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

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 Male
2 Female
3 Transgender

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
A5. How would you describe your sexual orientation?

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

A6. Where do you live?

1. Campus residence hall
2. Fraternity or sorority house
3. Other university housing
4. Off-campus, non-university housing
5. Parent or guardian’s home
6. Other (specify) [OPEN TEXT]

A7. What 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) [OPEN TEXT]

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
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
2 Had enough to get by but not many “extras”
3 Comfortable
4 Well to do

A12a. What is the highest level of education completed by your mother?

1 Eighth grade or lower
2 Between 9th and 12th 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 9th and 12th 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
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

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
Boe. That you had something important to contribute to society
Bof. That you belonged to a community (like a social group, your neighborhood, your city)
Bog. That our society is becoming a better place for people
Boh. That people are basically good
Boi. That the way our society works makes sense to you

Boj. That you like most parts of your personality
Bok. That you are good at managing the responsibilities of your daily life
Boo. That you have warm and trusting relationships with others
Boo. That you have experiences that challenge you to grow and become a better person
Booth. Confident to think or express your own ideas and opinions
Boo. That your life has a sense of direction or meaning to it
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

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

{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?

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

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

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

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. Schizoaffective 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?
**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)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1</td>
<td>Cut myself</td>
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<tr>
<td>2</td>
<td>Burned myself</td>
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<tr>
<td>3</td>
<td>Punched or banged myself</td>
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<td>4</td>
<td>Scratched myself</td>
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<td>5</td>
<td>Pulled my hair</td>
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<td>6</td>
<td>Bit myself</td>
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<td>7</td>
<td>Interfered with wound healing</td>
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<td>8</td>
<td>Carved words or symbols into skin</td>
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<tr>
<td>9</td>
<td>Rubbed sharp objects into skin</td>
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<td>10</td>
<td>Punched or banged an object to hurt myself</td>
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<td>11</td>
<td>Other (specify)</td>
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<tr>
<td>12</td>
<td>No, none of these</td>
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**B9a. On average, how often in the past year did you hurt yourself on purpose, without intending to kill yourself?**

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<td>1</td>
<td>Once or twice</td>
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<tr>
<td>2</td>
<td>Once a month or less</td>
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<tr>
<td>3</td>
<td>2 or 3 times a month</td>
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<td>4</td>
<td>Once or twice a week</td>
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<tr>
<td>5</td>
<td>3 to 5 days a week</td>
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<tr>
<td>6</td>
<td>Nearly every day, or every day</td>
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**B10. In the past year, did you ever seriously think about committing suicide?**

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<tbody>
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<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
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</table>

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

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<td>1</td>
<td>Yes</td>
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<td>2</td>
<td>No</td>
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</table>

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

<p>| | |</p>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
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**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
{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
- **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).
Eo. 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), buproprion (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

{PRG: 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.)

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. None of the above

---

**E1. 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

**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

---

**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

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>2</td>
<td>Dissatisfied</td>
</tr>
<tr>
<td>3</td>
<td>Somewhat dissatisfied</td>
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<tr>
<td>4</td>
<td>Somewhat satisfied</td>
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<tr>
<td>5</td>
<td>Satisfied</td>
</tr>
<tr>
<td>6</td>
<td>Very satisfied</td>
</tr>
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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

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?

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<tr>
<td>1</td>
<td>Yes</td>
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<tr>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Don’t know</td>
</tr>
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</table>

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)

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<thead>
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<tbody>
<tr>
<td>1</td>
<td>Roommate</td>
</tr>
<tr>
<td>2</td>
<td>Friend (who is not a roommate)</td>
</tr>
<tr>
<td>7</td>
<td>Significant other</td>
</tr>
<tr>
<td>3</td>
<td>Family member</td>
</tr>
<tr>
<td>4</td>
<td>Religious counselor or other religious contact</td>
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<td>5</td>
<td>Support group</td>
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<tr>
<td>6</td>
<td>Other non-clinical source (specify)</td>
</tr>
<tr>
<td>8</td>
<td>None of the above</td>
</tr>
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</table>

E2h.7 AS MUTUALLY EXCLUSIVE
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)*
I decided on my own to seek help
A friend encouraged me to seek help
A friend pressured me to seek help
A family member encouraged me to seek help
A family member pressured me to seek help
Someone other than a friend or family member encouraged me to seek help (specify person’s relationship to you) [OPEN TEXT]
I was mandated to seek help by campus staff
I acquired more information about my options from (specify) [OPEN TEXT]
Other (specify) [OPEN TEXT]

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

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
I have health insurance through my spouse's employer
I have a student health insurance plan
I have health insurance through an embassy or sponsoring agency for international students
I have individual health insurance purchased directly from an insurance carrier
I have Medicaid or other governmental insurance
I am uncertain about whether I have health insurance
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

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
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]

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

I get the emotional help and support I need from my family
My friends really try to help me

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]