



## THE HEALTHY MINDS STUDY: 2011 QUESTIONNAIRE

### Welcome to the Healthy Minds Survey!

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

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

### A. 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

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A2. What is your gender?

- 1 Male
- 2 Female
- 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? (*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) [OPEN TEXT]
  - 9 Not applicable—I would prefer not to identify my race/ethnicity
- 

A4. Are you a US 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]
- 

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? (*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) [OPEN TEXT]
- 

{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
- 

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

{DESIGN: GRID Boa-Boh}

## B. HOW ARE YOU DOING

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

Bo. Please answer the following questions about how you have been **feeling in the past month**.

In the past month, how often did you feel...

- 1 Never
- 2 Once or twice
- 3 About once a week
- 4 2 or 3 times a week
- 5 Almost every day
- 6 Every day

Boa. Happy

Bob. Interested in life

Boc. Satisfied

Bod. That you had something important to contribute to society

Boe. That you belonged to a community (like a social group, your neighborhood, your city)

Bof. That our society is becoming a better place for people

Bog. That people are basically good

Boh. That the way our society works makes sense to you

---

{DESIGN: GRID Boi-Bon}

Bo. Please answer the following questions about how you have been **feeling in the past month**.

In the past month, how often did you feel ...

- 1 Never
- 2 Once or twice
- 3 About once a week
- 4 2 or 3 times a week
- 5 Almost every day
- 6 Every day

Boi. That you liked most parts of your personality

Boj. That you are good at managing the responsibilities of your daily life

Bok. That you have warm and trusting relationships with others

Bol. That you have experiences that challenge you to grow and become a better person

Bom. Confident to think or express your own ideas and opinions

Bon. That your life has a sense of direction or meaning to it

---

{DESIGN: GRID B1a-B1i}

B1\_TEXT. 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 and anonymous.

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

B1a. Little interest or pleasure in doing things

B1b. Feeling down, depressed or hopeless

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

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{PRG: SHOW B1j IF ANY B1a-B1i = 2-4; OTHERWISE SKIP TO B1k}

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

---

B2. In the **last 4 weeks**, have you had an anxiety attack--suddenly feeling fear or panic?

- 1 Yes
- 2 No

---

{PRG: SHOW B2a-B3 IF B2=1; OTHERWISE SKIP TO B4a}

B2a. Has this happened before?

- 1 Yes
  - 2 No
-

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
- 

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

- 1 Yes
  - 2 No
- 

{DESIGN: GRID B3a-B3k}

B3. Think about your last bad anxiety attack.

- 1 Yes
- 2 No

B3a. Were you short of breath?

B3b. Did your heart race, pound or skip?

B3c. Did you have chest pain or pressure?

B3d. Did you sweat?

B3e. Did you feel as if you were choking?

B3f. Did you have hot flashes or chills?

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

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

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

B3j. Did you tremble or shake?

B3k. Were you afraid you were dying?

---

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
- 

{DESIGN: GRID B4b-B4g}

{PRG: SHOW B4 IF B4a=2-3; OTHERWISE SKIP TO B5a}

B4. Over the **last 4 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

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

B4c. Getting tired very easily

B4d. Muscle tension, aches, or soreness

B4e. Trouble falling asleep or staying asleep

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

B4g. Becoming easily annoyed or irritable

---

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\_new. 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

---

{SHOW B5c\_new IF B5b\_new=1, OTHERWISE SKIP TO B5e}

B5c\_new. 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

---

{SHOW B5d\_new IF B5c\_new=1, OTHERWISE SKIP TO B5e\_new}

B5d\_new. 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

---

{PRG: IF A2=1, SHOW B5e; OTHERWISE SKIP TO B5f}

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

- 1 Yes, they are the most important aspect of my self-regard
- 2 Yes, they are 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

---

{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.)? (*Check 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?  
*(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) [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?  
*(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) [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? *(Check 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?  
(Check 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?  
(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) [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? (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) [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? (Check 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? (*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
- 

{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 committing 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
- 

### C. LIFESTYLE

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

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
- 

{PRG: C2.8 AS MUTUALLY EXCLUSIVE}

{PRG: C2 SELECT ALL THAT APPLY}

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
  - 6 Ecstasy (also known as MDMA)
  - 7 Other drugs without a doctor's prescription (specify)
  - 8 None of the above
- 

{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

---

{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 C4m IF A2=2 OR 3 OR NOT ANSWERED; OTHERWISE GO TO C5}

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

---

{PRG: SHOW C4f IF A2=1; OTHERWISE GO TO C5}

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 3-5 times
- 5 6-9 times
- 6 10 or more times
- 7 Don't know

---

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

---

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

Weeknights? \_\_\_ (pm or am)    Weekend nights? \_\_\_ (pm or am)

---

C8b. During this school year, at approximately what time have you typically woken up on

Weeknights? \_\_\_ (pm or am)    Weekend nights? \_\_\_ (pm or am)

---

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

- I don't take naps.
- 1
  - 2
  - 3

4  
5  
6  
7

---

{ask C9b if C9a>=1}

C9b. How long is your typical nap?

Less than 1 hour  
Between 1 and 2 hours  
Between 2 and 3 hours  
More than 3 hours

---

C10. This is a hypothetical question about personal preferences--there is no right or wrong answer.

Imagine you have won some money at a casino and have a choice between two prizes:

Prize A: Gain \$500 right now

or

Prize B: Gain \$\_\_\_\_\_ one year from now

What amount of money (in dollars) would have to appear in the blank for Prize B to make it just as attractive as Prize A?

C11a.b.c. How well does each statement describe you?

I often find myself performing tasks that I had intended to do days before.

Extremely unlike me

Moderately unlike me

Neutral

Moderately like me

Extremely like me

I generally delay before starting on work I have to do.

Extremely unlike me

Moderately unlike me

Neutral

Moderately like me

Extremely like me

I am continually saying "I'll do it tomorrow."

Extremely unlike me

Moderately unlike me

Neutral

Moderately like me

Extremely like me

---

#### **D. KNOWLEDGE AND BELIEFS ABOUT SERVICES**

The next questions will ask you about your knowledge and beliefs about services and treatment for 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 [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 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
- 

{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 mental health treatment as a close friend

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

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

---

{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 mental health treatment as a close friend

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

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

---

D11. 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
- 

## **E. EXPERIENCES WITH SERVICES**

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}

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), alprazolam (Xanax), buspirone (BuSpar), etc.)
  - 5 **Mood stabilizers** (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (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? *(Check 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
- 

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
- 

{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), carbamazepine (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 [OPEN TEXT RESPONSE FOR E1c]

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

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

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

- 1        Yes
- 2        No

---

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
- 

{PRG: E2c.10 AS MUTUALLY EXCLUSIVE}

{PRG: E2c SELECT ALL THAT APPLY}

{PRG: WILL DRAW FROM PRE \_2 VALUE}

{PRG: NOTE: WE WILL BE RECEIVING CUSTOMIZATIONS FROM EACH CAMPUS FOR RESPONSE OPTIONS 1-3...WE HAVE NOT YET RECEIVED THESE FROM THE SCHOOL. WE EXPECT THEM DEC. 1]

E2c. From which of the following places did you receive 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\_16979801\_1- E2d\_16979801\_6}

{PRG: SHOW GRID E2d\_16979801\_1- E2d\_16979801\_6 IF E2c=16979801}

{DESIGN: GRID E2d1\_4-E2d5\_4}

{PRG: SHOW GRID E2d1\_4-E2d5\_4 IF E2c=4; OTHERWISE SKIP TO E2d5}

E2d4. How satisfied/dissatisfied are you with the following aspects of your 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 E2d1\_5-E2d5\_5}

{PRG: SHOW GRID E2d1\_5-E2d5\_5 IF E2c=5; OTHERWISE SKIP TO E2d6}

E2d5. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling services 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 E2d1\_6-E2d5\_6}  
{PRG: SHOW GRID E2d1\_6-E2d5\_6 IF E2c=6; OTHERWISE SKIP TO E2d7}

E2d6. How satisfied/dissatisfied are you with the following aspects of your 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 E2d1\_7-E2d5\_7}  
{PRG: SHOW GRID E2d1\_7-E2d5\_7 IF E2c=7; OTHERWISE SKIP TO E2d58}

E2d7. How satisfied/dissatisfied are you with the following aspects of your 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 E2d1\_8-E2d5\_8}  
{PRG: SHOW GRID E2d1\_8-E2d5\_8 IF E2c=8; OTHERWISE SKIP TO E2d9}

E2d8. How satisfied/dissatisfied are you with the following aspects of your 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 E2d1\_9-E2d5\_9}  
{PRG: SHOW GRID E2d1\_9-E2d5\_9 IF E2c=9; OTHERWISE SKIP TO E2g}

E2d9. How satisfied/dissatisfied are you with the following aspects of your 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 "your counseling or therapy provider"}

- 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 E2f}

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

[OPEN TEXT]

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? (*Check all that apply*)

- 1 Roommate
  - 2 Friend (who is not a roommate)
  - 7 Significant other
  - 3 Family member
  - 4 Religious counselor or other religious contact
  - 5 Support group
  - 6 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? (*Check all that apply*)

- 1 Roommate
- 2 Friend (who is not a roommate)
- 8 Significant other
- 3 Family member
- 4 Religious counselor or other religious contact
- 5 Support group
- 6 Other non-clinical source (specify)
- 7 No one

---

{PRG: E3.20 AS MUTUALLY EXCLUSIVE}

{PRG: SHOW INTRO1 AND E3 IF E1=1-7 OR E2=1; OTHERWISE SKIP TO E5}

{PRG: E3 SELECT ALL THAT APPLY}

#### 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) [OPEN TEXT]
- 20 There have been no barriers that I can think of

---

{PRG: SHOW E3a IF E1= ANY 1-7,OR E2=1, OR E2a=1; OTHERWISE SKIP TO E5}

{PRG: E3a SELECT ALL THAT APPLY}

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 person's relationship to you) [OPEN TEXT]
  - 5 I was mandated to seek help by campus staff
  - 6 I acquired more information about my options from (specify) [OPEN TEXT]
  - 9 Other (specify) [OPEN TEXT]
- 

{PRG: E4.22 AS MUTUALLY EXCLUSIVE; OTHERWISE SKIP TO E5}  
 {PRG: SHOW INTRO2 AND E4 IF E1=8, 9, OR BLANK 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 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 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) [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? (*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
- 

{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 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
- 

{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... (*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
- 

## F. 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 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) [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

---

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]