religious
3. Not too religious
4. Not religious at all

**A12.**

How would you characterize your current financial situation?

1. It's a financial struggle.
2. It's tight but I'm doing fine.
3. Finances aren't really a problem.

**A13.**

Which of the following best describes your family's financial situation growing up?

1. Very poor, not enough to get by
2. Had enough to get by but not many "extras"
3. Comfortable
4. Well to do

**A14a.**

What is the highest level of education completed by your **mother**?

1. Eighth grade or lower
2. Between 9<sup>th</sup> and 12<sup>th</sup> grade (but no high school degree)
3. High school degree
4. Some college (but no college degree)
5. Associate's degree
6. Bachelor's degree
7. Graduate degree
8. Don't know

**A14b.**

What is the highest level of education completed by your **father**?

1. Eighth grade or lower
2. Between 9<sup>th</sup> and 12<sup>th</sup> grade (but no high school degree)
3. High school degree
4. Some college (but no college degree)
5. Associate's degree
6. Bachelor's degree
7. Graduate degree
8. Don't know

**A15.**

How would you characterize your current relationship status?

1. Single
2. In a relationship
3. Married or domestic partnership
4. Divorced
5. Widowed

**A16.**

Have you ever served in the U.S. Armed Forces, military Reserves, or National Guard?

*(Please select the answer that is most applicable)*

1. No, never served in the military.
  2. Yes, currently in Reserve Officers' Training Corps (ROTC).
  3. Yes, currently in military Reserves or National Guard.
  4. Yes, now on active duty.
  5. Yes, on active duty during the last 12 months, but not now.
  6. Yes, on active duty in the past, but not during the last 12 months.
-



**HOW YOU ARE DOING**

The next set of questions will ask you about your general well-being and emotional health. As noted earlier, all of your answers will remain confidential.

<b>B1.</b> Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement.	Strongly agree (7)	Agree (6)	Slightly agree (5)	Mixed or neither agree nor disagree (4)	Slightly disagree (3)	Disagree (2)	Strongly disagree (1)
<b>B1a.</b> I lead a purposeful and meaningful life.							
<b>B1b.</b> My social relationships are supportive and rewarding.							
<b>B1c.</b> I am engaged and interested in my daily activities.							
<b>B1d.</b> I actively contribute to the happiness and well-being of others.							
<b>B1e.</b> I am competent and capable in the activities that are important to me.							
<b>B1f.</b> I am a good person and live a good life.							
<b>B1g.</b> I am optimistic about my future.							
<b>B1h.</b> People respect me.							

<b>B2.</b> Over the <b>last 2 weeks</b> , how often have you been bothered by any of the following problems?	Not at all (1)	Several days (2)	More than half the days (3)	Nearly everyday (4)
<b>B2a.</b> Little interest or pleasure in doing things				
<b>B2b.</b> Feeling down, depressed or hopeless				
<b>B2c.</b> Trouble falling or staying asleep, or sleeping too much				
<b>B2d.</b> Feeling tired or having little energy				
<b>B2e.</b> Poor appetite or overeating				
<b>Bsf.</b> Feeling bad about yourself--or that you are a failure and have let yourself or your family down				
<b>Bsg.</b> Trouble concentrating on things, such as reading the newspaper or watching television				
<b>B2h.</b> Moving or speaking so slowly that other people could have noticed; or the opposite—being so fidgety or restless that you have been moving around a lot more than usual				
<b>B2i.</b>				

Thoughts that you would be better off dead or hurting yourself in some way				
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[If B2a–B2i ≥ 2, ask →]

**B2j.**  
If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

1. Not difficult at all
2. Somewhat difficult
3. Very Difficult
4. Extremely difficult

<b>B3.</b> Think about the <b>two-week period in the past year</b> when you experienced the two problems below the most frequently. During that period, how often were you bothered by these problems?	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)
<b>B3a.</b> Little interest or pleasure in doing things				
<b>B3b.</b> Feeling down, depressed or hopeless				

<b>B4.</b> Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all (1)	Several days (2)	Over half the days (3)	Nearly every day (4)
<b>B4a.</b> Feeling nervous, anxious or on edge				
<b>B4b.</b> Not being able to stop or control worrying				
<b>B4c.</b> Worrying too much about different things				
<b>B4d.</b> Trouble relaxing				
<b>B4e.</b> Being so restless that it's hard to sit still				
<b>B4f.</b> Becoming easily annoyed or irritable				
<b>B4g.</b> Feeling afraid as if something awful might happen				

[If B4a–B4g ≥ 2, ask →]

**B5.**  
How difficult have these made it for you to do your work, take care of things at home, or get along with other people?

1. Not difficult at all
2. Somewhat difficult
3. Very difficult
4. Extremely difficult

**B6a.**

Do you ever make yourself sick because you feel uncomfortable full?

- 0. No
- 1. Yes

**B6b.**

Do you worry that you have lost control over how much you eat?

- 0. No
- 1. Yes

**B6c.**

Have you recently lost more than 14 pounds in a 3-month period?

- 0. No
- 1. Yes

**B6d.**

Do you believe yourself to be fat when others say you are too thin?

- 0. No
- 1. Yes

**B6e.**

Would you say that food dominates your life?

- 0. No
- 1. Yes

**B6f.**

DO you need to be very thin in order to feel good about yourself?

- 0. No
- 1. Yes

**B6g.**

I think I am...

- 1. ...very underweight
- 2. ...somewhat underweight
- 3. ...normal weight
- 4. ...somewhat overweight
- 5. ...very overweight

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**B7.**

Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)?

*(Select all that apply)*

- 1. Depression or other mood disorders (e.g., major depressive disorder, bipolar/manic depression, dysthymia)
- 2. Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
- 3. Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)
- 4. Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
- 5. Psychosis (e.g., schizophrenia, schizo-affective disorder)
- 6. Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
- 7. Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)
- 8. No, none of these **[mutually exclusive]**
- 9. Don't know **[mutually exclusive]**

*[If B7 = 1, ask →]*

**B7a.**

Specifically, which of the following **depression** problems were diagnosed with by a professional

*(Select all that apply)*

- 1. Major depressive disorder

2. Dysthymia (chronic depression)
3. Bipolar/manic depression
4. Cyclothymia (can be thought of as low-level bipolar disorder)
5. Other (specify) [OPEN TEXT]
6. Don't know [mutually exclusive]

[If B7 = 2, ask →]

**B7b.**

Specifically, which of the following **anxiety disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Generalized anxiety disorder
2. Panic disorder
3. Agoraphobia
4. Specific phobia (e.g., claustrophobia, arachnophobia, etc.)
5. Social phobia
6. Obsessive-compulsive disorder
7. Acute stress disorder
8. Post traumatic stress disorder (PTSD)
9. Other (specify) [OPEN TEXT]
10. Don't know [mutually exclusive]

[If B7 = 3, ask →]

**B7c.**

Specifically, which of the following **attention or learning disability disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Attention deficit hyperactivity disorder (ADHD or ADD)
2. Other learning disability
3. Other (specify) [OPEN TEXT]
4. Don't know [mutually exclusive]

[If B7 = 4, ask →]

**B7d.**

Specifically, which of the following **eating disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Anorexia
2. Bulimia
3. Binge-eating Disorder
4. Other (specify) [OPEN TEXT]
5. Don't know [mutually exclusive]

[If B7 = 5, ask →]

**B7e.**

Specifically, which of the following **psychotic disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Schizophrenia
2. Schizo-affective disorder
3. Brief psychotic disorder
4. Delusional disorder
5. Schizophreniform disorder
6. Shared psychotic disorder
7. Other (specify) [OPEN TEXT]
8. Don't know [mutually exclusive]

[If B7 = 6, ask →]

**B7f.**

Specifically, which of the following **personality disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Antisocial personality disorder
2. Avoidant personality disorder
3. Borderline personality disorder

4. Dependent personality disorder
5. Histrionic personality disorder
6. Narcissistic personality disorder
7. Obsessive-Compulsive personality disorder
8. Paranoid personality disorder
9. Schizoid personality disorder
10. Schizotypal personality disorder
11. Other (specify) [OPEN TEXT]
12. Don't know [mutually exclusive]

[If B7 = 7, ask →]

**B7g.**

Specifically, which of the following **substance abuse disorders** were you diagnosed with by a professional?

(Select all that apply)

1. Alcohol abuse or other alcohol-related disorders
2. Other (specify) [OPEN TEXT]
3. Don't know [mutually exclusive]

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**B8.**

In the **past 4 weeks**, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

1. None
2. 1-2 days
3. 3-5 days
4. 6 or more days

**B9.**

This question asks about ways you may have hurt yourself on purpose, without intending to kill yourself. **In the past year**, have you ever done any of the following intentionally?

(Select all that apply)

1. Cut myself
2. Burned myself
3. Punched or banged myself
4. Scratched myself
5. Pulled my hair
6. Bit myself
7. Interfered with wound healing
8. Carved words or symbols into skin
9. Rubbed sharp objects into skin
10. Punched or banged an object to hurt myself
11. Other (specify) [OPEN TEXT]
12. No, none of these [mutually exclusive]

[If B9 = 1-11, ask →]

**B9a.**

On average, how often **in the past year** did you hurt yourself on purpose, without intending to kill yourself?

1. Once or twice
2. Once a month or less
3. 2 or 3 times a month
4. Once or twice a week
5. 3 to 5 days a week
6. Nearly every day, or every day

**B10**

In the **past year**, did you ever seriously think about attempting suicide?

0. No
1. Yes

[If B10 = 1, ask →]

**B10a.**

In the **past year**, did you make a plan for attempting suicide?

- 0. No
- 1. Yes

*[If B10 = 1, ask →]*

**B10b.**

In the **past year**, did you attempt suicide?

- 0. No
  - 1. Yes
-

**LIFESTYLE**

Now we would like to ask you a few questions about your current lifestyle. Remember that your responses will be kept confidential.

<b>C1.</b> How often, if ever, have you used any of the substances listed below? Do not include anything you used prescribed to you by a doctor.	Never used (1)	Used, but NOT in past 12 months (2)	Used in past 12 months, but NOT in past 30 days (3)	Used in past 30 days (4)
<b>C1a.</b> Cigarettes				
<b>C1b.</b> Marijuana/cannabis (hashish, blunts)				
<b>C1c.</b> Synthetic marijuana/cannabis (or Spic, K2)				
<b>C1d.</b> Cocaine (crack, coke)				
<b>C1e.</b> Barbiturates or sedatives (prescription-type sleeping pills like Seconal, Ambien, Nembutal, downs or Yellow Jackets)				
<b>C1f.</b> Tranquilizers (prescription-type drugs like Valium, Librium, Xanax, Ativan, Klonopin)				
<b>C1g.</b> Amphetamines (Adderall, Ritalin, methamphetamines, crystal meth, speed, uppers, ups)				
<b>C1h.</b> Heroin				
<b>C1i.</b> Pain relievers/other opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percocet, Vicodin, Oxycontin/oxycodone)				
<b>C1j.</b> LSD				
<b>C1k.</b> Ecstasy (MDMA)				
<b>C1l.</b> Club drugs (Special K, Super K, Ketamine, Liquid G, GHB)				
<b>C1m.</b> Waterpipe smoking (hookah, arghile, shisa)				

**C2.**  
In the **past 30 days**, about how many **hours per week** on average did you spend exercising? (*Include any exercise of moderate or higher intensity, where “moderate intensity” would be roughly equivalent to brisk walking or bicycling*)

1. Less than 1
2. 1-2
3. 3-4
4. 5 or more

**C3a.**  
About how much do you weigh?  
(If you don't know, please provide your best guess.)

1. \_\_\_\_\_ pounds [force numeric]

**C3b.**  
About how tall are you?  
(If you don't know, please provide your best guess.)

1. \_\_\_\_\_ feet [force numeric, less than or equal to 7]

2. \_\_\_\_\_ inches [force numeric, less than or equal to 11]

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The following questions ask about how much you drink. A "drink" means any of the following:

- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

[If A2 = 1, ask →]

**C4a.**

During the **last two weeks**, how many times have you had four **or more drinks** in a row?

1. None
2. Once
3. Twice
4. 3 to 5 times
5. 6 to 9 times
6. 10 or more times

[If A2 = 2-3, ask →]

**C4b.**

During the **last two weeks**, how many times have you had five **or more drinks** in a row?

1. None
2. Once
3. Twice
4. 3 to 5 times
5. 6 to 9 times
6. 10 or more times

**C5.**

**In the past 12 months**, on approximately how many days did you make any sort of bet? (*By "bet" we mean betting on sports, playing cards for money, playing gambling games online, buying lottery tickets, playing pool for money, playing slot machines, betting on horse races, or any other kind of betting or gambling*)

1. None
2. [Record number of days]

**C6.**

How many people have you had sexual intercourse with in the **past 30 days**?

1. 0
2. 1-
3. 2-3
4. 4-5
5. 6-10
6. 11 or more

**C7.**

**In the past 12 months**, how many times have you been treated unfairly because of your race, ethnicity, or cultural background?

1. Never
  2. Once in a while
  3. Sometimes
  4. A lot
  5. Most of the time
  6. Almost all of the time
- 

<b>C8.</b> During the past 12 months...	No (0)	Yes (1)
<b>C8a.</b> ...did anyone strike or physically injure you?		
<b>C8b.</b>		



...did anyone sexually assault you?		
<b>C8c.</b> ...did you strike or physically injure anyone?		

**C9.**

During this semester so far, about how many **hours per day on average** have you spent doing schoolwork?

1. Less than 1 hour
2. 1 hour
3. 2 hours
4. 3 hours
5. 4 hours
6. 5 hours
7. 6 hours
8. 7 hours
9. 8 or more hours

**C10.**

During this school year, at approximately what time have you typically gone to sleep on:  
(Please record your response using the format **00:00AM** or **00:00PM**.)

Weeknights?  
[OPEN TEXT]

Weekend nights?  
[OPEN TEXT]

**C12**

During this school year, at approximately what time have you typically woken up on: (Please record your response using the format **00:00AM** or **00:00PM**.)

Weekdays?  
[OPEN TEXT]

Weekend days?  
[OPEN TEXT]

**C12.**

During this school year, on how many days have you taken naps during a typical week?

1. I don't take naps
2. 1
3. 2
4. 3
5. 4
6. 5
7. 6
8. 7

[If C12 = 2-8, ask →]

**C13.**

How long is your typical nap?

1. Less than 1 hour
  2. Between 1 and 2 hours
  3. Between 2 and 3 hours
  4. More than 3 hours
-

**KNOWLEDGE AND BELIEFS ABOUT SERVICES**

The next questions will ask you about your knowledge and beliefs about services and treatment for mental health.

**D1.**

Please indicate how strongly you agree or disagree with the following statement:

If you needed to seek professional help for your mental or emotional health while attending you would know where to go.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

**D2.**

What have you heard from other students about the quality of mental health and psychological counseling services on your campus?

1. I have mostly heard negative opinions.
2. I have heard an even mix of negative and positive opinions.
3. I have mostly heard positive opinions.
4. I haven't heard anything.

**D3.**

How helpful on average do you think **therapy** or counseling is, when provided competently, for people your age who are clinically depressed?

1. Very helpful
2. Quite helpful
3. A little helpful
4. Not at all helpful

**D4.**

How helpful on average do you think **medication** is, when provided competently, for people your age who are clinically depressed?

1. Very helpful
2. Quite helpful
3. A little helpful
4. Not at all helpful

<b>D5.</b> Please indicate whether you agree or disagree with the following statements.	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Somewhat disagree (4)	Disagree (5)	Strongly disagree (6)
<b>D5a.</b> Most people would willingly accept someone who has received mental health treatment as a close friend.						
<b>D5b.</b> Most people feel that receiving mental health treatment is a sign of personal failure.						
<b>D5c.</b> Most people think less of a person who has received mental health treatment.						

<b>D6.</b> Please indicate whether you agree or disagree with the following statements.	Strongly agree (1)	Agree (2)	Somewhat agree (3)	Somewhat disagree (4)	Disagree (5)	Strongly disagree (6)
<b>D6a.</b> I would willingly accept someone who has received mental health treatment as a close friend.						
<b>D6b.</b> I feel that receiving mental health treatment is a sign of personal failure.						

<b>D6c.</b> I would think less of a person who has received mental health treatment.						
---	--	--	--	--	--	--

**D7.**  
As far as you know, how many of your close friends or family have ever sought professional help for an emotional or mental health problem?

1. None
  2. 1 or 2
  3. 3 or more
  4. Don't know
-

## **EXPERIENCES WITH SERVICES AND SUPPORT**

The next questions will ask you about your experiences using mental health services (medication or counseling/therapy).

### **E1.**

How much do you agree with the following statement?

In the **past 12 months**, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

### **E2.**

In the **past 12 months** have you taken any of the following types of medications?

Please count only those you took, or are taking, several times per week. *(Select all that apply)*

1. **Psychostimulants** (methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)
  2. **Antidepressants** (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
  3. **Anti-psychotics** (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
  4. **Anti-anxiety medications** (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
  5. **Mood stabilizers** (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
  6. **Sleep medications** (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
  7. Other medication for mental or emotional health (specify) [\[OPEN TEXT\]](#)
  8. No, none of these [\[mutually exclusive\]](#)
  9. Don't know [\[mutually exclusive\]](#)
- 

*[If E2 = any 1-7, ask →]*

#### **E2a.**

Who wrote your most recent prescription for the medication(s) you noted in the last question? *(Select all that apply)*

1. A general practitioner, nurse practitioner, or primary care physician
2. A psychiatrist
3. Other type of doctor (specify) [\[OPEN TEXT\]](#)
4. Took the medication(s) without a prescription
5. Don't know [\[mutually exclusive\]](#)

*[If E2 = any 1-7, ask →]*

#### **E2b.**

In the **past 12 months** how many times have you discussed with a doctor or other health professional your use of the medication(s) you just noted?

1. Not at all
2. 1-2 times
3. 3-5 times
4. More than 5 times
5. Don't know

*[If E2 = any 1-7, ask →]*

#### **E2c.**

Of the medication(s) you just noted, which are you **currently** taking?

1. **Psychostimulants** (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)
2. **Antidepressants** (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
3. **Anti-psychotics** (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
4. **Anti-anxiety medications** (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)

5. **Mood stabilizers** (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
6. **Sleep medications** (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
7. Other medication for mental or emotional health (specify) [OPEN TEXT]
8. None of the above [mutually exclusive]

<b>E3.</b> During the past year, for how long, in total, have you taken the following medication you just noted:	Less than 1 month (1)	Between 1 and 2 months (2)	2 months or more (3)
[If E2 = 1, ask →] <b>E3a.</b> <b>Psychostimulants</b> (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)			
[If E2 = 2, ask →] <b>E3b.</b> <b>Antidepressants</b> (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)			
[If E2 = 3, ask →] <b>E3c.</b> <b>Anti-psychotics</b> (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)			
[If E2=4, ask →] <b>E3d.</b> <b>Anti-anxiety medications</b> (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)			
[If E2 = 5, ask →] <b>E3e.</b> <b>Mood stabilizers</b> (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)			
[If E2 = 6, ask →] <b>E3f.</b> <b>Sleep medications</b> (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)			
[If E2 = 7, ask →] <b>E3g.</b> Other medication for mental or emotional health (specify) [OPEN TEXT]			

**E4.**  
In the **past 12 months** have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

0. No
1. Yes

[If E4 = 1, ask →]

**E4a.**  
Are you **currently** receiving counseling or therapy?

0. No
1. Yes

[If E4 = 1, ask →]

**E4b.**  
How many total visits or sessions for counseling or therapy have you had in the past 12 months?

1. 1-3
2. 4-6
3. 7-9
4. 10 or more

[If E4 = 1, ask →]

**E4c.**  
From which of the following places did you receive counseling or therapy?  
(Select all that apply)

1. [Insert name of institution's student counseling services]

2. [Insert name of institution's campus health services]
3. [List other campus counseling or health service]
4. Psychiatric Emergency Services/Psych Emergency Room (ER)
5. Inpatient psychiatric hospital
6. Partial hospitalization program
7. Provider in the local community (not on campus)
8. Provider in another location (such as your hometown)
9. Other (specify) [OPEN TEXT]
10. Don't know

[If E4c = 1, ask →]

<b>E5.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [Insert name of institution's student counseling services]?	Very dissatisfied (1)	Dissatisfied (2)	Somewhat dissatisfied (3)	Somewhat satisfied (4)	Satisfied (5)	Very satisfied (6)
<b>E5a.</b> Convenient hours						
<b>E5b.</b> Location						
<b>E5c.</b> Quality of therapists/counselors						
<b>E5d.</b> Respect for your privacy concerns						
<b>E5e.</b> Ability to schedule appointments without long delays						

[If E4c = 2, ask →]

<b>E6.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [Insert name of institution's campus health services]?	Very dissatisfied (1)	Dissatisfied (2)	Somewhat dissatisfied (3)	Somewhat satisfied (4)	Satisfied (5)	Very satisfied (6)
<b>E6a.</b> Convenient hours						
<b>E6b.</b> Location						
<b>E6c.</b> Quality of therapists/counselors						
<b>E6d.</b> Respect for your privacy concerns						
<b>E6e.</b> Ability to schedule appointments without long delays						

[If E4c = 3, ask →]

<b>E7.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [List other campus counseling or health service]?	Very dissatisfied (1)	Dissatisfied (2)	Somewhat dissatisfied (3)	Somewhat satisfied (4)	Satisfied (5)	Very satisfied (6)
<b>E7a.</b> Convenient hours						

<b>E7b.</b> Location						
<b>E7c.</b> Quality of therapists/counselors						
<b>E7d.</b> Respect for your privacy concerns						
<b>E7e.</b> Ability to schedule appointments without long delays						

[If E4c = 4, ask →]

<b>E8.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the <b>Psychiatric Emergency Services/Psych Emergency Room (ER)?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E8a.</b> Convenient hours						
<b>E8b.</b> Location						
<b>E8c.</b> Quality of therapists/counselors						
<b>E8d.</b> Respect for your privacy concerns						
<b>E8e.</b> Ability to schedule appointments without long delays						

[If E4c = 5, ask →]

<b>E9.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the <b>Inpatient psychiatric hospital?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E9a.</b> Convenient hours						
<b>E9b.</b> Location						
<b>E9c.</b> Quality of therapists/counselors						
<b>E9d.</b> Respect for your privacy concerns						
<b>E9e.</b> Ability to schedule appointments without long delays						

[If E4c = 6, ask →]

<b>E10.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the <b>partial hospitalization program?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E10a.</b> Convenient hours						
<b>E10b.</b>						

Location						
<b>E10c.</b> Quality of therapists/counselors						
<b>E10d.</b> Respect for your privacy concerns						
<b>E10e.</b> Ability to schedule appointments without long delays						

[If E4c = 7, ask →]

<b>E11.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at <b>your provider in the local community (not on campus)?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E11a.</b> Convenient hours						
<b>E11b.</b> Location						
<b>E11c.</b> Quality of therapists/counselors						
<b>E11d.</b> Respect for your privacy concerns						
<b>E11e.</b> Ability to schedule appointments without long delays						

[If E4c = 8, ask →]

<b>E12.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at <b>your provider in another location (such as your hometown)?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E12a.</b> Convenient hours						
<b>E12b.</b> Location						
<b>E12c.</b> Quality of therapists/counselors						
<b>E12d.</b> Respect for your privacy concerns						
<b>E12e.</b> Ability to schedule appointments without long delays						

[If E4c = 9, ask →]

<b>E13.</b> How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at <b>[DISPLAY E4c 9 OPEN TEXT RESPONSE]?</b>	Very dissatisfied <b>(1)</b>	Dissatisfied <b>(2)</b>	Somewhat dissatisfied <b>(3)</b>	Somewhat satisfied <b>(4)</b>	Satisfied <b>(5)</b>	Very satisfied <b>(6)</b>
<b>E13a.</b> Convenient hours						



<b>E13b.</b> Location						
<b>E13c.</b> Quality of therapists/counselors						
<b>E13d.</b> Respect for your privacy concerns						
<b>E13e.</b> Ability to schedule appointments without long delays						

[If E4 = 1, ask →]

**E14.**  
If there is anything else you would like to note about your therapy and counseling experiences, please feel free to do so here.

[OPEN TEXT]

**E15.**  
In the **past 12 months** have you visited any medical provider, such as a primary care doctor or other type of doctor, for a check-up or any other medical reasons?

0. No
1. Yes
2. Don't know

**E16.**  
In the **past 12 months** have you received counseling or support for your mental or emotional health from any of the following sources?

(Select all that apply)

1. Roommate
2. Friend (who is not a roommate)
3. Significant other
4. Family member
5. Religious counselor or other religious contact
6. Support group
7. Other non-clinical source (specify)
8. No, none of these [mutually exclusive]

[If E16 = any 1-7, ask →]

**E16a.**  
How helpful was it to discuss these concerns?

1. Very helpful
2. Helpful
3. Somewhat helpful
4. Not helpful

**E17.**  
If you were experiencing serious emotional distress, whom would you talk to about this?

(Select all that apply)

1. Professional clinical (e.g., psychologist, counselor, or psychiatrist)
2. Roommate
3. Friend (who is not a roommate)
4. Significant other
5. Family member
6. Religious counselor or other religious contact
7. Support group
8. Other non-clinical source (specify)
9. No one [mutually exclusive]

The next few questions ask about difficult situations in the past year that you may have witnessed, and whether you have intervened (by trying to help). Please select the most accurate answers.

**E18.**

In the past year, I have intervened in the following situations:

*(Select all that apply)*

1. Someone was drinking too much.
2. Someone was at risk of being sexually assaulted
3. Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments).
4. Someone was experiencing significant emotional distress or thoughts of suicide.
5. Other (specify) [OPEN TEXT]
6. None of the above [mutually exclusive]

**E19.**

In the past year, I witnessed the following risky or difficult situations but did NOT intervene:

*(Select all that apply)*

1. Someone was drinking too much.
2. Someone was at risk of being sexually assaulted.
3. Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments).
4. Someone was experiencing significant emotional distress or thoughts of suicide.
5. Other (specify) [OPEN TEXT]
6. None of the above [mutually exclusive]

*[If E19 = 1-5, ask →]*

**E20.**

In cases where I decided not to intervene, this was because:

*(Select all that apply)*

1. I was afraid of embarrassing myself.
2. I assumed someone else would do something.
3. I didn't know what to do.
4. I didn't feel confident.
5. I felt it was none of my business.
6. I was afraid my friends wouldn't support me.
7. I felt it was unsafe.
8. I was afraid I'd get in trouble.
9. Other (specify) [OPEN TEXT]

---

*[If E2 = 1-7 or E4 = 1, ask →]*

The next questions will ask you about difficulties you may have experienced in receiving mental health services (medication and/or counseling/therapy) and reasons you **did** receive these services. Please spend some time reading the many listed responses, and select any that apply. These questions are long but **your answers are very important for us to understand why students might not always get help they need.**

*[If E2 = 1-7 or E4 = 1, ask →]*

**E21.**

In the **past 12 months**, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? *(Select all that apply)*

1. There are financial reasons (too expensive, no insurance).
2. The location is inconvenient.
- 2a. The hours are inconvenient.
3. I don't have enough time.
4. The number of sessions is too limited.
5. The waiting time until I can get an appointment is too long.
6. I am concerned about privacy.
7. I worry about what others will think of me.
8. I worry that my actions will be documented in my **academic** record.
- 8a. I worry that my actions will be documented in my **medical** record.
9. I worry that someone will notify my parents.
10. I fear being hospitalized.
11. People providing services aren't sensitive enough to cultural issues.
12. People providing services aren't sensitive enough to sexual identity issues.
13. I have a hard time communicating in English.
14. I question the quality of my options.
- 14a. I question whether medication or therapy is helpful.
15. I have had bad experiences with medication and/or therapy.

16. The problem will get better by itself.
- 16a. I question how serious my needs are.
17. I don't think anyone can understand my problems.
18. Stress is normal in college/graduate school.
- 18a. I get a lot of support from other sources, such as friends and family
- 18b. I prefer to deal with issues on my own.
19. Other (specify) [OPEN TEXT]
20. There have been no barriers that I can think of. [mutually exclusive]

[If E2 = 1-7 or E4 = 1, ask →]

**E22.**

Earlier in this survey you reported that you have taken medication and/or received counseling/therapy in the past 12 months for your mental or emotional health. Which of the following are important reasons why you received those services?

(Select all that apply)

1. I decided on my own to seek help.
2. A friend encouraged me to seek help.
3. A friend pressured me to seek help.
4. A family member encouraged me to seek help.
5. A family member pressured me to seek help.
6. Someone other than a friend or family member encouraged me to seek help (specify person's relationship to you). [OPEN TEXT]
7. I was mandated to seek help by campus staff.
8. I acquired more information about my options from (specify where). [OPEN TEXT]
9. Other (specify) [OPEN TEXT]

---

[If E2 = 8- 9 or blank or E4 = 0 or blank, ask →]

The next questions will ask you about reasons you may not have used mental health services in the last 12 months. Please spend some time reading the many listed responses, and select any that apply. These questions are long but **your answers are very important for us to understand why students might not get the help they need.**

[If E2 = 8-9, or blank or E4 = 0 or blank, ask →]

**E23.**

In the **past 12 months** which of the following explain why you have not received medication or therapy for your mental or emotional health? (Select all that apply)

1. I have not had any need for mental health services.
2. I haven't had the chance to go but I plan to.
- 2a. I prefer to deal with issues on my own.
3. There are financial reasons (too expensive, no insurance).
4. The location is inconvenient.
- 4a. The hours are inconvenient.
5. I don't have time.
6. The number of sessions is too limited.
7. The waiting time until I can get an appointment is too long.
8. I am concerned about privacy.
9. I worry about what others will think of me.
10. I worry that my actions will be documented on my **academic** record.
- 10a. I worry that my actions will be documented in my **medical** record.
11. I worry that someone will notify my parents.
12. I fear being hospitalized.
13. People providing services aren't sensitive enough to cultural issues.
14. People providing services aren't sensitive enough to sexual identity issues.
15. I have a hard time communicating in English.
16. I question the quality of my options.
- 16a. I question whether medication or therapy is helpful.
17. I have had a bad experience with medication and/or therapy.
18. The problem will get better by itself.
- 18a. I question how serious my needs are.
19. I don't think anyone can understand my problems.
20. Stress is normal in college/graduate school.
- 20a. I get a lot of support from other sources, such as family and friends.

21. Other (specify) [OPEN TEXT]
22. There have been no barriers that I can think of. [mutually exclusive]

**E24.**

What is the source of your current health insurance coverage? *(Select all that apply)*

1. I do not have any health insurance coverage (uncovered) [mutually exclusive]
  2. I have health insurance through my parent(s) or their employer.
  3. I have health insurance through my employer.
  4. I have health insurance through my spouse's employer.
  5. I have a student health insurance plan.
  6. I have health insurance through an embassy or sponsoring agency for international students.
  7. I have individual health insurance purchased directly from an insurance carrier.
  8. I have Medicaid or other governmental insurance.
  9. I am uncertain about whether I have health insurance.
  10. I have health insurance but am uncertain about where it is from.
- 

[If E24 = 2-10, ask →]

**E25.**

Do you know if your health insurance plan would provide **any** coverage for a visit to a mental health professional (psychiatrist, psychologist, clinical social worker, etc.)?

1. Yes, it definitely would.
2. I think it would but am not sure.
3. I have no idea.
4. I think it would **not** but am not sure.
5. No, it definitely would not.

[If E25 = 1 ask →]

**E26.**

Does your current health insurance plan meet your needs for mental health services?

1. I have not needed to use my current insurance plan to cover mental health services.
2. Yes, everything I have needed is covered.
3. No, the coverage is inadequate to meet my needs.

[If E26 = 3, ask →]

**E27.**

I feel that coverage is inadequate because my plan...

*(Select all that apply)*

1. ...doesn't cover any mental health services.
  2. ...doesn't cover preexisting conditions.
  3. ...doesn't cover certain conditions.
  4. ...has a co-pay that is too expensive.
  5. ...has a deductible that is too expensive.
  6. ...doesn't cover certain types of services or providers.
  7. ...has a limit on the number of services that are covered.
-

**ENVIRONMENT**

The next set of questions will ask you about your academic and social environment. The survey is almost over.

<b>F1.</b> How much do you agree or disagree with the following statements?	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
<b>F1a.</b> I see myself as a part of the campus community.					
<b>F1b.</b> I feel that I am a member of the campus community.					
<b>F1c.</b> I feel a sense of belonging to the campus community.					
<b>F1d.</b> At my school, I feel that students' mental and emotional well-being is a priority.					
<b>F1e.</b> At my school, I feel that the academic environment has a negative impact on students' mental and emotional well-being.					
<b>F1f.</b> At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health.					

- F2.**  
During this school year have you talked with any academic personnel (such as instructors, advisors, or other academic staff) about any mental health problems that were affecting your academic performance?
0. No
  1. Yes

[If F2 = 0, ask →]

- F2a.**  
Overall, how supportive was the response of the academic personnel with whom you talked?
1. Very supportive
  2. Supportive
  3. Not supportive
  4. Very unsupportive

- F3.**  
If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to?  
(Select all that apply)
1. Professor from one of my classes
  2. Academic advisor
  3. Another faculty member
  4. Teaching assistant
  5. Student services staff
  6. Dean of Students or class dean
  7. No one [mutually exclusive]
  8. Other (specify) [OPEN TEXT]

- F4.**  
How would you rate the overall competitiveness between students in your classes?
1. Very competitive
  2. Competitive
  3. Somewhat competitive
  4. Not competitive

- 5. Very uncompetitive
- 6. Not sure/don't know/not applicable

<b>F5.</b> We are interested in how you feel about the following statements. Please indicate how you feel about each statement.	Strongly disagree (1)	Somewhat disagree (2)	Neutral (3)	Somewhat agree (4)	Strongly agree (5)
<b>F5a.</b> I get the emotional help and support I need from my family.					
<b>F5b.</b> My friends really try to help me.					

**F6.**  
 On a scale from 1 to 10, where 1 is not important and 10 is extremely important, how important to you is your mental and emotional well-being?

- 1. Not important
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10. Extremely important

**F7.**  
 If there is any additional information you feel is important for researchers to know about your experiences with the topics in this questionnaire, please feel free to write it here.  
[\[OPEN TEXT\]](#)

## **Survey Endings**

### **[SURVEY ENDING #1: CONSENT/ASSENT NOT GRANTED]**

Because you have not [consented/assented] to complete the survey you may now close your browser.

#### **[name of school] Counseling Center**

[Counseling Center Address]

[Counseling Center Phone]

[Counseling Center Website]

If you would like to learn more about the Healthy Minds Study, you can visit  
[www.healthymindsnetwork.org/hms](http://www.healthymindsnetwork.org/hms).

### **[SURVEY ENDING #2: NEGATIVE SCREEN FOR A MENTEAL ILLNESS]**

#### **Thank you for completing the Healthy Minds Study!**

Your participation in this survey will help inform programs and resources for [name of school] students. We also hope that taking this survey has been a valuable experience for you. As stated before you began the survey, all of your responses will remain confidential.

To provide feedback about this survey, please email the researchers at [healthyminds@umich.edu](mailto:healthyminds@umich.edu) or [local contact information].

#### **[name of school] Counseling Center**

[Counseling Center Address]

[Counseling Center Phone]

[Counseling Center Website]

If you would like to learn more about the Healthy Minds Study, you can visit  
[www.healthymindsnetwork.org/hms](http://www.healthymindsnetwork.org/hms).

### **[SURVEY ENDING #3: SUICIDAL IDEATION INDICATED]**

#### **Thank you for completing the Healthy Minds Study!**

Your participation in this survey will help inform programs and resources for [name of school] students. As stated before you began the survey, all of your responses will remain confidential.

Because you indicated that you have had suicidal thoughts or attempts in the past year, we are especially concerned about whether you are receiving support you may need. We strongly urge you to contact one of the resources shown below if you are not already receiving help. If you address your concerns now, rather than waiting, this can make a big difference for your health and well-being in the long run.

#### **National Suicide Prevention Lifeline**

Phone: 1-800-273-TALK

Website: <http://www.suicidepreventionlifeline.org/>

**[name of school] Counseling Center**

[Counseling Center Address]

[Counseling Center Phone]

[Counseling Center Website]

To provide feedback about this survey, please email the researchers at [healthyminds@umich.edu](mailto:healthyminds@umich.edu) or [local contact information].

If you would like to learn more about the Healthy Minds Study, you can visit [www.healthymindsnetwork.org/hms](http://www.healthymindsnetwork.org/hms).