



## THE HEALTHY MINDS STUDY: 2010 QUESTIONNAIRE

### Welcome to the Healthy Minds Survey!

Please click Start Survey to begin!

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

[INSTITUTION NAME]

[LOCAL IRB CONTACT PERSON]

[LOCAL IRB CONTACT E-MAIL]

[LOCAL RESOURCES FOR INTERVENTION/MENTAL HEALTH ASSISTANCE]

### A. BASIC INFORMATION

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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

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A2. What gender are you?

- 1 Female
- 2 Male
- 3 Other(specify)

---

A3. How do you usually describe your race and/or ethnicity? *(Check 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)

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A4. Are you a US citizen or permanent resident?

- 1 Yes
- 2 No

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A5. How would you describe your sexual orientation?

- 1 Heterosexual
- 2 Bisexual
- 3 Gay/Lesbian/Queer
- 4 Questioning
- 5 Other (specify)

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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)

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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+

---

A8. In what degree program are you currently? *(Check 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)

---

A9. What is your field of study? *(Check all that apply)*

- 1 Humanities (English, language, history, philosophy, anthropology, 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)
- 22 Undecided

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A10. How religious would you say you are - very religious, fairly religious, not too religious, or not religious at all?

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

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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

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A13. How would you characterize your current relationship status?

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

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## B. HOW YOU ARE DOING

The next set of questions will ask you about your general well-being and emotional health.

B0. Please answer the following questions are about how you have been feeling in the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

In the past month, how often did you feel ...	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
1. happy						
2. interested in life						
3. satisfied						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, your neighborhood, your city)						
6. that our society is becoming a better place for people						
7. that people are basically good						
8. that the way our society works makes sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you have experiences that challenge you to grow and become a better person						
13. confident to think or express your own ideas and opinions						
14. that your life has a sense of direction or meaning to it						

B1. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

B1a. Little interest or pleasure in doing things

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

---

B1b. Feeling down, depressed or hopeless

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

---

B1c. Trouble falling or staying asleep, or sleeping too much

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

---

B1d. Feeling tired or having little energy

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

---

B1e. Poor appetite or overeating

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

---

B1f. Feeling bad about yourself--or that you are a failure or have let yourself or your family down

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

---

B1g. Trouble concentrating on things, such as reading the newspaper or watching television

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

---

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

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

---

B1i. Thoughts that you would be better off dead or of hurting yourself in some way

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

---

{ask if any of B1a-B1i  $\geq 2$ }

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

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?

B1k. Little interest or pleasure in doing things

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

B1l. Feeling down, depressed or hopeless

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

B2. In the LAST 4 WEEKS, have you had an anxiety attack--suddenly feeling fear or panic?

- 1 Yes
  - 2 No
- 

{IF B2=1 ASK B2a OTHERWISE GO TO B4}

B2a. Has this happened before?

- 1 Yes
  - 2 No
- 

{IF B2=1 ASK B2b}

B2b. Do some of these attacks come suddenly out of the blue--that is, in situations where you don't expect to be nervous or uncomfortable?

- 1 Yes
  - 2 No
- 

{IF B2=1 ASK B2c}

B2c. Do these attacks bother you a lot or are you worried about having another attack?

- 1 Yes
  - 2 No
- 

{IF B2=1 ASK B3 OTHERWISE GO TO B4}

B3. Think about your last bad anxiety attack.

B3a. Were you short of breath?

- 1 Yes
  - 2 No
- 

B3b. Did your heart race, pound or skip?

- 1 Yes
  - 2 No
- 

B3c. Did you have chest pain or pressure?

- 1 Yes
  - 2 No
- 

B3d. Did you sweat?

- 1 Yes
  - 2 No
- 

B3e. Did you feel as if you were choking?

- 1 Yes
- 2 No

---

B3f. Did you have hot flashes or chills?

- 1 Yes
- 2 No

---

B3g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?

- 1 Yes
- 2 No

---

B3h. Did you feel dizzy, unsteady, or faint?

- 1 Yes
- 2 No

---

B3i. Did you have tingling or numbness in parts of your body?

- 1 Yes
- 2 No

---

B3j. Did you tremble or shake?

- 1 Yes
- 2 No

---

B3k. Were you afraid you were dying?

- 1 Yes
- 2 No

---

B4a. Over the LAST 4 WEEKS, how often have you been bothered by feeling nervous, anxious, on edge, or worrying a lot about different things?

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

{IF B4a=2-3 ASK B4b-g OTHERWISE GO TO B5}

B4. Over the LAST 4 WEEKS, how often have you been bothered by any of the following problems?

B4b. Feeling restless so that it is hard to sit still.

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

B4c. Getting tired very easily

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

B4d. Muscle tension, aches, or soreness

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

B4e. Trouble falling asleep or staying asleep

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

B4f. Trouble concentrating on things, such as reading a book or watching TV

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

B4g. Becoming easily annoyed or irritable

- 1 Not at all
- 2 Several days
- 3 More than half the days

---

{SHOW B5a-h IF NEW SAMPLE}

B5a. Do you currently weigh less than other people think you ought to weigh?

- 1 Yes, much less
- 2 Yes, moderately less
- 3 Yes, slightly less
- 4 No

B5b. During the past six months, did you often eat within any two hour period what most people would regard as an unusually large amount of food?

- 1 Yes
- 2 No

{IF YES to B5b, ask B5c}:

B5c. During the times when you ate this way, did you often feel you couldn't stop eating or control what or how much you were eating?

- 1 Yes
- 2 No

{IF YES to B5c, ask B5d}:

B5d. During the past six months, how often, on average, did you have times when you ate this way – that is, large amounts of food plus the feeling that your eating was out of control? (There may have been some weeks when it was not present – just average those in).

- 1 Less than one day a week
- 2 One day a week
- 3 Two or three days a week
- 4 Four or five days a week
- 5 Nearly everyday

{If FEMALE, ask B5e}:

B5e. Have you ever lost your menstrual period as a result of being at a low weight?

- 1 Yes, I missed 3 or more menstrual periods in a row
- 2 Yes, I missed 1 or 2 menstrual periods
- 3 I think I am only menstruating because I take the birth control pill
- 4 No

B5f. Is your body shape and weight among the most important things that affect how you feel about yourself?



- 1 Yes, it is the most important aspect of my self-regard
- 2 Yes, it is one of the most important aspects of my self-regard
- 3 No, other aspects are more important

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

- 1 Yes
- 2 No

B5h. Do you still feel too fat even though others say you are thin?

- 1 Yes
- 2 No

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B6. Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)? *(Check all that apply)*

- 1 Depression (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

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If B6=none of 1-8 OR if B6=8 JUMP TO B7

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{IF B6=1 ASK B6a.1}

B6a.1 Specifically, which of the following DEPRESSION problems were you diagnosed with by a professional? *(Check 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)
- 6 Don't know

---

{If B6=2 ASK B6a.2}

B6a.2. Specifically, which of the following ANXIETY DISORDERS were you diagnosed with by a professional? *(Check 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)
- 10 Don't know

---

{If B6=3 ASK B6a.3}

B6a.3. Specifically which of the following ATTENTION or LEARNING DISABILITY DISORDERS were you diagnosed with by a professional? (*Check all that apply*)

- 1 Attention deficit hyperactivity disorder (ADHD or ADD)
  - 2 Other learning disability
  - 3 Other (specify)
  - 4 Don't know
- 

{If B6=4 ASK B6a.4.}

B6a.4. Specifically, which of the following EATING DISORDERS were you diagnosed with by a professional? (*Check all that apply*)

- 1 Anorexia
  - 2 Bulimia
  - 3 Binge-eating Disorder
  - 4 Other (specify)
  - 5 Don't know
- 

{If B6=5 ASK B6a.5}

B6a.5. Specifically, which of the following PSYCHOTIC DISORDERS were you diagnosed with by a professional? (*Check 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)
  - 8 Don't know
- 

{If B6=6 ASK B6a.6}

B6a.6. Specifically, which of the following PERSONALITY DISORDERS were you diagnosed with by a professional? (*Check 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)
  - 12 Don't know
- 

{If B6=7 ASK B6a.7}

B6a.7. Specifically, which of the following SUBSTANCE ABUSE DISORDERS were you diagnosed with by a professional? (*Check all that apply*)

- 1 Alcohol abuse or other alcohol-related disorders
  - 2 Other (specify)
  - 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

---

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? *(Check 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)
  - 12 No, none of these
- 

{If B9=1-9}

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 everyday, or everyday

---

B10. In the PAST YEAR, did you ever seriously think about attempting suicide?

- 1 Yes
- 2 No

---

{IF B10=1 ASK B10b OTHERWISE GO TO C1}

B10b. In the PAST YEAR, did you make a plan for attempting suicide?

- 1 Yes
- 2 No

---

{If B10=1 ASK B10c OTHERWISE GO TO C1}

B10c. In the PAST YEAR, did you attempt suicide?

- 1 Yes
  - 2 No
- 

### C. LIFESTYLE

Now we would like to ask you a few questions about your current lifestyle.

C1. ON AVERAGE, how many cigarettes did you smoke in the PAST 30 DAYS?

- 1 None
- 2 Less than one cigarette per day
- 3 One to five cigarettes per day

- 4 About one-half pack per day
- 5 About one pack per day
- 6 About one and one-half packs per day
- 7 Two or more packs per day
- 8 Don't know
- 9 I refuse to answer this

---

C2. In the PAST 30 DAYS, have you used any of the following drugs? *(check all that apply)*

- 1 Marijuana (also known as grass, weed, pot, hash, or hash oil)
- 2 Cocaine (any form, including crack, powder, or freebase)
- 3 Heroin (also known as smack, junk, or China White)
- 4 Methamphetamines (also known as speed, crystal, meth, or ice)
- 5 Other stimulants (e.g. Ritalin, Adderall, etc) without a prescription
- 5 Ecstasy (also known as MDMA)
- 6 Other drugs without a doctor's prescription (specify)
- 7 None of the above

---

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?  
 [NUMERIC RESPONSE 50-1000] pounds

---

{DESIGN: SAME LINE C9a-C9b}

- C3b. About how tall are you?
- C3b\_a [NUMERIC RESPONSE 3-7]feet
- C3b\_b [NUMERIC RESPONSE 0-12]inches

---

(Show if A2=MALE, OTHER, OR MISSING)

C4m. Over the PAST 2 WEEKS, on how many occasions have you had 5 drinks in a row?

- 1 None
- 2 Once
- 3 Twice
- 4 3 to 5 times
- 5 6-9 times
- 6 10 or more times
- 7 Don't know
- 8 I refuse to answer this

---

(Show if A2=FEMALE)

C4f. Over the PAST 2 WEEKS, on how many occasions have you had 4 drinks in a row?

- 1 None
- 2 Once
- 3 Twice
- 4 3 to 5 times
- 5 6-9 times
- 6 10 or more times
- 7 Don't know
- 8 I refuse to answer this

---

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. 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 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

C7a. During this semester so far, about how often have you had a one-on-one conversation with an instructor, other professor, or academic advisor?

- 1 Not at all
- 2 Once or twice per month
- 3 Once or twice per week
- 4 Several times per week

C8. During this semester so far, about how many hours per week have you worked at a paid job?

- 1 None
- 2 1-5 hours
- 3 6-10 hours
- 4 11-15 hours
- 5 16-20 hours
- 6 21-30 hours
- 7 More than 30 hours

C9. How confident are you that completing your degree program will be worth the time, cost, and effort that it will require?

- 1 Very confident
- 2 Somewhat confident
- 3 Neutral
- 3 Not confident
- 4 Not at all confident

C10. How do you feel about your job prospects for after you finish your education?

- 1 Very optimistic
- 2 Somewhat optimistic
- 3 Neutral
- 4 Pessimistic
- 5 Very pessimistic

C11. How satisfied are you overall with your experience so far at [SCHOOL NAME]?

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

C12. What is your best guess about the likelihood that you will donate money to [SCHOOL NAME] after you are finished with your education here?

- 1 Very likely
  - 2 Likely
  - 3 50/50
  - 4 Unlikely
  - 5 Very unlikely
-

#### D. KNOWLEDGE AND BELIEFS ABOUT SERVICES

The next questions will ask you about your level of awareness of services at [insert institution] that can help with students' mental and emotional health. Some questions will ask you about your attitudes related to mental health.

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

D1. If you needed to seek professional help for your mental or emotional health while attending [insert institution], you would know where to go.

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

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
- 

D4. 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
- 

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
- 

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

D6a. Most people would willingly accept someone who has received mental health treatment as a close friend

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

D6e. Most people feel that receiving mental health treatment is a sign of personal failure

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

---

D6g. Most people think less of a person who has received mental health treatment

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

---

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

D7a. I would willingly accept someone who has received mental health treatment as a close friend

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

---

D7b. I would think less of a person who has received mental health treatment.

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

---

D7c. I feel that receiving mental health treatment is a sign of personal failure.

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

D8. 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 At least 1 or 2
- 3 3 or more
- 4 Don't know

---

**{SHOW Eo-Eo8a IF NEW SAMPLE}**  
**E. EXPERIENCES WITH SERVICES**

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

Eo. In the PAST 12 MONTHS, did you think you needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous?

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

---

E1. In the PAST 12 MONTHS have you taken any of the following types of prescription medications? *Please count only those you took, or are taking, several times per week. (Check 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), (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 (specify)
- 8 None
- 9 Don't know

---

If E1=8 (None) or 9 (Don't know) or is blank Jump to E2

E1a. Who wrote your most recent prescription for the medication(s) you noted in the last question? (*Check all that apply*)

- 1 A general practitioner, nurse practitioner, or primary care physician
- 2 A psychiatrist
- 3 Other type of doctor (specify)
- 4 Took the medication(s) without a prescription
- 5 Don't know

---

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? (*Check all that apply*)

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

---

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

- 1 (display answers 1-7 noted in E1)
- 2 None of the above

E1d. During the past year, for how long, in total, have you taken the following medication you just noted: (display answer from E1)

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

---

E2. 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)?

- 1 Yes
- 2 No

---

{If E2=1 ASK E2a}

E2a. Are you *currently* receiving counseling or therapy?

- 1 Yes
- 2 No

---

{If E2=1 ASK E2b}

E2b. 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 E2=1 ASK E2c}

E2c. From which of the following places did you receive counseling or therapy? (*Check 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 providers] |
| 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)  |
| 10 | Don't know   |

---

{If E2=1 AND E2B=1-12 (i.e. any provider) ASK E2, with a separate grid for each provider type}

E2d. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months?

E2d1. Convenient hours

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

---

E2d2. Location

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

---

E2d3. Quality of therapists/counselors

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

---

E2d4. Respect for your privacy concerns

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

---

E2d5. Ability to schedule appointments without long delays

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

---

{IF E2=1 ASK E2g}

E2g. If there is anything else you would like to note about your satisfaction/dissatisfaction with your therapy and counseling experiences, please feel free to do so here.

[INSERT COMMENTRY]

---

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 health reasons?

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

---

E2g. In the PAST 12 MONTHS have you received counseling or support for your mental or emotional health from any of the following sources? (*Check 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

E2h. If you were experiencing serious emotional distress, whom would you talk to about this? (*Check 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 one

---

{SHOW INTRO 1 AND E3 IF E1=1-7 OR E2=YES}

INTRO1

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 check 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 (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (*Check 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)
- 20 There have been no barriers that I can think of

E3a. 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? (*Check 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).
- 7 I was mandated to seek help by campus staff.
- 8 I acquired more information about my options from (SPECIFY).
- 9 Other (specify)

{SHOW INTRO2 AND E4 IF (E1=8 OR 9 OR N/A) AND (E2=NO OR N/A)}

#### INTRO2

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 check 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 medication or therapy in the past 12 months for your mental or emotional health? (*Check 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)
  - 22 There have been no barriers that I can think of
- 

E5. What is the source of your current health insurance coverage? *(Check 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
- 

{SHOW IF E5=2-11}

E7. 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
- 

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
- 

{SHOW E8a IF E8=3}

E8a. I feel that coverage is inadequate because my plan... *(Check 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
-

The next set of questions will ask you about your academic and social environment. This is the last section of the survey.

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
- 

{ask F1a if F1=1}

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
- 

F2. If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to? (*Check 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)
- 

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
- 

F4. Which letter grade reflects your average academic performance at this college/university?

- 1 A+
  - 2 A
  - 3 A-
  - 4 B+
  - 5 B
  - 6 B-
  - 7 C+
  - 8 C
  - 9 D
  - 10 F
  - 11 I am new to campus and do not have a complete semester of grades
  - 12 Not applicable/Don't know
- 

F5. Relative to the average person in my classes, my grades are generally:

- 1 Far below average
- 2 Somewhat below average
- 3 Same
- 4 Somewhat above average

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

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

- 1 Very strongly disagree
  - 2 Strongly disagree
  - 3 Mildly disagree
  - 4 Neutral
  - 5 Mildly agree
  - 6 Strongly agree
  - 7 Very strongly agree
- 

F6b. My friends really try to help me

- 1 Very strongly disagree
  - 2 Strongly disagree
  - 3 Mildly disagree
  - 4 Neutral
  - 5 Mildly agree
  - 6 Strongly agree
  - 7 Very strongly agree
- 

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.

[INSERT COMMENTARY]