



**THE HEALTHY MINDS STUDY: 2013 QUESTIONNAIRE**

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**Welcome Page text** (please modify the following as needed)

**Welcome to the Healthy Minds Study!**

Please enter your User ID as provided to you in the letter or email you received, then click START SURVEY to begin!

User ID \_\_\_\_\_

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**Resume Page text** (please modify the following as needed)

Thank you for returning to the survey. Please click "resume" to begin where you last left off...

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**End Page Text** (please modify the following as needed)

{PRG: SHOW ENDING1 IF CONSENT=1 and B1i=2-4, OR IF ANY B1o, B1ob, B1oc=1 AND NO CUSTOM ENDING1 IS SHOWN}

**ENDING1: IF PAST SUICIDAL THOUGHTS WERE INDICATED**

Thank you very much for completing The Healthy Minds Study. Your response is valuable for our research, which we think will lead to improvements in student life at [DISPLAY PRE\_1] and schools nationwide.

As stated before you began the survey, all of your answers 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 feel you should talk to someone about a mental health or substance abuse issue, here are some resources available to you on campus. **We urge you to call on these resources to give you mental health support if you think you need help.**

{INSERT LIST OF LOCAL MENTAL HEALTH RESOURCES HERE}

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{PRG: SHOW ENDING2 IF CONSENT=1 AND B1i≠2-4 AND IF ANY B1o≠1 AND B1ob≠1 AND B1oc≠1 AND NO CUSTOM ENDING2 IS SHOWN}

**ENDING2: IF PAST SUICIDAL THOUGHTS WERE NOT INDICATED**

Thank you very much for completing The Healthy Minds Study. Your response is valuable for our research, which we think will lead to improvements in student life at [DISPLAY PRE\_1] and schools nationwide.

As stated before you began the survey, all of your answers will remain confidential.

If you feel you should talk to someone about a mental health or substance abuse issue, here are some resources available to you on campus. **We urge you to call on these resources to give you mental health support if you think you need help.**

{INSERT LIST OF LOCAL MENTAL HEALTH RESOURCES HERE}

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{PRG: SHOW ENDING3 IF CONSENT=2}

**ENDING3**

Because you have not consented to complete the survey you may now close your browser. If you believe you have received this message in error, please contact the study team at [hms@ssgresearch.com](mailto:hms@ssgresearch.com).

Thank you!

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**Survey Title appearing in browser window** (A long survey title does not always work well as a browser title)

Healthy Minds Study

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**GENERAL PROGRAMMING NOTES** (please list any programming needs on this study that differ from our standards for web based surveys)

- Header will contain the following information (2 support phone numbers):  
[hms@ssgresearch.com](mailto:hms@ssgresearch.com)  
For emergency 24 hr help:  
Psychiatric Emergency Services at [DISPLAY PRE\_8]  
Or 1-800-273-TALK

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PRELOADS

PRE\_o. Module

- 1 Mental Health
- 2 Alcohol & Other Drugs
- 3 Both Modules

PRE\_1. School Name

PRE\_2. School ID

PRE\_3 Batch

PRE\_4. School Logo

- 0 Default
- 1 School

PRE\_5 Custom Questions

- 0 No
- 1 Yes

PRE\_7 Enhancement Text

PRE\_8 Local counseling phone number

PRE\_9 Grad vs. Undergrad

- 1 Undergrad
- 2 Grad

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{PRG: QCONSENT IS REQUIRED}

[PRG: Program school-specific consent text found at P:\Surveys\S11010 HMS 2012\Questionnaire\Consent in scrolling text box]

- 1 Yes, I have read the information given above, I am at least 18 years old, and I CONSENT 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.

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{Note: Section Header: "Basic Information"}

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{PRG: SHOW A1 IF CONSENT=1 OTHERWISE SKIP TO ENDING3}

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
- 

{PRG: SHOW A2a IF A2=3, OTHERWISE SKIP TO A3}

A2a. Please indicate which of the following best describes you:

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

{PRG: A3.9 AS MUTUALLY EXCLUSIVE}

{PRG: A3 SELECT ALL THAT APPLY}

A3. How do you usually describe your race and/or ethnicity? *(Select all that apply)*

- 1 White or Caucasian
  - 2 African American/Black
  - 3 Hispanic/Latino
  - 4 American Indian/Alaskan Native
  - 5 Arab/Middle Eastern or 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 U.S. citizen or permanent resident?

- 1 Yes
  - 2 No
- 

A5. How would you describe your sexual orientation?

- 1 Heterosexual
  - 2 Bisexual
  - 3 Gay/Lesbian/Queer
  - 5 Questioning
  - 4 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]

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A7. 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+

---

{PRG: A8 SELECT ALL THAT APPLY}

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]

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{PRG: A9.22 AS MUTUALLY EXCLUSIVE}

{PRG: A9 SELECT ALL THAT APPLY}

A9. What is your field of study? *(Check 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 Dentistry
- 8 Education
- 9 Engineering
- 10 Information
- 11 Kinesiology
- 12 Law
- 13 Medicine
- 14 Music
- 15 Natural Resources and Environment
- 16 Nursing
- 17 Pharmacy
- 18 Public Health
- 19 Public Policy
- 20 Social Work
- 21 Other (specify) [OPEN TEXT]
- 22 Undecided

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A9a. 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
- 

A10. How religious would you say you are?

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

A11. 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
- 

A12. Which of the following best describes your family's financial situation growing up?

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

A12a. 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
- 

A12b. 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
- 

A13. How would you characterize your current relationship status?

- 1 Single
- 2 In a relationship

- 3 Married or domestic partnership
  - 4 Divorced
  - 5 Widowed
- 

A14. 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
- 

{Note: Section Header: "How You are Doing"}

{DESIGN: GRID Boa-Boh}

{PRG: SHOW Bo IF PRE\_0=1, OTHERWISE SKIP TO B1}

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.

Bo. 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.

- 7 Strongly agree (7)
- 6 Agree (6)
- 5 Slightly agree (5)
- 4 Mixed or neither agree nor disagree (4)
- 3 Slightly disagree (3)
- 2 Disagree (2)
- 1 Strongly disagree (1)

Boa. I lead a purposeful and meaningful life.

Bob. My social relationships are supportive and rewarding.

Boc. I am engaged and interested in my daily activities

Bod. I actively contribute to the happiness and well-being of others

Boe. I am competent and capable in the activities that are important to me

Bof. I am a good person and live a good life

Boh. I am optimistic about my future

Boi. People respect me

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{DESIGN: GRID B1a-B1i}

B1. Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day



- B1a. Little interest or pleasure in doing things
  - B1b. Feeling down, depressed or hopeless
  - {PRG: SHOW B1c-B1i IF PRE\_o=1, OTHERWISE SKIP TO C1}
  - B1c. Trouble falling or staying asleep, or sleeping too much
  - B1d. Feeling tired or having little energy
  - B1e. Poor appetite or overeating
  - B1f. Feeling bad about yourself--or that you are a failure or have let yourself or your family down
  - B1g. Trouble concentrating on things, such as reading the newspaper or watching television
  - B1h. 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
  - B1i. Thoughts that you would be better off dead or of hurting yourself in some way
- 

{PRG: SHOW B1j IF ANY B1a-B1i = 2-4 AND PRE\_o=1; OTHERWISE SKIP TO B1k IF PRE\_o=1, C1 IF PRE\_o=2}

B1j. 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
- 

{DESIGN: GRID B1k-B1l}

Think about **the two week period in the past year** when you experienced the two problems below the most frequently. During that period, how often were you bothered by these problems?

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

- B1k. Little interest or pleasure in doing things
  - B1l. Feeling down, depressed or hopeless
- 

{DESIGN: GRID B2A – B2G}

B2TEXT. Over the last 2 weeks, how often have you been bothered by the following problems?

- 1 Not at all
- 2 Several days
- 3 Over half the days
- 4 Nearly every day

- B2A. Feeling nervous, anxious or on edge
  - B2B. Not being able to stop or control worrying
  - B2C. Worrying too much about different things
  - B2D. Trouble relaxing
  - B2E. Being so restless that it's hard to sit still
  - B2F. Becoming easily annoyed or irritable
  - B2G. Feeling afraid as if something awful might happen
- 

{PRG: SHOW B3 IF ANY QUESTION B2A – B2G > 1}

B3. 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
- 

{Section Header: {PRG: IF PRE\_o=1 DISPLAY "How You Are Doing (2)/Lifestyle (1)," otherwise display "Lifestyle (1)}}}

B4a. Do you ever make yourself vomit, or use laxative, diuretics (water pills), or diet pills to influence your body shape or weight?

- 1 Yes
  - 2 No
- 

B4b. Do you worry that you have lost control over how much you eat?

- 1 Yes
  - 2 No
- 

B4c. Have you recently lost more than 15 pounds in a 3-month period?

- 1 Yes
  - 2 No
- 

B4d. Do you believe yourself to be fat when others say you are too thin?

- 1 Yes
  - 2 No
- 

B4e. Would you say that food dominates your life?

- 1 Yes
  - 2 No
- 

B5g. Do you need to be very thin in order to feel good about yourself?

- 1 Yes
  - 2 No
- 

B5h. I think I am...

- 1 Very underweight
  - 2 Somewhat underweight
  - 3 Normal weight
  - 4 Somewhat overweight
  - 5 Very overweight
- 

{PRG. B6.8 AND B6.9 AS MUTUALLY EXCLUSIVE}

{PRG: B6 SELECT ALL THAT APPLY}

B6. 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
  - 9 Don't know
- 

{PRG: B6a.1.6 AS MUTUALLY EXCLUSIVE}  
 {PRG: SHOW B6a.1 IF B6=1; OTHERWISE SKIP TO B8}  
 {PRG: B6a1 SELECT ALL THAT APPLY}

B6a.1 Specifically, which of the following **depression** problems were you 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
- 

{PRG: B6a.2.10 AS MUTUALLY EXCLUSIVE}  
 {PRG: SHOW B6a.2 IF B6=2; OTHERWISE SKIP TO B8}  
 {PRG: B6a.2 SELECT ALL THAT APPLY}

B6a.2. 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
- 

{PRG: B6a.3.4 AS MUTUALLY EXCLUSIVE}  
 {PRG: SHOW B6a.3 IF B6=3; OTHERWISE SKIP TO B8}  
 {PRG: B6a.3 SELECT ALL THAT APPLY}

B6a.3. 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
- 

{PRG: B6a.4.5 AS MUTUALLY EXCLUSIVE}  
{PRG: SHOW B6a.4 IF B6=4; OTHERWISE SKIP TO B8}  
{PRG: B6a.4 SELECT ALL THAT APPLY}

B6a.4. 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
- 

{PRG: B6a.5.8 AS MUTUALLY EXCLUSIVE}  
{PRG: SHOW B6a.5 IF B6=5; OTHERWISE SKIP TO B8}  
{PRG: B6a.5 SELECT ALL THAT APPLY}

B6a.5. 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
- 

{PRG: B6a.6.12 AS MUTUALLY EXCLUSIVE}  
{PRG: SHOW B6a.6 IF B6=6; OTHERWISE SKIP TO B8}  
{PRG: B6a.6 SELECT ALL THAT APPLY}

B6a.6. 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
-

{PRG: B6a.7.3 AS MUTUALLY EXCLUSIVE}  
{PRG: SHOW B6a.7 IF B6=7; OTHERWISE SKIP TO B8}  
{PRG: B6a.7 SELECT ALL THAT APPLY}

B6a.7. 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

---

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

---

{PRG: B9.12 AS MUTUALLY EXCLUSIVE}  
{PRG: B9 SELECT ALL THAT APPLY}

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

---

{PRG: SHOW B9a IF B9=ANY 1-11; OTHERWISE SKIP TO B10}

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?

- 1 Yes

2 No

---

{PRG: SHOW B10b-B10c IF B10=1; OTHERWISE SKIP TO C1}

B10b. In the **past year**, did you make a plan for attempting suicide?

- 1 Yes
  - 2 No
- 

B10c. In the **past year**, did you attempt suicide?

- 1 Yes
  - 2 No
- 

{DESIGN: GRID C1 – C1f}

C1. Now we would like to ask you a few questions about your current lifestyle. Remember that your responses will be kept confidential.

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.

- 1 Never used
- 2 Used, but NOT in past 12 months
- 3 Used in past 12 months, but NOT in past 30 days
- 4 Used in past 30 days

- C1aa. Cigarettes
  - C1a. Marijuana (or hashish, blunts, Spice, K2)
  - C1b. Cocaine (crack, coke)
  - C1d. Barbiturates or sedatives (prescription-type sleeping pills like Seconal, Ambien, Nembutal, downs or Yellow Jackets)
  - C1f. Tranquilizers (prescription-type drugs like Valium, Librium, Xanax, Ativan, Klonopin)
  - C1e. Amphetamines (methamphetamines, crystal meth, speed, uppers, ups)
  - C1g. Heroin
  - C1h. Other opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percocet, Vicodin, Darvon, Darvocet)
  - C1i. LSD
  - C1j. Other psychedelics or hallucinogens like mushrooms, mescaline or PCP
  - C1k. Ecstasy (MDMA)
  - C1m. Club drugs (Special K, Super K, Ketamine, Liquid G, GHB)
  - C1l. Waterpipe smoking (hookah, arghile, shisha)
- 

{PRG: C3 SELECT ALL THAT APPLY}

C3. 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?

[INSERT NUMERIC RESPONSE 50-1000] pounds

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{PRG: C3b1 AND C3b2 ON SAME SCREEN}

C3bTEXT. About how tall are you?

C3b1. [INSERT NUMERIC RESPONSE 3-7] feet

C3b2. [INSERT NUMERIC RESPONSE 0-11] inches

{PRG: SHOW ALC6 IF PRE\_o=1 OR IF (PRE\_o=2 AND ALC1 ≠ 2 AND ALC 3 ≠ 0),  
OTHERWISE SKIP TO FILTER BEFORE ALC9}

ALC6. {PRG: IF PRE\_o=1 DISPLAY “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”}

During the **last two weeks**, how many times have you had **{PRG: IF A2=1 DISPLAY “four”;  
OTHERWISE DISPLAY “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

---

{PRG: IF ALC6 > 1, SHOW ALC7; OTHERWISE SKIP TO ALC9 IF PRE\_o=2, C5 IF PRE\_o=1}

ALC7. The last time that you had **{PRG: IF A2=1 DISPLAY “four”;  
OTHERWISE DISPLAY “five”}** OR MORE drinks in a row, how many drinks did you actually have?

{PRG: DISPLAY RESPONSE 1 IF A2=1}

- 1 4 drinks
- 2 5 drinks
- 3 6 drinks
- 4 7 drinks
- 5 8 drinks
- 6 9 drinks
- 7 10-14 drinks
- 8 15 or more drinks

---

ALC8. How long did it take you to consume the drinks you indicated in the previous question?

- 1 1 hour or less
- 2 2 hours
- 3 3 hours
- 4 4 hours
- 5 5 hours
- 6 6 hours or more

**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: [NUMERIC RESPONSE 0-365] days

---

{PRG: SHOW ALC39a IF PRE\_o=1 OR (PRE\_o=2 AND ALC39 ≠ 1), OTHERWISE SKIP TO FILTER BEFORE C6}

ALC39a. How many people have you had sexual intercourse with in the PAST 30 DAYS?

- 1 0
- 2 1
- 3 2
- 4 3 or more

---

{PRG: SHOW ALC39B IF ALC39A > 1}

ALC39B. Did you or your partner use some form of birth control or protection (e.g. condoms, birth control pills) every single time you had sex in the PAST 30 DAYS?

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

---

{PRG: SHOW ALC39C IF ALC39A > 1}

ALC39C. What type of birth control method did you or your partner use during your last sexual intercourse experience in the PAST 30 DAYS? (*Select all that apply*)

- 1 Male condom
- 2 Withdrawal (i.e. “pulling out”)
- 3 Contraceptive pills
- 4 Contraceptive patch
- 5 Contraceptive ring (e.g. Nuvaring)
- 6 Contraceptive injectable (e.g. Depo-Provera shot)
- 7 Intrauterine device (e.g. IUD)
- 8 Contraceptive implant (e.g. implantation / nexplanon)
- 9 Emergency contraception (i.e. “morning after pill”)
- 10 Other contraceptive method
- 11 No contraceptive method was used
- 12 Don't know

---

ALC39C2. Have you or your romantic partner (current or past) ever become pregnant when you and your partner were not trying to get pregnant?

- 1 Yes
- 2 No

---

ALC39D. In the PAST 12 MONTHS, have you visited a reproductive health provider for any reason (e.g. birth control, sexually transmitted infection testing, pregnancy testing, HIV / AIDS counseling / testing, gynecological or genital exam / check-up)?

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



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{PRG: SHOW ALC39E IF ALC39D = 1}

ALC39E. During a reproductive health visit in the PAST 12 MONTHS, have you discussed your mental or emotional health status with a reproductive health care provider?

- 1 Yes
  - 2 No
- 

{PRG: SHOW C6 IF PRE\_0=1, OTHERWISE SKIP TO C7}

C6. 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
- 

C7. During this semester so far, about how many **hours per day on average** have you spent doing school work?

- 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
- 

C8a. 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.)*

C8a\_1. Weeknights? [TIME RESPONSE]

C8a\_2. Weekend nights? [TIME RESPONSE]

---

C8b. 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.)*

C8b\_1. Weekdays? [TIME RESPONSE]

C8b\_2. Weekend days? [TIME RESPONSE]

---

C9a. During this school year, on how many days have you taken naps during a typical week?

- 0 I don't take naps
- 1 1
- 2 2

- 3 3
- 4 4
- 5 5
- 6 6
- 7 7

---

{PRG: SHOW C9b IF C9a > 0, OTHERWISE SKIP TO D1}

C9b. 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

---

{Note: Section Header: Knowledge and Beliefs About Services}

The next questions will ask you about your knowledge and beliefs about {PRG: IF PRE\_0=1 DISPLAY “services and treatment for mental health”, OTHERWISE DISPLAY “treatment and counseling services for someone who has an alcohol problem”}.

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

D1. If you needed to seek professional help for your {PRG: IF PRE\_0=1 DISPLAY “mental or emotional health”, OTHERWISE DISPLAY “alcohol use” while attending [DISPLAY PRE\_1], 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 {PRG: IF PRE\_0=1 DISPLAY “mental health and psychological”, OTHERWISE DISPLAY “alcohol abuse”} 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

---

D4. How helpful on average do you think **therapy or counseling** is, when provided competently, for people your age who are {PRG: IF PRE\_0=1 DISPLAY “clinically depressed”, OTHERWISE DISPLAY “abusing alcohol”}?

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

---

{PRG: SHOW D5 IF PRE\_0=1, OTHERWISE SKIP TO D6}

D5. 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
- 

{DESIGN: GRID D6a-D6g}

Please indicate whether you agree or disagree with the following statements.

- 1 Strongly agree
- 2 Agree
- 3 Somewhat agree
- 4 Somewhat disagree
- 5 Disagree
- 6 Strongly disagree

D6a. Most people would willingly accept someone who has received {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”} as a close friend

D6e. Most people feel that receiving {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”} is a sign of personal failure

D6g. Most people think less of a person who has received {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”}

{DESIGN: GRID D7a-D7c}

Please indicate whether you agree or disagree with the following statements.

- 1 Strongly agree
- 2 Agree
- 3 Somewhat agree
- 4 Somewhat disagree
- 5 Disagree
- 6 Strongly disagree

D7a. I would willingly accept someone who has received {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”} as a close friend

D7c. I feel that receiving {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”} is a sign of personal failure

D7b. I would think less of a person who has received {PRG: IF PRE\_o=1, DISPLAY “mental health treatment”, OTHERWISE DISPLAY “treatment for alcohol abuse”}

---

D11. As far as you know, how many of your close friends or family have ever sought professional help for an {PRG: IF PRE\_o=1, DISPLAY “emotional or mental health problem”, OTHERWISE DISPLAY “alcohol abuse problem”}?

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

{Note: Section Header: “Experiences With Services and Support”}

{PRG: SHOW E0 IF PRE\_0=1, OTHERWISE SKIP TO E1}

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

E0. 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

---

{PRG: E1.8 AND E1.9 AS MUTUALLY EXCLUSIVE}

{PRG: E1 SELECT ALL THAT APPLY}

{PRG: MAKE E1.7.TEXT REQUIRED IF E1.7 IS SELECTED. DISPLAY CUSTOM ERROR MESSAGE: "Please specify your response in the text field provided."}

E1. {PRG: IF PRE\_0=2 DISPLAY: "The next questions will ask you about your experiences using services (medication or counseling/therapy)."}  
The next questions will ask you about your experiences using services (medication or counseling/therapy).

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** (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), 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
- 9 Don't know

---

{PRG: E1a.5 AS MUTUALLY EXCLUSIVE}

{PRG: SHOW E1a.-E1d. IF E1=ANY 1-7; OTHERWISE SKIP TO E2}

{PRG: E1a SELECT ALL THAT APPLY}

E1a. 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

---

{PRG: SHOW E1b IF PRE\_0=1, OTHERWISE SKIP TO E2}

E1b. **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
- 

{PRG: SHOW E1c AND E1d IF E1=ANY 1-7; OTHERWISE SKIP TO E2}

{PRG: E1c.9. AS MUTUALLY EXCLUSIVE}

{PRG: E1c SELECT ALL THAT APPLY}

E1c. Of the medication(s) you just noted, which are you **currently** taking?

{PRG: SHOW 1 IF E1=1}

- 1 **Psychostimulants** (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)

{PRG: SHOW 2 IF E1=2}

- 2 **Antidepressants** (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)

{PRG: SHOW 3 IF E1=3}

- 3 **Anti-psychotics** (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)

{PRG: SHOW 4 IF E1=4}

- 4 **Anti-anxiety medications** (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)

{PRG: SHOW 5 IF E1=5}

- 5 **Mood stabilizers** (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)

{PRG: SHOW 6 IF E1=6}

- 6 **Sleep medications** (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)

{PRG: SHOW 7 IF E1=7}

- 7 {Display E1.7 TEXT}

- 8 None of the above
- 

{DESIGN: GRID E1d.1-E1d.7}

E1d. **During the past year**, for how long, in total, have you taken the following medication you just noted:

- 1 Less than 1 month
- 2 Between 1 and 2 months
- 3 2 months or more

{PRG: DISPLAY IF E1=1}

E1d.1 **Psychostimulants** (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)

{PRG: DISPLAY IF E1=2}

E1d.2 **Antidepressants** (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)

{PRG: DISPLAY IF E1=3}

E1d.3 **Anti-psychotics** (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)

{PRG: DISPLAY IF E1=4}

E1d.4 **Anti-anxiety medications** (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)

{PRG: DISPLAY IF E1=5}

E1d.5 **Mood stabilizers** (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)

{PRG: DISPLAY IF E1=6}

E1d.6 **Sleep medications** (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)

{PRG: DISPLAY IF E1=7}

E1d.7 {Display E1.7 TEXT}

---

E2. In the **past 12 months** have you received counseling or therapy for {PRG: IF PRE\_o=1 DISPLAY “your mental or emotional health,” OTHERWISE DISPLAY “alcohol abuse”} from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

1 Yes

2 No

{PRG: SHOW E2a.-E2d. IF ANY E2=1; OTHERWISE SKIP TO FILTER BEFORE E2F}

E2a. Are you **currently** receiving counseling or therapy {PRG: IF PRE\_o=2 DISPLAY “for alcohol abuse”}?

1 Yes

2 No

---

E2b. . How many total visits or sessions for {PRG: IF PRE\_o=2 DISPLAY “alcohol abuse”} counseling or therapy have you had in the past 12 months?

1 1-3

2 4-6

3 7-9

4 10 or more

---

{PRG: E2c.10 AS MUTUALLY EXCLUSIVE}

{PRG: E2c SELECT ALL THAT APPLY}

{PRG: WILL DRAW FROM PRE\_2 VALUE}

{PRG: NOTE: Response options 1-3 will be programmed according to a list that we will request from each school.}

E2c. From which of the following places did you receive {PRG: IF PRE\_o=2 DISPLAY “alcohol abuse”} counseling or therapy? (*Check all that apply*)

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

---

{DESIGN: GRID E2d\_4-E2d5\_4}

{PRG: SHOW GRID E2d\_4-E2d5\_4 IF E2c=4; OTHERWISE SKIP TO E2d5}

E2d4. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2 DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at **the Psychiatric Emergency Services/Psych Emergency Room (ER)**?

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied
- 6 Very satisfied

E2d4\_1. Convenient hours

E2d4\_2. Location

E2d4\_3. Quality of therapists/counselors

E2d4\_5. Respect for your privacy concerns

E2d4\_6. Ability to schedule appointments without long delays

---

{DESIGN: GRID E2d\_5-E2d5\_5}

{PRG: SHOW GRID E2d\_5-E2d5\_5 IF E2c=5; OTHERWISE SKIP TO E2d6}

E2d5. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2 DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at **the inpatient psychiatric hospital**?

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied
- 6 Very satisfied

E2d5\_1. Convenient hours

E2d5\_2. Location

E2d5\_3. Quality of therapists/counselors

E2d5\_5. Respect for your privacy concerns

E2d5\_6. Ability to schedule appointments without long delays

---

{DESIGN: GRID E2d\_6-E2d5\_6}

{PRG: SHOW GRID E2d\_6-E2d5\_6 IF E2c=6; OTHERWISE SKIP TO E2d7}

E2d6. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2 DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at **the partial hospitalization program**?

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied

6 Very satisfied

- E2d6\_1. Convenient hours
  - E2d6\_2. Location
  - E2d6\_3. Quality of therapists/counselors
  - E2d6\_5. Respect for your privacy concerns
  - E2d6\_6. Ability to schedule appointments without long delays
- 

{DESIGN: GRID E2d\_7-E2d5\_7}  
{PRG: SHOW GRID E2d\_7-E2d5\_7 IF E2c=7; OTHERWISE SKIP TO E2d58}

E2d7. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2  
DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at **your  
provider in the local community (not on campus)?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied
- 6 Very satisfied

- E2d7\_1. Convenient hours
  - E2d7\_2. Location
  - E2d7\_3. Quality of therapists/counselors
  - E2d7\_5. Respect for your privacy concerns
  - E2d7\_6. Ability to schedule appointments without long delays
- 

{DESIGN: GRID E2d\_8-E2d5\_8}  
{PRG: SHOW GRID E2d\_8-E2d5\_8 IF E2c=8; OTHERWISE SKIP TO E2d9}

E2d8. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2  
DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at **your  
provider in another location (such as your hometown)?**

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied
- 6 Very satisfied

- E2d8\_1. Convenient hours
  - E2d8\_2. Location
  - E2d8\_3. Quality of therapists/counselors
  - E2d8\_5. Respect for your privacy concerns
  - E2d8\_6. Ability to schedule appointments without long delays
- 

{DESIGN: GRID E2d\_9-E2d5\_9}  
{PRG: SHOW GRID E2d\_9-E2d5\_9 IF E2c=9; OTHERWISE SKIP TO E2g}

E2d9. How satisfied/dissatisfied are you with the following aspects of your {PRG: IF PRE\_0=2  
DISPLAY "alcohol abuse"} therapy or counseling that you received in the past 12 months at  
**[DISPLAY E2c 9 OPEN TEXT RESPONSE]?**



{PRG: IF E2c 9 OPEN TEXT RESPONSE IS BLANK, DISPLAY “(other {PRG: IF PRE\_o=2 DISPLAY “alcohol abuse”} counseling or therapy provider not provided)”}

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Somewhat dissatisfied
- 4 Somewhat satisfied
- 5 Satisfied
- 6 Very satisfied

E2d9\_1. Convenient hours

E2d9\_2. Location

E2d9\_3. Quality of therapists/counselors

E2d9\_5. Respect for your privacy concerns

E2d9\_6. Ability to schedule appointments without long delays

---

{PRG: SHOW E2g IF E2=1; OTHERWISE SKIP TO FILTER BEFORE E2f}

E2g. If there is anything else you would like to note about your {PRG: IF PRE\_o=2 DISPLAY “alcohol abuse”} therapy and counseling experiences, please feel free to do so here.

[OPEN TEXT]

---

{PRG: SHOW E2f IF PRE\_o=1, OTHERWISE SKIP TO FILTER BEFORE INTRO1}

E2f. 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?

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

{PRG: E2g2.8 MUTUALLY EXCLUSIVE}

E2g2. 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 None of the above
- 

{PRG: E2h.7 AS MUTUALLY EXCLUSIVE}

{PRG: E2h SELECT ALL THAT APPLY}

E2h. If you were experiencing serious emotional distress, whom would you talk to about this? (*Select all that apply*)

- 1 Professional clinician (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

---

{PRG: MAKE E2i.6 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.

E2i. 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 *(please specify)* [TEXT RESPONSE]
- 6 None of the above

---

{PRG: MAKE E2j.6 MUTUALLY EXCLUSIVE}

E2j. 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 *(please specify)* [TEXT RESPONSE]
- 6 None of the above

---

{PRG: SHOW E2k IF E2j = 1 OR 2 OR 3 OR 4 OR 5}

E2k. 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
- 9 I was afraid I'd get in trouble

---

```
{PRG: E3.20 AS MUTUALLY EXCLUSIVE}
{PRG: SHOW INTRO1 AND E3 IF (PRE_o=1 AND (E1=1-7 OR E2=1)) OR (PRE_o=2 AND
E2=1); OTHERWISE SKIP TO FILTER BEFORE E4}
{PRG: E3 SELECT ALL THAT APPLY}
```

## INTRO1

The next questions will ask you about difficulties you may have experienced in receiving {PRG: IF PRE\_o=1 DISPLAY “mental health services (medication and/or counseling/therapy)”, OTHERWISE DISPLAY “services for alcohol use”} 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.**

E3. In the **past 12 months**, which of the following factors have caused you to receive fewer services {PRG: IF PRE\_o=1 DISPLAY “(counseling, therapy, or medications) for your mental or emotional health”, OTHERWISE DISPLAY “(counseling or treatment) for your alcohol use”} 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 {PRG: IF PRE\_o=1 DISPLAY “medication or therapy”, OTHERWISE DISPLAY “counseling or treatment”} is helpful
  - 15 I have had bad experiences with {PRG: IF PRE\_o=1 DISPLAY “medication and/or therapy”, OTHERWISE DISPLAY “counseling and/or treatment”}
  - 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
- 

```
{PRG: SHOW E3a IF (PRE_o=1 AND (E1=1-7 OR E2=1)) OR (PRE_o=2 AND E2=1);
OTHERWISE SKIP TO E5}
{PRG: E3a SELECT ALL THAT APPLY}
```

E3a. Earlier in this survey you reported that you have {PRG: IF PRE\_o=1 DISPLAY “taken medication and/or received counseling/therapy in the past 12 months for your mental or emotional health”, OTHERWISE DISPLAY “received counseling or treatment in the past 12 months for your alcohol use”}. 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]

{PRG: E4.22 AS MUTUALLY EXCLUSIVE; OTHERWISE SKIP TO E4}  
 {PRG: SHOW INTRO2 AND E4 IF (PRE\_o=1 AND E1=8, 9, OR BLANK AND E2=2 OR BLANK) OR (PRE\_o=2 AND E2= 2 OR BLANK); OTHERWISE SKIP TO E5}  
 {PRG: E4 SELECT ALL THAT APPLY}

#### INTRO2

The next questions will ask you about reasons you may not have used {PRG: IF PRE\_o=1 DISPLAY “mental health services”, OTHERWISE DISPLAY “counseling or treatment services for your alcohol use”} 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.**

E4. In the **past 12 months** which of the following explain why you have not received {PRG: IF PRE\_o=1 DISPLAY “medication or therapy for your mental or emotional health”, OTHERWISE DISPLAY “counseling or treatment for your alcohol use”}? (*Select all that apply*)

- 1 I have not had any need for {PRG: IF PRE\_o=1 DISPLAY “mental health services”, OTHERWISE DISPLAY “counseling or treatment for my alcohol use”}
- 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 {PRG: IF PRE\_o=1 DISPLAY “medication or therapy”, OTHERWISE DISPLAY “counseling or treatment”} is helpful

- 17 I have had a bad experience with {PRG: IF PRE\_0=1 DISPLAY “medication and/or therapy”, OTHERWISE DISPLAY “counseling or treatment”}
- 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

{PRG: E5.1 AS MUTUALLY EXCLUSIVE}  
 {PRG: E5 SELECT ALL THAT APPLY}

E5. What is the source of your current health insurance coverage? *(Select all that apply)*

- 1 I do not have any health insurance coverage (uncovered)
- 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

{PRG: SHOW E7 AND E8 IF E5=2-10; OTHERWISE SKIP TO F1}

E7. Do you know if your health insurance plan would provide **any** coverage for a visit to a {PRG: IF PRE\_0=1 DISPLAY “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

{PRG: SHOW E8 IF PRE\_0=1, OTHERSIE SKIP TO F1}

E8. 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

{PRG: SHOW E8a IF E8=3; OTHERWISE SKIP TO F1}  
 {PRG: E8a SELECT ALL THAT APPLY}

E8a. 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
- 

{PRG: E9A IS SELECT ALL THAT APPLY}

E9A. Have you ever been diagnosed with any of the following health conditions, which required ongoing treatment by a health care professional (i.e. chronic diseases)? *(Select all that apply)*

- 1 Diabetes
  - 2 High Blood Pressure
  - 3 Asthma
  - 4 Thyroid Disease (hypothyroid or hyperthyroid)
  - 5 Obesity
  - 6 Gastrointestinal Disease (Chron's Disease, Ulverative Colitis)
  - 7 Arthritis
  - 8 Sickle Cell Anemia
  - 9 Seizure Disorders (e.g. epilepsy)
  - 10 Cancers
  - 11 High Cholesterol
  - 12 Other Chronic Diseases
  - 13 No, never been diagnosed with a chronic disease
  - 14 Don't know
- 

{PRG: IF E9A = 13 OR 14, GOTO F1}

E9B. In the past 12 months, have you visited any medical care provider, such as a primary care provider, for any of the previous chronic or ongoing medical problems?

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

{PRG: SHOW E9C IF E9B = 1}

E9C. During a chronic or primary care health visit in the PAST 12 MONTHS, have you discussed your mental or emotional health status with a primary care provider (someone other than a mental health professional)?

- 1 Yes
  - 2 No
  - 3 Don'know
- 

{Note: Section Header: "Environment"}

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

F1. 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?

- 1 Yes
  - 2 No
- 

{SHOW F1a IF F1=1, OTHERWISE SKIP TO F2}

F1a. 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
- 

{PRG: F2.7 AS MUTUALLY EXCLUSIVE}

{PRG: F2 SELECT ALL THAT APPLY}

F2. If you had a {PRG: IF PRE\_o=1 DISPLAY “mental health” OTHERWISE DISPLAY “alcohol abuse”} 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
  - 8 Other (specify) [OPEN TEXT]
- 

F3. 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
- 

We are interested in how you feel about the following statements. Please indicate how you feel about each statement.

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Neutral
- 4 Somewhat agree
- 5 Strongly agree

F6a. I get the emotional help and support I need from my family.

F6b. My friends really try to help me.

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FX. 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]