

**THE HEALTHY MINDS STUDY (HMS): QUESTIONNAIRE MODULES AND SURVEY ENDINGS**



**MENU OF MODULES:**

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|                                                                                            | <b>Number of Items</b> |
|--------------------------------------------------------------------------------------------|------------------------|
| <b>Standard Modules<sup>1</sup></b>                                                        |                        |
| (1) <a href="#">Demographics</a>                                                           | 29-32                  |
| (2) <a href="#">Mental Health Status</a>                                                   | 28-59                  |
| (3) <a href="#">Mental Health Service Utilization/Help-Seeking</a>                         | 10-45                  |
| <b>Elective Modules<sup>2</sup></b>                                                        |                        |
| (4) <a href="#">Substance Use</a>                                                          | 25                     |
| (5) <a href="#">Sleep (<i>half module</i>)</a>                                             | 12-13                  |
| (6) <a href="#">Eating and Body Image</a>                                                  | 25-28                  |
| (7) <a href="#">Sexual Assault</a>                                                         | 26-44                  |
| (8) <a href="#">Overall Health</a>                                                         | 15-42                  |
| (9) <a href="#">Knowledge and Attitudes about Mental Health and Mental Health Services</a> | 25-28                  |
| (10) <a href="#">Upstander/Bystander Behaviors (<i>half module</i>)</a>                    | 8-12                   |
| (11) <a href="#">Campus Climate and Culture</a>                                            | 22                     |
| (12) <a href="#">Competition</a>                                                           | 26                     |
| (13) <a href="#">Resilience and Coping</a>                                                 | 40                     |
| (14) <a href="#">Persistence and Retention</a>                                             | 30-32                  |
| (15) <a href="#">Financial Stress</a>                                                      | 19-20                  |

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**Notes:** <sup>1</sup>Standard modules are fielded at all participating institutions. <sup>2</sup>Elective modules are chosen by participating institution from the options listed above. To ensure that the overall survey (standard modules+elective modules) remains reasonable in length, participating institutions typically choose 2 elective modules (2 half modules can be combined to account for 1 module). The number of items per module is determined by 2 factors: (1) skip logic embedded within the survey (i.e., some measures are assessed only for students with certain responses to survey items), and (2) which elective modules are selected by the participating institution. In terms of the order of modules presented to students, the 'Demographics' module is always first, followed by the 'Mental Health Status' module; the order of the remaining modules varies based on which elective modules are selected.

**ABOUT THIS DOCUMENT:**

**Contents:**

This document outlines all survey items included in HMS, beginning with the standard modules ('Demographics', 'Mental Health Status', and 'Mental Health Service Utilization/Help-Seeking') and then the elective modules. The final pages of the document include the survey endings (shown to student participants upon completing the survey).

Each module is presented within a table. Above each table is the module name (in all capital letters, bolded and underlined). Directly beneath the module name is the text shown to student participants at the beginning of that module. For example, students beginning the 'Demographics' module see the following text above the first question in that module: "Basic Information: *This section will ask you to provide basic information about yourself*". Information in the column 'Section' outlines organization within the module and is not visible to students within the survey.

**Color Coding:**

As noted above, some items are based on embedded skip logic within the survey (i.e., some measures are assessed only for students with certain responses to survey items). For example, only students who respond "No" to the question "Are you a United States citizen (or permanent resident)?" are asked the follow-up question "What is your country of citizenship (passport country)?" This follow-up question is shown in gray, indicating that the item is based on embedded skip logic.

HMS is a web-based survey. As such, there are numerous coding and programming decisions (*the vast majority of which are rather boring so we'll spare you*). A few are important: for example, many items allow student respondents to "Select all that apply". In some cases, one of the response options is 'mutually exclusive' meaning that a student respondent who selects that response option cannot select any of the other options (e.g., the response category "None" is mutually exclusive for the item "What activities do you currently participate in at your school?"). Programming notes are included in blue within the module tables.

Finally, certain items within the standard modules include a note in red (in the 'Citation/Notes' column) indicating that the item is included only if the elective module on that topic is not selected. In other words, a small number of items about important topics are included even if the elective module on that topic is not selected. This ensures that institutions have basic information about important topics that are not selected for in-depth assessment through elective modules. For example, if an institution does not select the 'Sleep' half module, a small number of items about sleep habits are included in the 'Mental Health Status' module. If an institution does select the 'Sleep' half module, the items about sleep are not included in the 'Mental Health Status' module (because sleep habits are being assessed separately in more detail through the 'Sleep' half module).

To review:

ITEM BASED ON EMBEDDED SKIP LOGIC

LOGISTIC/PROGRAMMING NOTES

ITEM INCLUDED IF ELECTIVE MODULE ON THAT TOPIC NOT SELECTED

**STANDARD MODULES:**

**(1) DEMOGRAPHICS**

Basic Information

*This section will ask you to provide basic information about yourself. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.*

| SECTION              | ITEM                                                                                 | RESPONSE CATEGORIES                                                                                                                                                                                                                                          | CITATION/NOTES                                                                                                                                  |
|----------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                  | How old are you?<br>(You must be 18 years or older to complete this survey.)         | 1= _____ years old                                                                                                                                                                                                                                           |                                                                                                                                                 |
| Sex/gender/sexuality | What sex were you assigned at birth?<br>(Meaning on your original birth certificate) | 1=Male<br>2=Female                                                                                                                                                                                                                                           | Based on guidance from the Trevor Project                                                                                                       |
|                      | What is your current gender identity?                                                | 1=Male<br>2=Female<br>3=Trans male/Trans man<br>4=Trans female/Trans woman<br>5=Genderqueer/Gender non-conforming<br>6=Other (please specify)                                                                                                                | Based on guidance from the Trevor Project                                                                                                       |
|                      | How would you describe your sexual orientation?                                      | 1=Straight (heterosexual)<br>2=Bisexual<br>3=Gay or lesbian<br>4=Questioning<br>5=Other (please specify)                                                                                                                                                     |                                                                                                                                                 |
|                      | How would you characterize your current relationship status?                         | 1=Single<br>2=In a relationship<br>3=Married, in a domestic partnership, or engaged<br>4=Divorced or separated<br>5=Widowed<br>6=Other (please specify)                                                                                                      |                                                                                                                                                 |
| Race/ethnicity       | Do you consider yourself to be of Hispanic, Latina/o, or Spanish origin?             | 1=Yes<br>0=No                                                                                                                                                                                                                                                |                                                                                                                                                 |
|                      | How do you usually describe your race?<br>(Select all that apply)                    | 1=White or Caucasian<br>2=Black or African American<br>3=Asian or Asian American<br>4=American Indian, Native American, or Alaskan Native<br>5=Middle Eastern, Arab, or Arab American<br>6=Pacific Islander<br>7=Hawaiian Native<br>8=Other (please specify) |                                                                                                                                                 |
| Citizenship          | Are you a United States citizen (or permanent resident)?                             | 1=Yes<br>0=No                                                                                                                                                                                                                                                | Adapt for non-U.S. colleges and universities                                                                                                    |
|                      | What is your country of citizenship (passport country)?                              | 1=Afghanistan<br>2=Albania<br>3=Angola<br>4=Antigua and Barbuda<br>5=Argentina<br>6=Armenia<br>7=Australia<br>8=Austria<br>9=Azerbaijan<br>10=Bahamas<br>11=Bahrain<br>12=Bangladesh<br>13=Barbados                                                          | Instructions for this item: "(Use command or control key to select more than one country.)"<br><br>Adapt for non-U.S. colleges and universities |

| SECTION | ITEM | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITATION/NOTES |
|---------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|         |      | 14=Belarus<br>15=Belgium<br>16=Belize<br>17=Bolivia<br>18=Bosnia and Herzegovina<br>19=Brazil<br>20=Brunei<br>21=Bulgaria<br>22=Burma<br>23=Burundi<br>24=Cambodia<br>25=Cameroon<br>26=Canada<br>27=Central African Republic<br>28=Chile<br>29=China<br>30=Colombia<br>31=Congo, The Democratic Republic<br>32=Costa Rica<br>33=Cote d'Ivoire<br>34=Croatia<br>35=Cyprus<br>36=Czech Republic<br>37=Denmark<br>38=Dominica<br>39=Dominican Republic<br>40=Ecuador<br>41=Egypt<br>42=El Salvador<br>43=Estonia<br>44=Ethiopia<br>45=Finland<br>46=France<br>47=Gabon<br>48=Gambia<br>49=Gaza Strip<br>50=Georgia<br>51=Germany<br>52=Ghana<br>53=Greece<br>54=Guatemala<br>55=Guinea<br>56=Guyana<br>57=Haiti<br>58=Honduras<br>59=Hungary<br>60=Iceland<br>61=India<br>62=Indonesia<br>63=Iran<br>64=Iraq<br>65=Ireland<br>66=Israel<br>67=Italy |                |

| SECTION | ITEM | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CITATION/NOTES |
|---------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|         |      | 68=Jamaica<br>69=Japan<br>70=Jordan<br>71=Kazakhstan<br>72=Kenya<br>73=North Korea<br>74=South Korea<br>151=Kosovo<br>75=Kuwait<br>76=Kyrgyzstan<br>77=Laos<br>78=Latvia<br>79=Lebanon<br>80=Lithuania<br>81=Luxembourg<br>82=Macedonia<br>83=Madagascar<br>84=Malawi<br>85=Malaysia<br>86=Mali<br>87=Mauritania<br>88=Mauritius<br>89=Mexico<br>90=Moldova<br>91=Mongolia<br>92=Morocco<br>93=Mozambique<br>94=Namibia<br>95=Nepal<br>96=Netherlands<br>97=New Zealand<br>98=Nicaragua<br>99=Nigeria<br>100=Norway<br>101=Oman<br>102=Pakistan<br>103=Panama<br>104=Paraguay<br>105=Peru<br>106=Philippines<br>107=Poland<br>108=Portugal<br>109=Qatar<br>110=Romania<br>111=Russia<br>112=Saint Kitts and Nevis<br>113=Saint Lucia<br>114=Saudi Arabia<br>115=Senegal<br>116=Serbia<br>117=Sierra Leone<br>118=Singapore<br>119=Slovakia<br>120=Slovenia |                |

| SECTION              | ITEM                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITATION/NOTES                                     |
|----------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
|                      |                                                                                              | 121=South Africa<br>122=Spain<br>123=Sri Lanka<br>124=St Vincent and the Grenadines<br>125=Sudan<br>126=Swaziland<br>127=Sweden<br>128=Switzerland<br>129=Syria<br>130=Taiwan<br>131=Tanzania<br>132=Thailand<br>133=Trinidad and Tobago<br>134=Tunisia<br>135=Turkey<br>136=Turkmenistan<br>137=Uganda<br>138=Ukraine<br>139=United Arab Emirates<br>140=United Kingdom<br>141=Uruguay<br>142=Uzbekistan<br>143=Venezuela<br>144=Vietnam<br>145=West Bank<br>146=Yemen<br>147=Yugoslavia<br>148=Zambia<br>149=Zimbabwe<br>150=Other |                                                    |
| Socioeconomic status | How would you characterize your current financial situation?                                 | 1=It's a financial struggle.<br>2=It's tight but I'm doing fine.<br>3=Finances aren't really a problem.                                                                                                                                                                                                                                                                                                                                                                                                                              | Included if 'Financial Stress' module not selected |
|                      | Which of the following best describes your family's financial situation growing up?          | 1=Very poor, not enough to get by<br>2=Had enough to get by but not many "extras"<br>3=Comfortable<br>4=Well to do                                                                                                                                                                                                                                                                                                                                                                                                                   | Included if 'Financial Stress' module not selected |
|                      | What is the highest level of education completed by your parents or stepparents?<br>Parent 1 | This parent's relationship to you:<br>1=Mother or stepmother<br>2=Father or stepfather<br>3=Other<br><br>This parent's education:<br>1=8th grade or lower<br>2=Between 9th and 12th grade (but no high school degree)<br>3=High school degree<br>4=Some college (but no college degree)<br>5=Associate's degree<br>6=Bachelor's degree<br>7=Graduate degree<br>8=Don't know                                                                                                                                                          |                                                    |
|                      | What is the highest level of education completed by your parents or stepparents?             | This parent's relationship to you:<br>1=Mother or stepmother                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |

| SECTION              | ITEM                                                                             | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                         | CITATION/NOTES |
|----------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                      | Parent 2                                                                         | 2=Father or stepfather<br>3=Other<br><br>This parent's education:<br>1=8th grade or lower<br>2=Between 9th and 12th grade (but no high school degree)<br>3=High school degree<br>4=Some college (but no college degree)<br>5=Associate's degree<br>6=Bachelor's degree<br>7=Graduate degree<br>8=Don't know |                |
| Religiosity          | How important is religion in your life?                                          | 1=Very important<br>2=Important<br>3=Somewhat important<br>4=Not important                                                                                                                                                                                                                                  |                |
|                      | What is your religious affiliation?<br>(Select all that apply)                   | 1=Christian (Protestant, Catholic, Mormon, Jehovah's Witness, etc.)<br>2=Jewish<br>3=Muslim<br>4=Buddhist<br>5=Hindu<br>6=Atheist or agnostic<br>7=Other (please specify)<br>8=Prefer not to answer<br>[mutually exclusive]                                                                                 |                |
| Academic information | In what degree program are you currently enrolled?<br>(Select all that apply)    | 1=Associate's<br>2=Bachelor's<br>3=Master's<br>4=JD<br>5=MD<br>6=PhD (or equivalent doctoral program)<br>7=Other (please specify)                                                                                                                                                                           |                |
|                      | Did you transfer to your current institution from another college or university? | 1=Yes, I transferred from a community or junior college.<br>2=Yes, I transferred from a 4-year college or university.<br>3=No                                                                                                                                                                               |                |
|                      | What year are you in your current degree program?                                | 1=1st year<br>2=2nd year<br>3=3rd year<br>4=4th year<br>5=5th year<br>6=6th year<br>7=7th+ year                                                                                                                                                                                                             |                |
|                      | What is your enrollment status?                                                  | 1=Full-time student<br>2=Part-time student<br>3=Other (please specify)                                                                                                                                                                                                                                      |                |
|                      | What is your field of study?<br>(Select all that apply)                          | 1=Humanities (history, languages, philosophy, etc.)<br>2=Natural sciences or mathematics<br>3=Social sciences (economics, psychology, etc.)<br>4=Architecture or urban planning                                                                                                                             |                |

| SECTION | ITEM                                                                                                                                                 | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CITATION/NOTES                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
|         |                                                                                                                                                      | 5=Art and design<br>6=Business<br>7=[if graduate, ask→Dentistry]<br>8=Education<br>9=Engineering<br>10=[if graduate, ask→Law]<br>11=[if graduate, ask→Medicine]<br>12=Music, theatre, or dance<br>13=Nursing<br>14=Pharmacy<br>15=[if undergraduate, ask→Pre-professional (pre-business, pre-health, pre-law)]<br>16=Public health<br>17=Public policy<br>18=[if graduate, ask→Social work]<br>19=[if undergraduate, ask→Undecided]<br>[mutually exclusive]<br>20=Other (please specify) |                                                             |
|         | Which of the following best describes your grade point average this year?                                                                            | 1=A<br>2=A-<br>3=B+<br>4=B<br>5=B-<br>6=C+<br>7=C<br>8=C-<br>9=D+ or below<br>10=No grade or don't know                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |
|         | In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?                          | 1=None<br>2=1-2 days<br>3=3-5 days<br>4=6 or more days                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |
|         | How much time do you spend during a typical week attending classes/lab?                                                                              | 1=Less than 1 hour/week<br>2=1-2 hours/week<br>3=3-5 hours/week<br>4=6-10 hours/week<br>5=11-15 hours/week<br>6=16-20 hours/week<br>7=More than 20 hours/week                                                                                                                                                                                                                                                                                                                            |                                                             |
|         | How much time do you spend during a typical week studying/doing homework?                                                                            | 1=Less than 1 hour/week<br>2=1-2 hours/week<br>3=3-5 hours/week<br>4=6-10 hours/week<br>5=11-15 hours/week<br>6=16-20 hours/week<br>7=More than 20 hours/week                                                                                                                                                                                                                                                                                                                            |                                                             |
|         | How much do you agree with the following statement?:<br>I am confident that I will be able to finish my degree no matter what challenges I may face. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                              | Included if 'Persistence and Retention' module not selected |
| Housing | Where do you currently live?                                                                                                                         | 1=On-campus housing, residence hall<br>2=On-campus housing, apartment                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |



| SECTION                    | ITEM                                                                                          | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITATION/NOTES                                                                                                                |
|----------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                            |                                                                                               | 3=Fraternity or sorority house<br>4=On- or off-campus co-operative housing<br>5=Off-campus, non-university housing<br>6=With my parents (or relatives)<br>7=Other (please specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |
| Extracurricular activities | What activities do you currently participate in at your school?<br>(Select all that apply)    | 1=Academic or pre-professional organization<br>2=Athletics (club)<br>3=Athletics (intercollegiate varsity)<br>4=Athletics (intramural)<br>5=Community service<br>6=Cultural or racial organization<br>7=Dance<br>8=Fraternity or sorority<br>9=Gender or sexuality organization<br>10=Government or politics (including student government)<br>11=Health and wellness organization<br>12=Media or publications<br>13=Music or drama<br>14=Religious organization<br>15=Social organization (that is not a fraternity or sorority)<br>16=Visual or fine arts<br>17=Other (please specify)<br>18=None<br><a href="#">[mutually exclusive]</a> |                                                                                                                               |
|                            | What sport(s) do you participate in at your school?                                           | 1=Baseball<br>2=Basketball<br>3=Boxing<br>4=Cheering and/or dancing<br>5=Cross country<br>6=Cycling<br>7=Fencing<br>8=Field hockey<br>9=Football<br>10=Golf<br>11=Gymnastics<br>12=Ice hockey<br>13=Lacrosse<br>14=Rowing<br>15=Rugby<br>16=Sailing<br>17=Soccer<br>18=Softball<br>19=Swimming and/or diving<br>20=Tennis<br>21=Track and field<br>22=Volleyball<br>23=Water polo<br>24=Wrestling<br>25=Other                                                                                                                                                                                                                               | Instructions for this item: "(Use command or control key to select more than 1 sport.)"<br><a href="#">[multi-select box]</a> |
| Military experience        | Have you ever served in the United States Armed Forces, military Reserves, or National Guard? | 1=No, never served in the military<br>2=Yes, currently in Reserve Officers' Training Corps (ROTC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |

| SECTION      | ITEM                                                                                                | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITATION/NOTES                                                                                 |
|--------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|              |                                                                                                     | 3=Yes, currently in military Reserves or National Guard<br>4=Yes, now on active duty<br>5=Yes, on active duty during the past 12 months, but not now<br>6=Yes, on active duty in the past, but not during the past 12 months                                                                                                                                                                                                                                                       |                                                                                                |
| Disabilities | Please specify if you have any of the following conditions or disabilities. (Select all that apply) | 1=Attention Deficit Hyperactivity Disorder (ADHD)<br>2=Autism Spectrum Disorders<br>3=Brain injury<br>4=Chronic illness or health condition (e.g., cancer, diabetes, auto-immune disorder)<br>5=Deafness/hearing loss<br>6=Learning disability<br>7=Mobility/orthopedic disability<br>8=Psychological/psychiatric condition<br>9=Speech or language disorder<br>10=Visual impairment or blindness<br>11=Other disability (specify)<br>12=None of the above<br>[mutually exclusive] | Instructions for this item: "(Use command or control key to select more than one disability.)" |
|              | Have you registered for services with your institution's disability services program?               | 1=Yes<br>2=No                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                |
|              | How often have you used the disability-related accommodations recommended for you?                  | 1=Not at all<br>2=Occasionally<br>3=Frequently                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                |

**(2) MENTAL HEALTH STATUS**

Mental and Emotional Health

The next set of questions will ask you about your overall well-being. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                | ITEM                                                                   | RESPONSE CATEGORIES                                                                                                                                                | CITATION/NOTES                                                                                                                                                                                                                                                          |
|------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Positive mental health | I lead a purposeful and meaningful life.                               | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | My social relationships are supportive and rewarding.                  | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | I am engaged and interested in my daily activities.                    | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | I actively contribute to the happiness and well-being of others.       | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | I am competent and capable in the activities that are important to me. | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | I am a good person and live a good life.                               | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
|                        | I am optimistic about my future.                                       | 1=1=Strongly disagree                                                                                                                                              | Flourishing Scale                                                                                                                                                                                                                                                       |

| SECTION    | ITEM                                                                                                                                                                                                                                                                | RESPONSE CATEGORIES                                                                                                                                                | CITATION/NOTES                                                                                                                                                                                                                                                          |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                                                                                                                                                                                                                                                                     | 2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree                          | (Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement."                      |
|            | People respect me.                                                                                                                                                                                                                                                  | 1=1=Strongly disagree<br>2=2=Disagree<br>3=3=Slightly disagree<br>4=4=Mixed or neither agree nor disagree<br>5=5=Slightly agree<br>6=6=Agree<br>7=7=Strongly agree | Flourishing Scale<br>(Diener & Biswas-Diener, 2009)<br><br>Instructions for this item: "Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement." |
| Depression | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Little interest or pleasure in doing things                                                                                                                            | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Feeling down, depressed or hopeless                                                                                                                                    | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Trouble falling or staying asleep, or sleeping too much                                                                                                                | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Feeling tired or having little energy                                                                                                                                  | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Poor appetite or overeating                                                                                                                                            | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Feeling bad about yourself—or that you are a failure or have let yourself or your family down                                                                          | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Trouble concentrating on things, such as reading the newspaper or watching television                                                                                  | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>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<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | Over the last 2 weeks, how often have you been bothered by any of the following problems?<br>Thoughts that you would be better off dead or of hurting yourself in some way                                                                                          | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                                                                                  | Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                                |
|            | How difficult have these problems (noted above) made it for you to do your work, take care of things at home, or get along with other                                                                                                                               | 1=Not difficult at all<br>2=Somewhat difficult                                                                                                                     | Adapted from Patient Health Questionnaire-9<br>(Kroenke et al., 2001)                                                                                                                                                                                                   |

| SECTION               | ITEM                                                                                                                                          | RESPONSE CATEGORIES                                                                                           | CITATION/NOTES                                                                                                                                                                                 |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | people?                                                                                                                                       | 3=Very difficult<br>4=Extremely difficult                                                                     |                                                                                                                                                                                                |
|                       | During that period, how often were you bothered by these problems?<br>Little interest or pleasure in doing things                             | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                             | Adapted from Patient Health Questionnaire-2<br><br>Instructions for this item: "Think about the 2-week period in the past year when you experienced the 2 problems below the most frequently." |
|                       | During that period, how often were you bothered by these problems?<br>Feeling down, depressed or hopeless                                     | 1=Not at all<br>2=Several days<br>3=More than half the days<br>4=Nearly every day                             | Adapted from Patient Health Questionnaire-2<br><br>Instructions for this item: "Think about the 2-week period in the past year when you experienced the 2 problems below the most frequently." |
| Anxiety               | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Feeling nervous, anxious or on edge                     | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Not being able to stop or control worrying              | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Worrying too much about different things                | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Trouble relaxing                                        | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Being so restless that it's hard to sit still           | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Becoming easily annoyed or irritable                    | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | Over the last 2 weeks, how often have you been bothered by the following problems?<br>Feeling afraid as if something awful might happen       | 1=Not at all<br>2=Several days<br>3=Over half the days<br>4=Nearly every day                                  | GAD-7<br>(Spitzer et al., 2006)                                                                                                                                                                |
|                       | How difficult have these problems (noted above) 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<br>2=Somewhat difficult<br>3=Very difficult<br>4=Extremely difficult                   |                                                                                                                                                                                                |
| Eating and body image | Do you need to be very thin in order to feel good about yourself?                                                                             | 1=Yes<br>0=No                                                                                                 | Included if 'Eating and Body Image' module not selected                                                                                                                                        |
|                       | I think I am...                                                                                                                               | 1=Very underweight<br>2=Somewhat underweight<br>3=Normal weight<br>4=Somewhat overweight<br>5=Very overweight | Included if 'Eating and Body Image' module not selected                                                                                                                                        |
|                       | What is your current height?<br>(If you don't know, please provide your best guess.)                                                          | 1= _____ feet<br>[force numeric, <7]<br>2= _____ inches<br>[force numeric, <11]                               | Included if 'Eating and Body Image' module not selected                                                                                                                                        |

| SECTION                  | ITEM                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                 | CITATION/NOTES                                                                                                                                                                                                          |
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|                          | What is your current weight?<br>(If you don't know, please provide your best guess.)                         | 1= _____ pounds<br>[force numeric]                                                                                                                                                                                                                                                                                                                                  | Included if 'Eating and Body Image' module not selected                                                                                                                                                                 |
|                          | Do you ever make yourself sick because you feel uncomfortably full?                                          | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                       | Included if 'Eating and Body Image' module not selected<br><br>SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Do you worry that you have lost control over how much you eat?                                               | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                       | Included if 'Eating and Body Image' module not selected<br><br>SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Have you recently lost more than 15 pounds in a 3-month period?                                              | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                       | Included if 'Eating and Body Image' module not selected<br><br>SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Do you believe yourself to be fat when others say you are too thin?                                          | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                       | Included if 'Eating and Body Image' module not selected<br><br>SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Would you say that food dominates your life?                                                                 | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                       | Included if 'Eating and Body Image' module not selected<br><br>SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
| Non-suicidal self-injury | In the past year, have you ever done any of the following intentionally?<br>(Select all that apply)          | 1=Cut myself<br>2=Burned myself<br>3=Punched or banged myself<br>4=Scratched myself<br>5=Pulled my hair<br>6=Bit myself<br>7=Interfered with wound healing<br>8=Carved words or symbols into skin<br>9=Rubbed sharp objects into skin<br>10=Punched or banged an object to hurt myself<br>11=Other (please specify)<br>12=No, none of these<br>[mutually exclusive] | Instructions for this item: "This question asks about ways you may have hurt yourself on purpose, without intending to kill yourself."                                                                                  |
|                          | On average, how often in the past year did you hurt yourself on purpose, without intending to kill yourself? | 1=Once or twice<br>2=Once a month or less                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                         |

| SECTION        | ITEM                                                                                                                                                                                                                                                                     | RESPONSE CATEGORIES                                                                                                                                     | CITATION/NOTES                                                                                                                                               |
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|                |                                                                                                                                                                                                                                                                          | 3=2 or 3 times a month<br>4=Once or twice a week<br>5=3 to 5 days a week<br>6=Nearly everyday, or everyday                                              |                                                                                                                                                              |
| Suicidality    | In the past year, did you ever seriously think about attempting suicide?                                                                                                                                                                                                 | 1=Yes<br>0=No                                                                                                                                           |                                                                                                                                                              |
|                | In the past year, did you make a plan for attempting suicide?                                                                                                                                                                                                            | 1=Yes<br>0=No                                                                                                                                           |                                                                                                                                                              |
|                | In the past year, did you attempt suicide?                                                                                                                                                                                                                               | 1=Yes<br>0=No                                                                                                                                           |                                                                                                                                                              |
| Violence       | Over the past 12 months, did anyone strike or physically injure you?                                                                                                                                                                                                     | 1=Yes<br>0=No                                                                                                                                           | Included if 'Overall Health' module not selected                                                                                                             |
|                | Over the past 12 months, did you strike or physically injure anyone?                                                                                                                                                                                                     | 1=Yes<br>0=No                                                                                                                                           | Included if 'Overall Health' module not selected                                                                                                             |
| Sexual assault | Over the past 12 months, have you experienced emotional, physical, or sexual abuse (either from someone you know or don't know)?                                                                                                                                         | 1=Yes<br>0=No                                                                                                                                           | Included if 'Sexual Assault' and 'Overall Health' modules both not selected                                                                                  |
|                | Over the past 12 months, were you emotionally abused? (Examples include being called names, being yelled at, humiliated, judged, threatened, coerced, or controlled.)                                                                                                    | 1=Yes<br>0=No                                                                                                                                           | Included if 'Sexual Assault' and 'Overall Health' modules both not selected                                                                                  |
|                | Over the past 12 months, were you physically abused? (Examples include being kicked, slapped, punched or otherwise physically mistreated.)                                                                                                                               | 1=Yes<br>0=No                                                                                                                                           | Included if 'Sexual Assault' and 'Overall Health' modules both not selected                                                                                  |
|                | Over the past 12 months, were you in a sexually abusive relationship? (By 'sexually abusive relationship', we mean one in which an intimate partner forced or coerced you to perform or receive sexual acts, or forced you to have intercourse when you didn't want to.) | 1=Yes<br>0=No                                                                                                                                           | Included if 'Sexual Assault' and 'Overall Health' modules both not selected                                                                                  |
|                | Over the past 12 months, were you ever forced to have unwanted sexual intercourse through the use of physical force or threat by someone who was not an intimate partner? (By 'sexual intercourse', we mean completed or attempted penetration.)                         | 1=Yes<br>0=No                                                                                                                                           | Included if 'Sexual Assault' and 'Overall Health' modules both not selected<br><br>Definition from CDC NISVS 2010                                            |
| Substance use  | Over the past 2 weeks, did you drink any alcohol?                                                                                                                                                                                                                        | 1=Yes<br>0=No                                                                                                                                           | Included if 'Substance Use' and 'Overall Health' modules both not selected                                                                                   |
|                | Over the past 2 weeks, about how many times did you have 4 [female]/5 [male]/4 or 5 [not female or male] or more alcoholic drinks in a row? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)                              | 1=0 times<br>2=1 time<br>3=2 times<br>4=3 to 5 times<br>5=6 to 9 times<br>6=10 or more times<br>7=Don't know                                            | Included if 'Substance Use' and 'Overall Health' modules both not selected<br><br>Definition adapted from National Institute on Alcohol Abuse and Alcoholism |
|                | Over the past 30 days, about how many cigarettes did you smoke per day?                                                                                                                                                                                                  | 1=0 cigarettes<br>2=Less than 1 cigarette<br>3=1 to 5 cigarettes<br>4=About one-half pack<br>5=1 or more packs                                          | Included if 'Substance Use' and 'Overall Health' modules both not selected                                                                                   |
|                | Over the past 30 days, have you used any of the following drugs? (Select all that apply)                                                                                                                                                                                 | 1=Marijuana<br>2=Cocaine (any form, including crack, powder, or freebase)<br>3=Heroin<br>4=Methamphetamines (also known as speed, crystal meth, or ice) | Included if 'Substance Use' and 'Overall Health' modules both not selected                                                                                   |

| SECTION | ITEM                                                                                                        | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                               | CITATION/NOTES                                                     |
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|         |                                                                                                             | 5=Other stimulants (such as Ritalin, Adderall) without a prescription<br>6=Ecstasy<br>7=Other drugs without a prescription (please specify)<br>8=No, none of these<br>[mutually exclusive]                                                                                                                        |                                                                    |
| Sleep   | During this school year, at approximately what time have you typically gone to sleep on:<br>Weeknights?     | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am<br>24=11:00am | Included if 'Sleep' and 'Overall Health' modules both not selected |
|         | During this school year, at approximately what time have you typically gone to sleep on:<br>Weekend nights? | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am               | Included if 'Sleep' and 'Overall Health' modules both not selected |



| SECTION | ITEM                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                            | CITATION/NOTES                                                            |
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|         | <p>During this school year, at approximately what time have you typically woken up on:<br/>Weekdays?</p>     | <p>24=11:00am<br/>1=12:00pm<br/>2=1:00pm<br/>3=2:00pm<br/>4=3:00pm<br/>5=4:00pm<br/>6=5:00pm<br/>7=6:00pm<br/>8=7:00pm<br/>9=8:00pm<br/>10=9:00pm<br/>11=10:00pm<br/>12=11:00pm<br/>13=12:00am<br/>14=1:00am<br/>15=2:00am<br/>16=3:00am<br/>17=4:00am<br/>18=5:00am<br/>19=6:00am<br/>20=7:00am<br/>21=8:00am<br/>22=9:00am<br/>23=10:00am<br/>24=11:00am</p> | <p>Included if 'Sleep' and 'Overall Health' modules both not selected</p> |
|         | <p>During this school year, at approximately what time have you typically woken up on:<br/>Weekend days?</p> | <p>1=12:00pm<br/>2=1:00pm<br/>3=2:00pm<br/>4=3:00pm<br/>5=4:00pm<br/>6=5:00pm<br/>7=6:00pm<br/>8=7:00pm<br/>9=8:00pm<br/>10=9:00pm<br/>11=10:00pm<br/>12=11:00pm<br/>13=12:00am<br/>14=1:00am<br/>15=2:00am<br/>16=3:00am<br/>17=4:00am<br/>18=5:00am<br/>19=6:00am<br/>20=7:00am<br/>21=8:00am<br/>22=9:00am<br/>23=10:00am<br/>24=11:00am</p>                | <p>Included if 'Sleep' and 'Overall Health' modules both not selected</p> |
|         | <p>During this school year, on how many days have you taken naps during a typical week?</p>                  | <p>1=I don't take naps.<br/>2=1<br/>3=2<br/>4=3<br/>5=4</p>                                                                                                                                                                                                                                                                                                    | <p>Included if 'Sleep' and 'Overall Health' modules both not selected</p> |

| SECTION | ITEM                          | RESPONSE CATEGORIES                                                                             | CITATION/NOTES                                                     |
|---------|-------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
|         |                               | 6=5<br>7=6<br>8=7                                                                               |                                                                    |
|         | How long is your typical nap? | 1=Less than 1 hour<br>2=Between 1 and 2 hours<br>3=Between 2 and 3 hours<br>4=More than 3 hours | Included if 'Sleep' and 'Overall Health' modules both not selected |

**(3) MENTAL HEALTH SERVICE UTILIZATION/HELP-SEEKING**

Experiences with Services and Support

The next questions will ask you about your experiences using mental health services. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                    | ITEM                                                                                                                                                                                 | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITATION/NOTES |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Diagnosed mental illnesses | Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)?<br>(Select all that apply) | 1=Depression (e.g., major depressive disorder, bipolar/manic depression, dysthymia)<br>2=Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)<br>3=Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)<br>4=Eating disorder (e.g., anorexia nervosa, bulimia nervosa)<br>5=Psychosis (e.g., schizophrenia, schizo-affective disorder)<br>6=Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)<br>7=Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)<br>8=No, none of these<br>[mutually exclusive]<br>9=Don't know |                |
|                            | Specifically, which of the following depression disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                      | 1=Major depressive disorder<br>2=Dysthymia (chronic depression)<br>3=Bipolar/manic depression<br>4=Cyclothymia (can be thought of as low-level bipolar disorder)<br>5=Other (please specify)<br>6=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                |
|                            | Specifically, which of the following anxiety disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                         | 1 =Generalized anxiety disorder<br>2=Panic disorder<br>3=Agoraphobia<br>4=Specific phobia (e.g., claustrophobia, arachnophobia, etc.)<br>5=Social phobia<br>6=Obsessive-compulsive disorder<br>7=Acute stress disorder<br>8=Post traumatic stress disorder (PTSD)<br>9=Other (please specify)<br>10=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
|                            | Specifically which of the following attention or learning disability disorders were you diagnosed with by a professional?<br>(Select all that apply)                                 | 1=Attention deficit hyperactivity disorder (ADHD or ADD)<br>2=Other learning disability<br>3=Other (please specify)<br>4=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
|                            | Specifically, which of the following eating disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                          | 1=Anorexia nervosa<br>2=Bulimia nervosa<br>3=Binge-eating Disorder<br>4=Other (please specify)<br>5=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |

| SECTION                          | ITEM                                                                                                                                                                                | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION/NOTES                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                  | Specifically, which of the following psychotic disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                      | 1=Schizophrenia<br>2=Schizo-affective disorder<br>3=Brief psychotic disorder<br>4=Delusional disorder<br>5=Schizophreniform disorder<br>6=Shared psychotic disorder<br>7=Other (please specify)<br>8=Don't know                                                                                                                                                                                                                     |                                                                                                          |
|                                  | Specifically, which of the following personality disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                    | 1=Antisocial personality disorder<br>2=Avoidant personality disorder<br>3=Borderline personality disorder<br>4=Dependent personality disorder<br>5=Histrionic personality disorder<br>6=Narcissistic personality disorder<br>7=Obsessive-Compulsive personality disorder<br>8=Paranoid personality disorder<br>9=Schizoid personality disorder<br>10=Schizotypal personality disorder<br>11=Other (please specify)<br>12=Don't know |                                                                                                          |
|                                  | Specifically, which of the following substance disorders were you diagnosed with by a professional?<br>(Select all that apply)                                                      | 1=Alcohol abuse or other alcohol-related disorders<br>2=Other (please specify)<br>3=Don't know                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |
| Knowledge of campus services     | How much do you agree with the following statement?:<br>If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.             | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                         | Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected |
| Beliefs about treatment efficacy | How helpful on average do you think medication is, when provided competently, for people your age who are clinically depressed?                                                     | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                                                                                                                                                                                                                                                                  | Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected |
|                                  | 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<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                                                                                                                                                                                                                                                                  | Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected |
| Stigma                           | How much do you agree with the following statement?:<br>Most people think less of a person who has received mental health treatment.                                                | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                         | Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected |
|                                  | How much do you agree with the following statement?:<br>I would think less of a person who has received mental health treatment.                                                    | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                         | Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected |
| Perceived need                   | How much do you agree with the following statement?:<br>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<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |

| SECTION                              | ITEM                                                                                                                                                                                                                                                                      | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CITATION/NOTES |
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|                                      |                                                                                                                                                                                                                                                                           | 5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Help-seeking intentions              | If you were experiencing serious emotional distress, whom would you talk to about this?<br>(Select all that apply)                                                                                                                                                        | 1=Professional clinician (e.g., psychologist, counselor, or psychiatrist)<br>2=Roommate<br>3=Friend (who is not a roommate)<br>4=Significant other<br>5=Family member<br>6=Religious counselor or other religious contact<br>7=Support group<br>8=Other non-clinical source (please specify)<br>9=No one<br>[mutually exclusive]                                                                                                                                                   |                |
| Use of counseling/therapy            | 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<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                                      | How many total visits or sessions for counseling or therapy have you had in the past 12 months?                                                                                                                                                                           | 1=1-3<br>2=4-6<br>3=7-9<br>4=10 or more                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
|                                      | Are you currently receiving counseling or therapy?                                                                                                                                                                                                                        | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                                      | From which of the following places did you receive counseling or therapy?<br>(Select all that apply)                                                                                                                                                                      | 1=[Insert name of institution's student counseling services]<br>2=[Insert name of institution's campus health services]<br>3=[Insert other campus counseling or health service]<br>4=Psychiatric Emergency Services/Psych Emergency Room (ER)<br>5=Inpatient psychiatric hospital<br>6=Partial hospitalization program<br>7=Provider in the local community (not on campus)<br>8=Provider in another location (such as your hometown)<br>9=Other (please specify)<br>10=Don't know |                |
| Satisfaction with counseling/therapy | How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [pipe in selected options from: "From which of the following places did you receive counseling or therapy?"]?:<br>Convenient hours | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                        |                |
|                                      | How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [pipe in selected options from: "From which of the following places did you receive counseling or therapy?"]?:<br>Location         | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                        |                |
|                                      | How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [pipe in selected options from: "From which of the following                                                                       | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied                                                                                                                                                                                                                                                                                                                                                                                                                   |                |

| SECTION           | ITEM                                                                                                                                                                                                                                                                                                          | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION/NOTES |
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|                   | places did you receive counseling or therapy?"]?:<br>Quality of therapists/counselors                                                                                                                                                                                                                         | 4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
|                   | How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [pipe in selected options from: "From which of the following places did you receive counseling or therapy?"]?:<br>Respect for your privacy concerns                    | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
|                   | How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [pipe in selected options from: "From which of the following places did you receive counseling or therapy?"]?:<br>Ability to schedule appointments without long delays | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                |
|                   | How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?                                                                                                                                                                                                 | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| Use of medication | In the past 12 months have you taken any of the following types of prescription medications?<br>(Please count only those you took, or are taking, several times per week.)<br>(Select all that apply)                                                                                                         | 1=Psychostimulants (methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerline), etc.)<br>2=Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)<br>3=Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)<br>4=Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)<br>5=Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)<br>6=Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)<br>7=Other medication for mental or emotional health (please specify)<br>8=No, none of these<br>[mutually exclusive]<br>9=Don't know |                |
|                   | For what purpose(s) have you taken the medication(s) you just indicated?<br>(Select all that apply)                                                                                                                                                                                                           | 1=Mental or emotional health<br>2=Other health reasons<br>3=Academic performance<br>4=Recreation/fun<br>5=Other (please specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |
|                   | In the past 12 months how many times have you discussed with a doctor or other health professional your use of the medication(s) you just noted?                                                                                                                                                              | 1=Not at all<br>2=1-2 times<br>3=3-5 times<br>4=More than 5 times<br>5=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
|                   | Who wrote your most recent prescription for the medication(s) you noted in the last question?                                                                                                                                                                                                                 | 1=A general practitioner, nurse practitioner, or primary care physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |

| SECTION                  | ITEM                                                                                                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITATION/NOTES                                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | (Select all that apply)                                                                                                                                                                                                                      | 2=A psychiatrist<br>3=Other type of doctor (please specify)<br>4=Took the medication(s) without a prescription<br>5=Don't know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                             |
|                          | Of the medication(s) you just noted, which are you currently taking?<br>(Select all that apply)                                                                                                                                              | 1=Psychostimulants (methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerline), etc.)<br>2=Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)<br>3=Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)<br>4=Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)<br>5=Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)<br>6=Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)<br>7=Other medication for mental or emotional health (please specify)<br>8=None of the above<br>[mutually exclusive] |                                                                                                                                                                                                             |
|                          | During the past year, for how long, in total, have you taken the following medication(s)?                                                                                                                                                    | 1=Less than 1 month<br>2=Between 1 and 2 months<br>3=2 months or more<br>4=Did not take                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pipe in selected options from: "In the past 12 months have you taken any of the following types of prescription medications?<br>(Please count only those you took, or are taking, several times per week.)" |
|                          | How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?                                                                                                                                    | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                             |
|                          | Which of the following are important reasons why you received those services?<br>(Select all that apply)                                                                                                                                     | 1=I decided on my own to seek help.<br>2=A friend encouraged me to seek help.<br>3=A friend pressured me to seek help.<br>4=A family member encouraged me to seek help.<br>5=A family member pressured me to seek help.<br>6=Someone other than a friend or family member encouraged me to seek help (please specify person's relationship to you).<br>7=I was mandated to seek help by campus staff.<br>8=I acquired more information about my options from (please specify where).<br>9=Other (please specify)                                                                                                                                                                                                                                                                                                                                                                    | Instructions for this item: "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."              |
| Barriers to help-seeking | 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?<br>(Select all that apply) | 1=No need for services<br>2=Financial reasons (too expensive, not covered by insurance)<br>3=Not enough time<br>4=Not sure where to go<br>5=Difficulty finding an available appointment<br>6=Prefer to deal with issues on my own or with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                             |

| SECTION                    | ITEM                                                                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                           | CITATION/NOTES |
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|                            |                                                                                                                                                                                                              | support from family/friends<br>7=Other (please specify)<br>8=No barriers<br><a href="#">[mutually exclusive]</a>                                                                                                                                                                                                                                                                                              |                |
|                            | In the past 12 months which of the following explain why you have not received medication or therapy for your mental or emotional health?<br>(Select all that apply)                                         | 1=I haven't had the chance to go but I plan to.<br>2=No need for services<br>3=Financial reasons (too expensive, not covered by insurance)<br>4=Not enough time<br>5=Not sure where to go<br>6=Difficulty finding an available appointment<br>7=Prefer to deal with issues on my own or with support from family/friends<br>8=Other (please specify)<br>9=No barriers<br><a href="#">[mutually exclusive]</a> |                |
| Visit to medical providers | 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<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                 |                |
| Informal help-seeking      | In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources?<br>(Select all that apply)                                              | 1=Roommate<br>2=Friend (who is not a roommate)<br>3=Significant other<br>4=Family member<br>5=Religious counselor or other religious contact<br>6=Support group<br>7=Other non-clinical source (please specify)<br>8=No, none of these<br><a href="#">[mutually exclusive]</a>                                                                                                                                |                |
|                            | How helpful was it to discuss these concerns?                                                                                                                                                                | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                                                                                                                                                                                                                                            |                |
|                            | If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to?<br>(Select all that apply)                                           | 1=Professor from one of my classes<br>2=Academic advisor<br>3=Another faculty member<br>4=Teaching assistant<br>5=Student services staff<br>6=Dean of Students or class dean<br>7=Other (please specify)<br>8=No one<br><a href="#">[mutually exclusive]</a>                                                                                                                                                  |                |
|                            | 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<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                 |                |
|                            | Overall, how supportive was the response of the academic personnel with whom you talked?                                                                                                                     | 1=Very supportive<br>2=Supportive<br>3=Not supportive<br>4=Very unsupportive                                                                                                                                                                                                                                                                                                                                  |                |
| Insurance                  | What is the source of your current health insurance coverage?<br>(Select all that apply)                                                                                                                     | 1=I do not have any health insurance coverage (uncovered).<br><a href="#">[mutually exclusive]</a><br>2=I have health insurance through my parent(s) or their employer.                                                                                                                                                                                                                                       |                |



| SECTION | ITEM                                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CITATION/NOTES |
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|         |                                                                                                                                                                              | 3=I have health insurance through my employer.<br>4=I have health insurance through my spouse's employer.<br>5=I have a student health insurance plan.<br>6=I have health insurance through an embassy or sponsoring agency for international students.<br>7=I have individual health insurance purchased directly from an insurance carrier.<br>8=I have Medicaid or other governmental insurance.<br>9=I am uncertain about whether I have health insurance.<br>10=I have health insurance but am uncertain about where it is from. |                |
|         | 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.<br>2=I think it would but am not sure.<br>3=I have no idea.<br>4=I think it would not but am not sure.<br>5=No, it definitely would not.                                                                                                                                                                                                                                                                                                                                                                  |                |
|         | 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.<br>2=Yes, everything I have needed is covered.<br>3=No, the coverage is inadequate to meet my needs.                                                                                                                                                                                                                                                                                                                                            |                |
|         | I feel that coverage is inadequate because my plan...<br>(Select all that apply)                                                                                             | 1=...doesn't cover any mental health services.<br>2=...doesn't cover preexisting conditions.<br>3=...doesn't cover certain conditions.<br>4=...has a co-pay that is too expensive.<br>5=...has a deductible that is too expensive.<br>6=...doesn't cover certain types of services or providers.<br>7=...has a limit on the number of services that are covered.<br>8=Other (please specify)                                                                                                                                          |                |

**ELECTIVE MODULES:****(4) SUBSTANCE USE**

## Substance Use

The next questions will ask you about your experiences with and opinions about alcohol and other drugs. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION              | ITEM                                                                                                                                                                                                   | RESPONSE CATEGORIES                                                                                   | CITATION/NOTES                                                                                                     |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Personal alcohol use | How often do you have a drink containing alcohol?                                                                                                                                                      | 1=Never<br>2=Monthly or less<br>3=2-4 times a month<br>4=2-3 times a week<br>5=4 or more times a week | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | How many drinks containing alcohol do you have on a typical day when you are drinking?<br>(1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)              | 1=1 or 2<br>2=3 or 4<br>3=5 or 6<br>4=7 to 9<br>5=10 or more                                          | AUDIT<br>(Saunders et al., 1993)<br><br>Definition adapted from National Institute on Alcohol Abuse and Alcoholism |
|                      | How often do you have 4 [female]/5 [male]/4 or 5 [not female or male] or more drinks on 1 occasion?<br>(1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.) | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)<br><br>Definition adapted from National Institute on Alcohol Abuse and Alcoholism |
|                      | How often during the last year have you found that you were not able to stop drinking once you had started?                                                                                            | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | How often during the last year have you failed to do what was normally expected of you because of drinking?                                                                                            | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?                                                                            | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | How often during the last year have you had a feeling of guilt or remorse after drinking?                                                                                                              | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | How often during the last year have you been unable to remember what happened the night before of your drinking?                                                                                       | 1=Never<br>2=Less than monthly<br>3=Monthly<br>4=Weekly<br>5=Daily or almost daily                    | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | Have you or someone else been injured because of your drinking?                                                                                                                                        | 0=No<br>1=Yes, but not in the last year<br>2=Yes, during the last year                                | AUDIT<br>(Saunders et al., 1993)                                                                                   |
|                      | Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?                                                                              | 1=No<br>2=Yes, but not in the last year<br>3=Yes, during the last year                                | AUDIT<br>(Saunders et al., 1993)                                                                                   |

| SECTION                                    | ITEM                                                                                                                                                                                                                                                      | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                   | CITATION/NOTES                                                                                                                                                                 |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | Have you ever received counseling or treatment for an alcohol-related problem from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?                                                                     | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |
| Personal substance use                     | Over the past 30 days, have you used any of the following drugs? (Select all that apply)                                                                                                                                                                  | 1=Marijuana<br>2=Cocaine (any form, including crack, powder, or freebase)<br>3=Heroin<br>4=Methamphetamines (also known as speed, crystal meth, or ice)<br>5=Other stimulants (such as Ritalin, Adderall) without a prescription<br>6=Ecstasy<br>7=Other drugs without a prescription (please specify)<br>8=No, none of these<br><a href="#">[mutually exclusive]</a> |                                                                                                                                                                                |
|                                            | Over the past 30 days, about how many cigarettes did you smoke per day?                                                                                                                                                                                   | 1=0 cigarettes<br>2=Less than 1 cigarette<br>3=1 to 5 cigarettes<br>4=About one-half pack<br>5=1 or more packs                                                                                                                                                                                                                                                        |                                                                                                                                                                                |
| Perception of risk regarding substance use | How much do you think people risk harming themselves physically or in other ways when they have 5 or more drinks containing alcohol once or twice a week? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.) | 1=No risk<br>2=Slight risk<br>3=Moderate risk<br>4=Great risk                                                                                                                                                                                                                                                                                                         | Adapted from Drug Free Communities Support Program Evaluation of Core Measures Survey (2012)<br><br>Definition adapted from National Institute on Alcohol Abuse and Alcoholism |
|                                            | How much do you think people risk harming themselves physically or in other ways if they smoke 1 or more packs of cigarettes per day?                                                                                                                     | 1=No risk<br>2=Slight risk<br>3=Moderate risk<br>4=Great risk                                                                                                                                                                                                                                                                                                         | Adapted from Drug Free Communities Support Program Evaluation of Core Measures Survey (2012)                                                                                   |
|                                            | How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?                                                                                                                            | 1=No risk<br>2=Slight risk<br>3=Moderate risk<br>4=Great risk                                                                                                                                                                                                                                                                                                         | Adapted from Drug Free Communities Support Program Evaluation of Core Measures Survey (2012)                                                                                   |
|                                            | How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?                                                                                                          | 1=No risk<br>2=Slight risk<br>3=Moderate risk<br>4=Great risk                                                                                                                                                                                                                                                                                                         | Adapted from Drug Free Communities Support Program Evaluation of Core Measures Survey (2012)                                                                                   |
| Other students alcohol use                 | In the past 30 days, how often have you had to "baby-sit" or take care of another student who drank too much?                                                                                                                                             | 1=0 times<br>2=1 times<br>3=2 times<br>4=3 times<br>5=4 or more times                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |
|                                            | In the past 30 days, how often have you had your studying or sleep interrupted because of other students' drinking?                                                                                                                                       | 1=0 times<br>2=1 times<br>3=2 times<br>4=3 times<br>5=4 or more times                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |
|                                            | In the past 30 days, how often have you experienced an unwanted sexual advance because of other students' drinking?                                                                                                                                       | 1=0 times<br>2=1 times<br>3=2 times<br>4=3 times<br>5=4 or more times                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                |
|                                            | In the past 30 days, how often have you been a victim of sexual                                                                                                                                                                                           | 1=0 times                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                |

| SECTION                           | ITEM                                                                                                        | RESPONSE CATEGORIES                                                                                         | CITATION/NOTES                                                                                                                                                              |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | assault or "date rape" because of other students' drinking?                                                 | 2=1 times<br>3=2 times<br>4=3 times<br>5=4 or more times                                                    |                                                                                                                                                                             |
| Perceptions of peer substance use | In the past 30 days, about what percent of students at your school drank alcohol?                           | 1=_____ %<br>[force numeric, 0-100]                                                                         | Instructions for this item: "The next few items ask for your perceptions of other students' behaviors regarding alcohol and substance use. Please provide your best guess." |
|                                   | In the past 30 days, about what percent of students at your school smoked cigarettes?                       | 1=_____ %<br>[force numeric, 0-100]                                                                         | Instructions for this item: "The next few items ask for your perceptions of other students' behaviors regarding alcohol and substance use. Please provide your best guess." |
|                                   | In the past 30 days, about what percent of students at your school smoked (or otherwise used) marijuana?    | 1=_____ %<br>[force numeric, 0-100]                                                                         | Instructions for this item: "The next few items ask for your perceptions of other students' behaviors regarding alcohol and substance use. Please provide your best guess." |
|                                   | How much do you agree with the following statement?:<br>Alcohol use is a problem for students on my campus. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree |                                                                                                                                                                             |

**(5) SLEEP (HALF MODULE)**

Sleep Habits

The next questions will ask you about your sleep habits. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION      | ITEM                                                                                                     | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                               | CITATION/NOTES |
|--------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Sleep habits | During this school year, at approximately what time have you typically gone to sleep on: Weeknights?     | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am<br>24=11:00am |                |
|              | During this school year, at approximately what time have you typically gone to sleep on: Weekend nights? | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am<br>24=11:00am |                |

| SECTION | ITEM                                                                                                     | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITATION/NOTES |
|---------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|         | <p>During this school year, at approximately what time have you typically woken up on: Weekdays?</p>     | <p>1=12:00pm<br/>                 2=1:00pm<br/>                 3=2:00pm<br/>                 4=3:00pm<br/>                 5=4:00pm<br/>                 6=5:00pm<br/>                 7=6:00pm<br/>                 8=7:00pm<br/>                 9=8:00pm<br/>                 10=9:00pm<br/>                 11=10:00pm<br/>                 12=11:00pm<br/>                 13=12:00am<br/>                 14=1:00am<br/>                 15=2:00am<br/>                 16=3:00am<br/>                 17=4:00am<br/>                 18=5:00am<br/>                 19=6:00am<br/>                 20=7:00am<br/>                 21=8:00am<br/>                 22=9:00am<br/>                 23=10:00am<br/>                 24=11:00am</p> |                |
|         | <p>During this school year, at approximately what time have you typically woken up on: Weekend days?</p> | <p>1=12:00pm<br/>                 2=1:00pm<br/>                 3=2:00pm<br/>                 4=3:00pm<br/>                 5=4:00pm<br/>                 6=5:00pm<br/>                 7=6:00pm<br/>                 8=7:00pm<br/>                 9=8:00pm<br/>                 10=9:00pm<br/>                 11=10:00pm<br/>                 12=11:00pm<br/>                 13=12:00am<br/>                 14=1:00am<br/>                 15=2:00am<br/>                 16=3:00am<br/>                 17=4:00am<br/>                 18=5:00am<br/>                 19=6:00am<br/>                 20=7:00am<br/>                 21=8:00am<br/>                 22=9:00am<br/>                 23=10:00am<br/>                 24=11:00am</p> |                |
|         | <p>During this school year, on how many days have you taken naps during a typical week?</p>              | <p>1=I don't take naps.<br/>                 2=1<br/>                 3=2<br/>                 4=3<br/>                 5=4</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |

| SECTION           | ITEM                                                                                                        | RESPONSE CATEGORIES                                                                                | CITATION/NOTES                                                                                                                                                                                                                                                                                                                   |
|-------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                                                                             | 6=5<br>7=6<br>8=7                                                                                  |                                                                                                                                                                                                                                                                                                                                  |
|                   | How long is your typical nap?                                                                               | 1=Less than 1 hour<br>2=Between 1 and 2 hours<br>3=Between 2 and 3 hours<br>4=More than 3 hours    |                                                                                                                                                                                                                                                                                                                                  |
| Insomnia severity | Difficulty falling asleep                                                                                   | 1=None<br>2=Mild<br>3=Moderate<br>4=Severe<br>5=Very severe                                        | Insomnia Severity Index (Morin et al., 2011)<br><br>Instruction for this item: "Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s)."<br><br>Guidelines for scoring: Add the scores for all 7 items (questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) + 7 (-1))<br>≥11=Refresh cut-off |
|                   | Difficulty staying asleep                                                                                   | 1=None<br>2=Mild<br>3=Moderate<br>4=Severe<br>5=Very severe                                        | Insomnia Severity Index (Morin et al., 2011)<br><br>Instruction for this item: "Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s)."<br><br>Guidelines for scoring: Add the scores for all 7 items (questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) + 7 (-1))<br>≥11=Refresh cut-off |
|                   | Problem waking up too early                                                                                 | 1=None<br>2=Mild<br>3=Moderate<br>4=Severe<br>5=Very severe                                        | Insomnia Severity Index (Morin et al., 2011)<br><br>Instruction for this item: "Please rate the current (i.e. last 2 weeks) severity of your insomnia problem(s)."<br><br>Guidelines for scoring: Add the scores for all 7 items (questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) + 7 (-1))<br>≥11=Refresh cut-off |
|                   | How satisfied/dissatisfied are you with your current sleep pattern?                                         | 1=Very satisfied<br>2=Satisfied<br>3=Moderately satisfied<br>4=Dissatisfied<br>5=Very dissatisfied | Insomnia Severity Index (Morin et al., 2011)<br><br>Guidelines for scoring: Add the scores for all 7 items (questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) + 7 (-1))<br>≥11=Refresh cut-off                                                                                                                       |
|                   | How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life? | 1=Not at all noticeable<br>2=A little<br>3=Somewhat<br>4=Much<br>5=Very much noticeable            | Insomnia Severity Index (Morin et al., 2011)<br><br>Guidelines for scoring: Add the scores for all 7 items (questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) + 7 (-1))<br>≥11=Refresh cut-off                                                                                                                       |

| SECTION | ITEM                                                                                                                                                                                                       | RESPONSE CATEGORIES                                                                       | CITATION/NOTES                                                                                                                                                                                                      |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | How worried/distressed are you about your current sleep problem?                                                                                                                                           | 1=Not at all worried<br>2=A little<br>3=Somewhat<br>4=Much<br>5=Very much worried         | Insomnia Severity Index<br>(Morin et al., 2011)<br><br>Guidelines for scoring: Add the scores for all 7 items<br>(questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) +<br>7 (-1))<br>>11=Refresh cut-off |
|         | To what extent do you consider your sleep problem to interfere with your daily functioning (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, etc.) currently? | 1=Not at all interfering<br>2=A little<br>3=Somewhat<br>4=Much<br>5=Very much interfering | Insomnia Severity Index<br>(Morin et al., 2011)<br><br>Guidelines for scoring: Add the scores for all 7 items<br>(questions 1 (-1) + 2 (-1) + 3 (-1) + 4 (-1) + 5 (-1) + 6 (-1) +<br>7 (-1))<br>≥11=Refresh cut-off |



**(6) EATING AND BODY IMAGE**

Eating and Body Image

The next questions will ask you about your behaviors and attitudes related to eating, body shape and weight. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION         | ITEM                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                               | CITATION/NOTES                                                            |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Weight concerns | How much more or less do you feel you worry about your weight and body shape than [other women/men/peers] your age?                                          | 1=I worry a lot less than [other women/men/my peers].<br>2=I worry a little less than [other women/men/my peers].<br>3=I worry about the same as [other women/men/my peers].<br>4=I worry a little more than [other women/men/my peers].<br>5=I worry a lot more than [other women/men/my peers]. | Weight Concerns Scale (WCS)<br>(Killen et al., 1994; Killen et al., 1996) |
|                 | How afraid are you of gaining 3 pounds?                                                                                                                      | 1=Not afraid of gaining<br>2=Slightly afraid of gaining<br>3=Moderately afraid of gaining<br>4=Very afraid of gaining<br>5=Terrified of gaining                                                                                                                                                   | Weight Concerns Scale (WCS)<br>(Killen et al., 1994; Killen et al., 1996) |
|                 | When was the last time you went on a diet?                                                                                                                   | 1=I've never been on a diet.<br>2=I was on a diet about 1 year ago.<br>3=I was on a diet about 6 months ago.<br>4=I was on a diet about 3 months ago.<br>5=I was on a diet about 1 month ago.<br>6=I was on a diet less than 1 month ago.<br>7=I'm now on a diet.                                 | Weight Concerns Scale (WCS)<br>(Killen et al., 1994; Killen et al., 1996) |
|                 | Compared to other things in your life, how important is your weight to you?                                                                                  | 1=My weight is not important compared to other things in my life.<br>2=My weight is a little more important than some other things in my life.<br>3=My weight is more important than most, but not all, things in my life.<br>4=My weight is the most important thing in my life.                 | Weight Concerns Scale (WCS)<br>(Killen et al., 1994; Killen et al., 1996) |
|                 | Do you ever feel fat?                                                                                                                                        | 1=Never<br>2=Rarely<br>3=Sometimes<br>4=Often<br>5=Always                                                                                                                                                                                                                                         | Weight Concerns Scale (WCS)<br>(Killen et al., 1994; Killen et al., 1996) |
|                 | Do you need to be very thin in order to feel good about yourself?                                                                                            | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                     |                                                                           |
|                 | I think I am...                                                                                                                                              | 1=Very underweight<br>2=Somewhat underweight<br>3=Normal weight<br>4=Somewhat overweight<br>5=Very overweight                                                                                                                                                                                     |                                                                           |
|                 | How much do you agree with the following statement?:<br>I have become more concerned about my body shape and weight since I began as a student at my school. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                       |                                                                           |
|                 | How much do you agree with the following statement?:<br>I am worried about gaining the "freshman fifteen".                                                   | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                       |                                                                           |

| SECTION                  | ITEM                                                                                                                                                    | RESPONSE CATEGORIES                                                                                                                                                                                          | CITATION/NOTES                                                                                                                                           |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Height/weight            | About how often do you weigh yourself?                                                                                                                  | 1=Never<br>2=Less than once per month<br>3=Once per month<br>4=2 to 3 times per month<br>5=Once per week<br>6=2 to 3 times per week<br>7=4 to 6 times per week<br>8=Once per day<br>9=More than once per day |                                                                                                                                                          |
|                          | What is your current height?<br>(If you don't know, please provide your best guess.)                                                                    | 1=_____ feet<br>[force numeric, <=7]<br>2=_____ inches<br>[force numeric, <=11]                                                                                                                              |                                                                                                                                                          |
|                          | What is your current weight?<br>(If you don't know, please provide your best guess.)                                                                    | 1=_____ pounds<br>[force numeric]                                                                                                                                                                            |                                                                                                                                                          |
|                          | What would your ideal weight be if you could choose it?                                                                                                 | 1=_____ pounds<br>[force numeric]                                                                                                                                                                            |                                                                                                                                                          |
| Eating disorder symptoms | Do you ever make yourself sick because you feel uncomfortably full?                                                                                     | 1=Yes<br>0=No                                                                                                                                                                                                | SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Do you worry that you have lost control over how much you eat?                                                                                          | 1=Yes<br>0=No                                                                                                                                                                                                | SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Have you recently lost more than 15 pounds in a 3-month period?                                                                                         | 1=Yes<br>0=No                                                                                                                                                                                                | SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Do you believe yourself to be fat when others say you are too thin?                                                                                     | 1=Yes<br>0=No                                                                                                                                                                                                | SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
|                          | Would you say that food dominates your life?                                                                                                            | 1=Yes<br>0=No                                                                                                                                                                                                | SCOFF questionnaire<br>(Morgan, Reid, & Lacey, 1999)<br><br>Instructions for this item: "Please answer the following questions as honestly as possible." |
| Binging and purging      | Over the past 4 weeks (28 days), on how many days have you eaten an unusually large amount of food and have had a sense of loss of control at the time? | Range: 0-28 days                                                                                                                                                                                             | Eating Disorder Examination Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008)                                                                |
|                          | Over the past 4 weeks (28 days), how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?                     | [open text]                                                                                                                                                                                                  | Eating Disorder Examination Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008)                                                                |
|                          | Over the past 4 weeks (28 days), how many times have you taken                                                                                          | [open text]                                                                                                                                                                                                  | Eating Disorder Examination                                                                                                                              |

| SECTION             | ITEM                                                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CITATION/NOTES                                                                            |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|                     | laxatives as a means of controlling your shape or weight?                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008)                             |
|                     | Over the past 4 weeks (28 days), how many times have you taken diuretics (water pills) or diet pills as a means of controlling your shape or weight?                                         | [open text]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eating Disorder Examination Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008) |
|                     | Over the past 4 weeks (28 days), how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories? | [open text]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eating Disorder Examination Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008) |
|                     | Over the past 4 weeks (28 days), how many times have you fasted (intentionally not eaten anything at all for at least 8 waking hours)?                                                       | [open text]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Eating Disorder Examination Questionnaire (EDE-Q)<br>(Fairburn, Cooper, & O'Connor, 2008) |
| Eating habits       | For about what percentage of the last 12 months were you on a diet?                                                                                                                          | 1=More than 75% (more than 270 days total)<br>2=Between 50% and 75% (180 to 270 days total)<br>3=Between 25% and 49% (90 to 179 days total)<br>4=Less than 25% (1 to 90 days total)<br>5=I was not on a diet at all in the last 12 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|                     | How much do you agree with the following statement?:<br>My eating habits have changed a lot since I began as a student at my school.                                                         | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |
|                     | How have your eating habits changed since you began as a student at your school?<br>(Select all that apply)                                                                                  | 1=I think about food more often.<br>2=I think about food less often.<br>3=I am more concerned about what I eat.<br>4=I am less concerned about what I eat.<br>5=I consume more calories on average per day.<br>6=I consume fewer calories on average per day.<br>7=I eat more junk food/fast food.<br>8=I eat less junk food/fast food.<br>9=I eat more junk food late at night.<br>10=I eat more fruits/vegetables.<br>11=I eat less fruits/vegetables.<br>12=I became a vegetarian/vegan.<br>13=I began limiting (or increased the extent to which I limit) the quantity or types of foods and drinks I consume in order to influence my body shape or weight.<br>14=I began purging (vomiting, using laxatives, diet pills etc.).<br>15=Other (please specify) |                                                                                           |
| Perception of peers | Do you know at least 1 student at your school who you suspect has an eating disorder?                                                                                                        | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |

**(7) SEXUAL ASSAULT**

Perceptions and Experiences of Sexual Assault on Campus

The next set of questions asks you about perceptions and experiences related to sexual assault. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                                            | ITEM                                                                                                                                                                                                                   | RESPONSE CATEGORIES                                                              | CITATION/NOTES                                                                                           |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Perceptions of leadership, policies, and reporting | If someone were to report a sexual assault to a campus authority, how likely is it that your school would take the report seriously?                                                                                   | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would keep knowledge of the report limited to those who need to know in order for your school to respond properly? | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would forward the report outside the campus to criminal investigators?                                             | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would take steps to protect the safety of the person making the report?                                            | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would support the person making the report?                                                                        | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would take corrective action to address factors that may have led to the sexual assault?                           | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would take corrective action against the offender?                                                                 | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that your school would take steps to protect the person making the report from retaliation?                                         | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that students would label the person making the report as a troublemaker?                                                           | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that students would support the person making the report?                                                                           | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that the alleged offender(s) or their associates would retaliate against the person making the report?                              | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely<br>4=Not at all likely | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |
|                                                    | If someone were to report a sexual assault to a campus authority, how likely is it that the educational achievement/career of the person making the report                                                             | 1=Very likely<br>2=Moderately likely<br>3=Slightly likely                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014) |

| SECTION                            | ITEM                                                                                                                                                                                                                    | RESPONSE CATEGORIES                                                                                              | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                    | would suffer?                                                                                                                                                                                                           | 4=Not at all likely                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sexual violence and sexual assault | Have you received training in policies and procedures regarding incidents of sexual assault (e.g., what is defined as sexual assault, how to report an incident, confidential resources, procedures for investigating)? | 1=Yes<br>0=No                                                                                                    | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    | Have you received training in prevention of sexual assault?                                                                                                                                                             | 1=Yes<br>0=No                                                                                                    | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    | How useful did you think the training was?                                                                                                                                                                              | 1=Very<br>2=Moderately<br>3=Somewhat<br>4=Slightly<br>5=Not useful                                               | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                    | If a friend or I were sexually assaulted, I know where to go to get help.                                                                                                                                               | 1=Strongly agree<br>2=Agree<br>3=Neither agree nor disagree<br>4=Disagree<br>5=Strongly disagree<br>6=Don't know | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instruction for this item: "Please indicate your level of agreement to the following statements:"                                                                                                                                                                                                                                                                                                                                                       |
|                                    | I understand my school's formal procedures to address complains of sexual assault.                                                                                                                                      | 1=Strongly agree<br>2=Agree<br>3=Neither agree nor disagree<br>4=Disagree<br>5=Strongly disagree<br>6=Don't know | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instruction for this item: "Please indicate your level of agreement to the following statements:"                                                                                                                                                                                                                                                                                                                                                       |
|                                    | I have confidence that my school administers the formal procedures to address complaints of sexual assault fairly.                                                                                                      | 1=Strongly agree<br>2=Agree<br>3=Neither agree nor disagree<br>4=Disagree<br>5=Strongly disagree<br>6=Don't know | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instruction for this item: "Please indicate your level of agreement to the following statements:"                                                                                                                                                                                                                                                                                                                                                       |
|                                    | Forced touching of a sexual nature (forced kissing, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)                                            | 1=Yes<br>0=No                                                                                                    | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:" |
|                                    | Oral sex (someone's mouth or tongue making contact with your genitals or your mouth or tongue making contact with someone else's genitals)                                                                              | 1=Yes<br>0=No                                                                                                    | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:" |
|                                    | Sexual intercourse (someone's penis being put in your vagina or anus)                                                                                                                                                   | 1=Yes<br>0=No                                                                                                    | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with                                                                                                                                                                                                                                                                     |

| SECTION | ITEM                                                                                                                                                                                                              | RESPONSE CATEGORIES                                                                                                                                                  | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|         |                                                                                                                                                                                                                   |                                                                                                                                                                      | whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact.”                                                                                                                                                                                                                                                                                                     |
|         | Anal sex (someone’s penis being put in your anus)                                                                                                                                                                 | 1=Yes<br>0=No                                                                                                                                                        | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: “This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact.” |
|         | Sexual penetration with a finger or object (someone putting their finger or an object like a bottle or a candle in your vagina or anus)                                                                           | 1=Yes<br>0=No                                                                                                                                                        | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: “This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact.” |
|         | Has anyone had sexual contact with you by using physical force or threatening to physically harm you?                                                                                                             | 1=Yes<br>0=No                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: “The questions below ask about unwanted sexual contact that involved force or threats of force against you since you began at your school. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.”                                                                                                     |
|         | Has anyone attempted but not succeeded in having sexual contact with you by using or threatening to use physical force against you?                                                                               | 1=Yes<br>0=No                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: “The questions below ask about unwanted sexual contact that involved force or threats of force against you since you began at your school. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.”                                                                                                     |
|         | Since beginning at your school, has someone had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep? | 1=Yes, I am certain this has happened.<br>2=I suspect this has happened but am not certain.<br>3=No, this has not happened.                                          | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: “The next question asks about your experiences with unwanted sexual contact while you were unable to provide consent or stop what was happening you were passed out, drugged, drunk, incapacitated or asleep. These situations might include times that you voluntarily consumed alcohol or drugs and times that you were given drugs without your knowledge or consent.”                                      |
|         | When the person had sexual contact with you by using or threatening you with physical force, which of the following happened?<br>(Select all that apply)                                                          | 1=Forced touching of a sexual nature<br>2=Oral sex<br>3=Sexual intercourse<br>4=Anal sex<br>5=Sexual penetration with a finger or object<br>6=Other (please specify) | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: “Earlier you indicated that since beginning at your school, someone has had sexual contact with you by using physical force or threatening to physically harm you. The question below asks about that experience.”                                                                                                                                                                                             |
|         | When the person had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged,                                                              | 1=Forced touching of a sexual nature<br>2=Oral sex<br>3=Sexual intercourse                                                                                           | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| SECTION                | ITEM                                                                                                  | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                  | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                        | drunk, incapacitated, or asleep, which of the following happened?<br>(Select all that apply)          | 4=Anal sex<br>5=Sexual penetration with a finger or object<br>6= Other (please specify)<br>7=Don't know<br><a href="#">[mutually exclusive]</a>                                                                                                                                      | Instructions for this item: "Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience."                                                                                                                                                                                                                               |
|                        | Just prior to the incident(s), had you been drinking alcohol?                                         | 1=Yes<br>0=No                                                                                                                                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience. Keep in mind that you are in no way responsible for the assault that occurred, even if you had been drinking." |
|                        | Were you drunk?                                                                                       | 1=Yes<br>0=No                                                                                                                                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience."                                                                                                               |
|                        | Just prior to the incident(s), had you voluntarily been taking or using any drugs other than alcohol? | 1=Yes<br>0=No                                                                                                                                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience."                                                                                                               |
|                        | Just prior to the incident(s), had you been given a drug without your knowledge or consent?           | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for this item: "Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience."                                                                                                               |
| Context and disclosure | Who did the unwanted behavior involve?<br>(Select all that apply)                                     | 1=Stranger<br>2=Family member<br>3=Acquaintance<br>4=Coworker<br>5=Employer/supervisor<br>6=College professor/instructor<br>7=College staff<br>8=Non-romantic friend<br>9=Casual or first date<br>10=Current romantic partner<br>11=Ex-romantic partner<br>12=Other (please specify) | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."                                                                                                                                                                                                                                       |
|                        | Was this person a student at your school?                                                             | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                                                                                                        | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."                                                                                                                                                                                                                                                    |
|                        | Was this person affiliated with your school as an                                                     | 1=Yes                                                                                                                                                                                                                                                                                | Not Alone: The First Report of the White House Task Force to Protect Students From                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| SECTION | ITEM                                                                      | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                | CITATION/NOTES                                                                                                                                                                                                                                                                                                    |
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|         | employee, staff, or faculty member?                                       | 2=No<br>3=Don't know                                                                                                                                                                                                                                                                                                                                               | Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."                                                                                                 |
|         | What was the gender of the individual who did this to you?                | 1=Man<br>2=Woman<br>3=Another gender identity (please specify)<br>4=Don't know                                                                                                                                                                                                                                                                                     | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience." |
|         | Did the incident involve any of the following?<br>(Select all that apply) | 1=The other person's use of alcohol<br>2=Your use of alcohol<br>3=The other person's use of drugs<br>4=Your use of drugs<br>5=None of the above<br><a href="#">[mutually exclusive]</a>                                                                                                                                                                            | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."              |
|         | How frightened were you by the incident?                                  | 1=Extremely frightened<br>2=Somewhat frightened<br>3=Only a little frightened<br>4=Not at all frightened                                                                                                                                                                                                                                                           | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."              |
|         | Where did the incident occur?<br>(Select all that apply)                  | 1=Off-campus<br>2=On-campus                                                                                                                                                                                                                                                                                                                                        | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience." |
|         | Whom did you tell about the incident?<br>(Select all that apply)          | 1=No one<br><a href="#">[mutually exclusive]</a><br>2=Roommate<br>3=Close friend other than roommate<br>4=Parent or guardian<br>5=Other family member<br>6=Counselor<br>7=Faculty or staff<br>8=Residence hall staff<br>9=Police<br>10=Romantic partner (other than the one who did this to you)<br>11=Campus sexual assault advocate<br>12=Other (please specify) | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience." |
|         | Did you use your school's formal procedures to report the incident(s)?    | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                      | Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience." |
|         | Did your school's formal procedures help you deal with the problem?       | 1=Didn't help me at all<br>2=Helped me a little<br>3=Helped, but could have helped more<br>4=Helped me a lot                                                                                                                                                                                                                                                       | Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)<br><br>Instructions for these items: "For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience."              |



| SECTION  | ITEM                                                                                                                                                                             | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CITATION/NOTES                                                                                                                                                                                                                                                                                                                               |
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|          | <p>Why did you not tell anyone?<br/>(Select all that apply)</p>                                                                                                                  | <p>5=Completely solved the problem<br/>1=Ashamed/embarrassed<br/>2=Is a private matter-wanted to deal with it on own<br/>3=Concerned others would find out<br/>4=Didn't want the person who did it to get in trouble<br/>5=Fear of retribution from the person who did it<br/>6=Fear of not being believed<br/>7=Thought I would be blamed for what happened<br/>8=Didn't think what happened was serious enough to talk about<br/>9=Didn't think others would think it was serious<br/>10=Thought people would try to tell me what to do<br/>11=Would feel like an admission of failure<br/>12=Didn't think others would think it was important<br/>13=Didn't think others would understand<br/>14=Didn't have time to deal with it due to academics, work, etc.<br/>15=Didn't know reporting procedure on campus<br/>16=Feared I or another would be punished for infractions or violations (such as underage drinking)<br/>17=Did not feel the campus leadership would solve my problems<br/>18=Feared others would harass me or react negatively toward me<br/>19=Thought nothing would be done<br/>20=Didn't want others to worry about me<br/>21=Wanted to forget it happened<br/>22=Had other things I needed to focus on and was concerned about (classes, work)<br/>23=Didn't think the school would do anything about my report<br/>24=Other (please specify)</p> | <p>experience.”</p> <p>Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)</p> <p>Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”</p> |
| Stalking | <p>In the past 12 months, have you experienced stalking (e.g., someone waiting for you outside of your home, classroom, or workplace; repeated unwanted emails/phone calls)?</p> | <p>1=Yes<br/>0=No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                              |

**(8) OVERALL HEALTH**

Overall Health

The next questions will ask you about various aspects of your overall health. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                 | ITEM                                                                                                                                                                                                                                         | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                | CITATION/NOTES                                  |
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| Perceived health status | Overall, how you would describe your health?                                                                                                                                                                                                 | 1=Excellent<br>2=Good<br>3=Fair<br>4=Poor<br>5=Very poor                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |
| Chronic disease         | Have you ever been diagnosed with any of the following health conditions, which required ongoing treatment by a health care professional (i.e., chronic diseases)? (Select all that apply)                                                   | 1=Diabetes<br>2=High blood pressure<br>3=Asthma<br>4=Thyroid disease (e.g., hypothyroid or hyperthyroid)<br>5=Gastrointestinal disease (e.g., Crohn's Disease, Ulcerative Colitis)<br>6=Arthritis<br>7=Sickle cell anemia<br>8=Seizure disorders (e.g., epilepsy)<br>9=Cancers<br>10=High cholesterol<br>11=Other chronic disease (please specify)<br>12=No, never been diagnosed with a chronic disease.<br>[mutually exclusive]<br>13=Don't know |                                                 |
| Exercise                | 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 hour<br>2=2-3 hours<br>3=3-4 hours<br>4=5 or more hours                                                                                                                                                                                                                                                                                                                                                                              |                                                 |
|                         | How much do you agree with the following statement?:<br>My exercise habits have changed a lot since I began as a student at my school.                                                                                                       | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                        |                                                 |
|                         | How have your exercise habits changed since you began as a student at your school?                                                                                                                                                           | 1=I exercise more now.<br>2=I exercise less now.<br>3=Other (please specify)                                                                                                                                                                                                                                                                                                                                                                       |                                                 |
| Nutrition               | Do the following eating practices apply to you?:<br>I am a vegetarian.                                                                                                                                                                       | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
|                         | Do the following eating practices apply to you?:<br>I am vegan.                                                                                                                                                                              | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
|                         | Do the following eating practices apply to you?:<br>I eat raw food (most of or all the time).                                                                                                                                                | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |
|                         | Compared to other reasons for [being a vegetarian/being vegan/eating raw food most of or all the time], how important is a desire to influence your body shape or weight?                                                                    | 1=Very important<br>2=Important<br>3=Somewhat important<br>4=Not important                                                                                                                                                                                                                                                                                                                                                                         |                                                 |
|                         | How many servings of fruits and vegetables do you usually have per day? (1 serving is 1 medium piece of fruit, 1 cup raw leafy vegetables, 1/2 cup fresh/frozen/canned fruits/vegetables, 3/4 cup fruit/vegetable juice, or 1/4 dried fruit) | 1=0<br>2=1-2<br>3=3-4<br>4=5 or more                                                                                                                                                                                                                                                                                                                                                                                                               | Definition from American Heart Association 2014 |

| SECTION                    | ITEM                                                                                                                                                                  | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                            | CITATION/NOTES |
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|                            | How often do you typically know the nutrition facts (for example, fat, fiber, carbohydrates, protein) about the foods and drinks you consume before you consume them? | 1=Never<br>2=Rarely<br>3=Sometimes<br>4=Often<br>5=Always                                                                                                                                                                                                                                                                                                                                      |                |
|                            | How often do you typically know the number of calories in the foods and drinks you consume before you consume them?                                                   | 1=Never<br>2=Rarely<br>3=Sometimes<br>4=Often<br>5=Always                                                                                                                                                                                                                                                                                                                                      |                |
|                            | How often do you typically count the calories that you consume?                                                                                                       | 1=Never<br>2=Rarely<br>3=Sometimes<br>4=Often<br>5=Always                                                                                                                                                                                                                                                                                                                                      |                |
| Sexual health and behavior | With how many people have you had oral sex, vaginal intercourse, or anal intercourse in the past 12 months?                                                           | 1=0<br>2=1<br>3=2<br>4=3<br>5=4<br>6=5-9<br>7=10 or more                                                                                                                                                                                                                                                                                                                                       |                |
|                            | In the past 12 months, did you have sexual partner(s) who were female?                                                                                                | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 12 months, did you have sexual partner(s) who were male?                                                                                                  | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 12 months, did you have sexual partner(s) who were transgender?                                                                                           | 1=Yes<br>0=No                                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 30 days, with how many people have you had oral sex, vaginal intercourse, or anal intercourse?                                                            | 1=0<br>2=1<br>3=2<br>4=3 or more                                                                                                                                                                                                                                                                                                                                                               |                |
|                            | In the past 30 days, did you have oral sex?                                                                                                                           | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 30 days, did you have vaginal intercourse?                                                                                                                | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 30 days, did you have anal intercourse?                                                                                                                   | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                                                                                                                                                                                                                  |                |
|                            | In the past 30 days, what type of birth control method did you or your partner use during your last sexual intercourse experience? (Select all that apply)            | 1=Male condom<br>2=Withdrawal (i.e., "pulling out")<br>3=Contraceptive pills<br>4=Contraceptive patch<br>5=Contraceptive ring (e.g., Nuvaring)<br>6=Contraceptive injectable (e.g., Depo-Provera shot)<br>7=Intrauterine device (IUD)<br>8=Contraceptive implant (e.g., implanon/nexplanon)<br>9=Emergency contraception (i.e., "morning after pill")<br>10=Other contraceptive method (please |                |

| SECTION        | ITEM                                                                                                                                                                                                                                                                     | RESPONSE CATEGORIES                                                                                                                                                                             | CITATION/NOTES                                                                                                                    |
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|                |                                                                                                                                                                                                                                                                          | specify)<br>11=No contraceptive method was used.<br>[mutually exclusive]<br>12=Don't know                                                                                                       |                                                                                                                                   |
|                | In the past 30 days, did you or your partner(s) use some form of birth control or protection (e.g. condoms, birth control pills) every single time you had sex?                                                                                                          | 1=Yes<br>2=No<br>3=Don't know                                                                                                                                                                   |                                                                                                                                   |
|                | Have you or a sexual partner (current or past) ever become pregnant?                                                                                                                                                                                                     | 1=No<br>2=Yes, unintentionally<br>3=Yes, intentionally<br>4=Don't know                                                                                                                          |                                                                                                                                   |
|                | Are you currently pregnant and/or have you given birth in the last 12 months?                                                                                                                                                                                            | 1=Yes<br>0=No                                                                                                                                                                                   |                                                                                                                                   |
| Violence       | Over the past 12 months, did anyone strike or physically injure you?                                                                                                                                                                                                     | 1=Yes<br>0=No                                                                                                                                                                                   |                                                                                                                                   |
|                | Over the past 12 months, did you strike or physically injure anyone?                                                                                                                                                                                                     | 1=Yes<br>0=No                                                                                                                                                                                   |                                                                                                                                   |
| Sexual assault | Over the past 12 months, have you experienced emotional, physical, or sexual abuse (either from someone you know or don't know)?                                                                                                                                         | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Sexual Assault' module not selected                                                                                  |
|                | Over the past 12 months, were you emotionally abused? (Examples include being called names, being yelled at, humiliated, judged, threatened, coerced, or controlled.)                                                                                                    | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Sexual Assault' module not selected                                                                                  |
|                | Over the past 12 months, were you physically abused? (Examples include being kicked, slapped, punched or otherwise physically mistreated.)                                                                                                                               | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Sexual Assault' module not selected                                                                                  |
|                | Over the past 12 months, were you in a sexually abusive relationship? (By 'sexually abusive relationship', we mean one in which an intimate partner forced or coerced you to perform or receive sexual acts, or forced you to have intercourse when you didn't want to.) | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Sexual Assault' module not selected                                                                                  |
|                | Over the past 12 months, were you ever forced to have unwanted sexual intercourse through the use of physical force or threat by someone who was not an intimate partner? (By 'sexual intercourse', we mean completed or attempted penetration.)                         | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Sexual Assault' module not selected<br><br>Definition from CDC NISVS 2010                                            |
| Substance use  | Over the past 2 weeks, did you drink any alcohol?                                                                                                                                                                                                                        | 1=Yes<br>0=No                                                                                                                                                                                   | Included if 'Substance Use' module not selected                                                                                   |
|                | Over the past 2 weeks, about how many times did you have 4 [female]/5 [male]/4 or 5 [not female or male] or more alcoholic drinks in a row? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)                              | 1=0 times<br>2=1 time<br>3=2 times<br>4=3 to 5 times<br>5=6 to 9 times<br>6=10 or more times<br>7=Don't know                                                                                    | Included if 'Substance Use' module not selected<br><br>Definition adapted from National Institute on Alcohol Abuse and Alcoholism |
|                | Over the past 30 days, about how many cigarettes did you smoke per day?                                                                                                                                                                                                  | 1=0 cigarettes<br>2=Less than 1 cigarette<br>3=1 to 5 cigarettes<br>4=About one-half pack<br>5=1 or more packs                                                                                  | Included if 'Substance Use' module not selected                                                                                   |
|                | Over the past 30 days, have you used any of the following drugs? (Select all that apply)                                                                                                                                                                                 | 1=Marijuana<br>2=Cocaine (any form, including crack, powder, or freebase)<br>3=Heroin<br>4=Methamphetamines (also known as speed, crystal meth, or ice)<br>5=Other stimulants (such as Ritalin, | Included if 'Substance Use' module not selected                                                                                   |

| SECTION | ITEM                                                                                                        | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                               | CITATION/NOTES                          |
|---------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|         |                                                                                                             | Adderall) without a prescription<br>6=Ecstasy<br>7=Other drugs without a prescription<br>(please specify)<br>8=No, none of these<br>[mutually exclusive]                                                                                                                                                          |                                         |
| Sleep   | During this school year, at approximately what time have you typically gone to sleep on:<br>Weeknights?     | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am<br>24=11:00am | Included if 'Sleep' module not selected |
|         | During this school year, at approximately what time have you typically gone to sleep on:<br>Weekend nights? | 1=12:00pm<br>2=1:00pm<br>3=2:00pm<br>4=3:00pm<br>5=4:00pm<br>6=5:00pm<br>7=6:00pm<br>8=7:00pm<br>9=8:00pm<br>10=9:00pm<br>11=10:00pm<br>12=11:00pm<br>13=12:00am<br>14=1:00am<br>15=2:00am<br>16=3:00am<br>17=4:00am<br>18=5:00am<br>19=6:00am<br>20=7:00am<br>21=8:00am<br>22=9:00am<br>23=10:00am<br>24=11:00am | Included if 'Sleep' module not selected |

| SECTION | ITEM                                                                                                     | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                             | CITATION/NOTES                                 |
|---------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
|         | <p>During this school year, at approximately what time have you typically woken up on: Weekdays?</p>     | <p>1=12:00pm<br/>2=1:00pm<br/>3=2:00pm<br/>4=3:00pm<br/>5=4:00pm<br/>6=5:00pm<br/>7=6:00pm<br/>8=7:00pm<br/>9=8:00pm<br/>10=9:00pm<br/>11=10:00pm<br/>12=11:00pm<br/>13=12:00am<br/>14=1:00am<br/>15=2:00am<br/>16=3:00am<br/>17=4:00am<br/>18=5:00am<br/>19=6:00am<br/>20=7:00am<br/>21=8:00am<br/>22=9:00am<br/>23=10:00am<br/>24=11:00am</p> | <p>Included if 'Sleep' module not selected</p> |
|         | <p>During this school year, at approximately what time have you typically woken up on: Weekend days?</p> | <p>1=12:00pm<br/>2=1:00pm<br/>3=2:00pm<br/>4=3:00pm<br/>5=4:00pm<br/>6=5:00pm<br/>7=6:00pm<br/>8=7:00pm<br/>9=8:00pm<br/>10=9:00pm<br/>11=10:00pm<br/>12=11:00pm<br/>13=12:00am<br/>14=1:00am<br/>15=2:00am<br/>16=3:00am<br/>17=4:00am<br/>18=5:00am<br/>19=6:00am<br/>20=7:00am<br/>21=8:00am<br/>22=9:00am<br/>23=10:00am<br/>24=11:00am</p> | <p>Included if 'Sleep' module not selected</p> |
|         | <p>During this school year, on how many days have you taken naps during a typical week?</p>              | <p>1=I don't take naps.<br/>2=1<br/>3=2<br/>4=3<br/>5=4<br/>6=5</p>                                                                                                                                                                                                                                                                             | <p>Included if 'Sleep' module not selected</p> |

| SECTION | ITEM                          | RESPONSE CATEGORIES                                                                             | CITATION/NOTES                          |
|---------|-------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
|         |                               | 7=6<br>8=7                                                                                      |                                         |
|         | How long is your typical nap? | 1=Less than 1 hour<br>2=Between 1 and 2 hours<br>3=Between 2 and 3 hours<br>4=More than 3 hours | Included if 'Sleep' module not selected |

**(g) KNOWLEDGE AND ATTITUDES ABOUT MENTAL HEALTH AND MENTAL HEALTH SERVICES**

Knowledge and Beliefs about Services

The next questions will ask you about your knowledge and beliefs about services and treatment for mental health. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                                      | ITEM                                                                                                                                                                                                                                                                                                       | RESPONSE CATEGORIES                                                                                                                                                                                                                                                           | CITATION/NOTES |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Knowledge of mental illness and treatments   | Relative to the average person, how knowledgeable are you about mental illnesses (such as depression and anxiety disorders) and their treatments?                                                                                                                                                          | 1=Well above average<br>2=Above average<br>3=Average<br>4=Below average<br>5=Well below average                                                                                                                                                                               |                |
|                                              | As far as you know, which of the following are generally considered highly effective treatments for depression?<br>(Select all that apply)                                                                                                                                                                 | 1=Cognitive behavioral therapy (CBT)<br>2=Antidepressant medication<br>3=Psychoanalysis<br>4=Psychostimulant medication (e.g., Ritalin)                                                                                                                                       |                |
|                                              | As far as you know, which of the following are common symptoms of depression?<br>(Select all that apply)                                                                                                                                                                                                   | 1=Sleep changes (substantial increases or decreases)<br>2=Hallucinations or delusions<br>3=Appetite changes (substantial increases or decreases)<br>4=Reduced interest in usual activities                                                                                    |                |
|                                              | As far as you know, which of the following are considered to be effective self-help strategies for reducing anxiety?<br>(Select all that apply)                                                                                                                                                            | 1=Physical exercise<br>2=Spending more time alone<br>3=Slow breathing exercises<br>4=Meditation                                                                                                                                                                               |                |
|                                              | As far as you know, which of the following are common symptoms of eating disorders?<br>(Select all that apply)                                                                                                                                                                                             | 1=Dramatic weight loss<br>2=Strong need for control<br>3=Restrictive eating/fasting<br>4=Self-induced vomiting, abuse of laxatives, diet pills and/or diuretics<br>5=Rapid, unintermittible speech<br>6=Eating an unusually large amount of food while feeling out of control |                |
|                                              | How much do you agree with the following statement?:<br>I have a good idea of how to recognize that someone is in emotional or mental distress.                                                                                                                                                            | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                   |                |
|                                              | How much do you agree with the following statement?:<br>I feel confident in helping someone with a mental health problem.                                                                                                                                                                                  | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                   |                |
|                                              | Have you ever participated in a mental health gatekeeper-training program?<br>(A program to enhance your skills to recognize signs of emotional distress in other people and refer them to appropriate resources. Examples include Mental Health First Aid, Question, Persuade, Refer (QPR), and At-Risk.) | 1=Yes<br>0=No                                                                                                                                                                                                                                                                 |                |
| Knowledge and perceptions of campus services | How much do you agree with the following statement?:<br>If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.                                                                                                                                    | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree                                                                                                                                                                                          |                |



| SECTION                           | ITEM                                                                                                                                                    | RESPONSE CATEGORIES                                                                                                                                                                  | CITATION/NOTES |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                   |                                                                                                                                                         | 6=Strongly disagree                                                                                                                                                                  |                |
|                                   | Are you aware of mental health outreach efforts on your campus (such as educational programs, awareness events, anti-stigma campaigns, screening days)? | 1=Yes<br>0=No                                                                                                                                                                        |                |
|                                   | 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.<br>2=I have heard an even mix of negative and positive opinions.<br>3=I have mostly heard positive opinions.<br>4=I haven't heard anything. |                |
|                                   | How much do you agree with the following statement?:<br>There is a good support system on campus for students going through difficult times.            | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                          |                |
| Beliefs about treatment efficacy  | How helpful on average do you think medication is, when provided competently, for people your age who are clinically depressed?                         | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                   |                |
|                                   | How helpful on average do you think medication would be for you if you were having mental or emotional health problems?                                 | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                   |                |
|                                   | 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<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                   |                |
|                                   | How helpful on average do you think therapy or counseling would be for you if you were having mental or emotional health problems?                      | 1=Very helpful<br>2=Helpful<br>3=Somewhat helpful<br>4=Not helpful                                                                                                                   |                |
| Identity, secrecy, and disclosure | How much do you agree with the following statement?:<br>I see myself as a person with mental illness.                                                   | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                          |                |
|                                   | How much do you agree with the following statement?:<br>When I feel depressed or sad, I tend to keep those feelings to myself.                          | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                          |                |
|                                   | How much do you agree with the following statement?:<br>Sometimes I feel ashamed of having a mental illness.                                            | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                          |                |
|                                   | How much do you agree with the following statement?:<br>Sometimes I keep my mental illness a secret.                                                    | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                          |                |

| SECTION          | ITEM                                                                                                                                                                   | RESPONSE CATEGORIES                                                                                                     | CITATION/NOTES |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|
|                  | <p>How much do you agree with the following statement?:<br/>I wish I could disclose to others my mental illness.</p>                                                   | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
| Perceived stigma | <p>How much do you agree with the following statement?:<br/>Most people would willingly accept someone who has received mental health treatment as a close friend.</p> | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
|                  | <p>How much do you agree with the following statement?:<br/>Most people feel that receiving mental health treatment is a sign of personal failure.</p>                 | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
|                  | <p>How much do you agree with the following statement?:<br/>Most people think less of a person who has received mental health treatment.</p>                           | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
| Personal stigma  | <p>How much do you agree with the following statement?:<br/>I would willingly accept someone who has received mental health treatment as a close friend.</p>           | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
|                  | <p>How much do you agree with the following statement?:<br/>I feel that receiving mental health treatment is a sign of personal failure.</p>                           | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
|                  | <p>How much do you agree with the following statement?:<br/>I would think less of a person who has received mental health treatment.</p>                               | <p>1=Strongly agree<br/>2=Agree<br/>3=Somewhat agree<br/>4=Somewhat disagree<br/>5=Disagree<br/>6=Strongly disagree</p> |                |
| Other factors    | <p>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?</p>                      | <p>1=None<br/>2=At least 1 or 2<br/>3=3 or more<br/>4=Don't know</p>                                                    |                |

**(10) UPSTANDER/BYSTANDER BEHAVIORS (HALF MODULE)**

Witnessing and Reacting to Difficult Situations on Campus

The next questions will ask you about difficult situations that you may have witness on your campus in the past year and whether you have intervened (by trying to help). Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                          | ITEM                                                                                                                                                                                                 | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                              | CITATION/NOTES |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Campus climate around upstanding | How much do you agree with the following statement?:<br>At my school, we are a campus where we look out for each other.                                                                              | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
|                                  | How much do you agree with the following statement?:<br>I am responsible to help if a friend is struggling.                                                                                          | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
|                                  | How much do you agree with the following statement?:<br>I am responsible to help if a classmate is struggling.                                                                                       | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
| Witnessing                       | In the past year, I have witnessed the following situations on my campus:<br>(Select all that apply)                                                                                                 | 1=Someone was drinking too much<br>2=Someone was at risk of being sexually assaulted<br>3=Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments)<br>4=Someone was experiencing significant emotional distress or thoughts of suicide<br>5=There was a physical altercation/fight<br>6=Other (please specify)<br>7=None of the above<br><a href="#">[mutually exclusive]</a> |                |
| Upstanding                       | How much do you agree with the following statement?:<br>If I saw someone was drinking too much, I would intervene (by trying to help).                                                               | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
|                                  | How much do you agree with the following statement?:<br>If I saw someone was at risk of being sexually assaulted, I would intervene (by trying to help).                                             | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
|                                  | How much do you agree with the following statement?:<br>If I saw someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments), I would intervene (by trying to help). | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
|                                  | How much do you agree with the following statement?:<br>If I saw someone was experiencing significant emotional distress or thoughts of                                                              | 1=Strongly agree<br>2=Agree                                                                                                                                                                                                                                                                                                                                                                                      |                |

| SECTION    | ITEM                                                                                                                                                                                                | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                              | CITATION/NOTES |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|            | suicide, I would intervene (by trying to help).                                                                                                                                                     | 3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                     |                |
|            | In the past year, I have intervened (by trying to help) in the following situations on my campus:<br>(Select all that apply)                                                                        | 1=Someone was drinking too much<br>2=Someone was at risk of being sexually assaulted<br>3=Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments)<br>4=Someone was experiencing significant emotional distress or thoughts of suicide<br>5=There was a physical altercation/fight<br>6=Other (please specify)<br>7=None of the above<br><a href="#">[mutually exclusive]</a> |                |
|            | How much do you agree with the following statement?:<br>When I intervened, I was able to make the situation better.<br>(If you intervened in multiple situations, please consider them as a whole.) | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                      |                |
| Bystanding | In the past year, I witnessed the following risky or difficult situations on my campus but <b>did not</b> intervene:<br>(Select all that apply)                                                     | 1=Someone was drinking too much<br>2=Someone was at risk of being sexually assaulted<br>3=Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments)<br>4=Someone was experiencing significant emotional distress or thoughts of suicide<br>5=There was a physical altercation/fight<br>6=Other (please specify)<br>7=None of the above<br><a href="#">[mutually exclusive]</a> |                |
|            | I decided not to intervene because...<br>(Select all that apply)                                                                                                                                    | 1=I was afraid of embarrassing myself.<br>2=I assumed someone else would do something.<br>3=I didn't know what to do.<br>4=I didn't feel confident.<br>5=I felt it was none of my business.<br>6=I was afraid my friends wouldn't support me.<br>7=I felt it was unsafe.<br>8=I was afraid I'd get in trouble.<br>9=Other (please specify)                                                                       |                |

**(11) CAMPUS CLIMATE AND CULTURE**

Campus Climate and Culture

The next questions will ask you about the campus climate and culture and how you feel about this. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION            | ITEM                                                                                                                 | RESPONSE CATEGORIES                                                                                         | CITATION/NOTES                                                          |
|--------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Sense of belonging | How much do you agree with the following statement?:<br>I see myself as a part of the campus community.              | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Perceived Cohesion Scale<br>(Bollen & Hoyle, 1990)         |
|                    | How much do you agree with the following statement?:<br>I fit in well at my school.                                  | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit<br>(Walton & Cohen, 2007) |
|                    | How much do you agree with the following statement?:<br>People at my school are a lot like me.                       | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit<br>(Walton & Cohen, 2007) |
|                    | How much do you agree with the following statement?:<br>I am similar to the kind of people who succeed at my school. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit<br>(Walton & Cohen, 2007) |
|                    | How much do you agree with the following statement?:<br>People at my school accept me for who I am.                  | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit<br>(Walton & Cohen, 2007) |
|                    | How much do you agree with the following statement?:<br>At my school, I feel comfortable being myself.               | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit<br>(Walton & Cohen, 2007) |
|                    | How much do you agree with the following statement?:<br>I feel valued at my school.                                  | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree |                                                                         |
|                    | How much do you agree with the following statement?:<br>I feel isolated from campus life.                            | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree                        |                                                                         |

| SECTION                       | ITEM                                                                                                                                                                        | RESPONSE CATEGORIES                                                                                                                | CITATION/NOTES                                                       |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                               |                                                                                                                                                                             | 6=Strongly disagree<br>1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree | Adapted from Sense of Social and Academic Fit (Walton & Cohen, 2007) |
| Perceptions of campus climate | How much do you agree with the following statement?:<br>Other people understand more than I do about what is going on at my school.                                         | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>The health and wellbeing of students is an important part of the mission at my school.                              | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, I feel that students' mental and emotional well-being is a priority.                                  | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, students are working to promote mental health on campus.                                              | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, the administration is listening to the concerns of students when it comes to health and wellness.     | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, I feel that the campus environment has a negative impact on students' mental and emotional health.    | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
|                               | How much do you agree with the following statement?:<br>At my school, I feel that the campus environment has a negative impact on students' eating and body image.          | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                        |                                                                      |
| Feelings of safety            | How safe do you feel on your campus during the day?                                                                                                                         | 1=Very safe<br>2=Safe<br>3=Somewhat safe<br>4=Somewhat unsafe                                                                      |                                                                      |

| SECTION                      | ITEM                                                                                                                                                      | RESPONSE CATEGORIES                                                                                         | CITATION/NOTES |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------|
|                              |                                                                                                                                                           | 5=Unsafe<br>6=Very unsafe                                                                                   |                |
|                              | How safe do you feel on your campus at night?                                                                                                             | 1=Very safe<br>2=Safe<br>3=Somewhat safe<br>4=Somewhat unsafe<br>5=Unsafe<br>6=Very unsafe                  |                |
|                              | How safe do you feel in the community surrounding your campus during the day?                                                                             | 1=Very safe<br>2=Safe<br>3=Somewhat safe<br>4=Somewhat unsafe<br>5=Unsafe<br>6=Very unsafe                  |                |
|                              | How safe do you feel in the community surrounding your campus at night?                                                                                   | 1=Very safe<br>2=Safe<br>3=Somewhat safe<br>4=Somewhat unsafe<br>5=Unsafe<br>6=Very unsafe                  |                |
| Diversity and discrimination | How much do you agree with the following statement?:<br>At my school, I have been exposed to diverse opinions, cultures, and values.                      | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree |                |
|                              | In the past 12 months, how many times have you been treated unfairly because of your race, ethnicity, gender, sexual orientation, or cultural background? | 1=Never<br>2=Once in a while<br>3=Sometimes<br>4=A lot<br>5=Most of the time<br>6=Almost all of the time    |                |

**(12) COMPETITION**

Stress and Competition

The next questions will ask you about stress and competition. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                                       | ITEM                                                                                                                                                             | RESPONSE CATEGORIES                                                                                                            | CITATION/NOTES                                                                                                                                        |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stress mindset                                | Experiencing stress depletes health and vitality.                                                                                                                | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree nor disagree<br>4=Agree<br>5=Strongly agree                               | Crum et al. (working paper)<br><br>Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements." |
|                                               | Experiencing stress enhances performance and productivity.                                                                                                       | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree nor disagree<br>4=Agree<br>5=Strongly agree                               | Crum et al. (working paper)<br><br>Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements." |
|                                               | Experiencing stress inhibits learning and growth.                                                                                                                | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree nor disagree<br>4=Agree<br>5=Strongly agree                               | Crum et al. (working paper)<br><br>Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements." |
|                                               | The effects of stress are positive and should be utilized.                                                                                                       | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree nor disagree<br>4=Agree<br>5=Strongly agree                               | Crum et al. (working paper)<br><br>Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements." |
| Perceived competition                         | How would you rate the overall competitiveness among students in your current classes?                                                                           | 1=Very competitive<br>2=Competitive<br>3=Somewhat competitive<br>4=Not competitive<br>5=Very uncompetitive                     |                                                                                                                                                       |
|                                               | How would you rate the overall competitiveness among students at your school?                                                                                    | 1=Very competitive<br>2=Competitive<br>3=Somewhat competitive<br>4=Not competitive<br>5=Very uncompetitive<br>6=Not applicable |                                                                                                                                                       |
|                                               | How would you rate the overall competitiveness among students in your field of study?                                                                            | 1=Very competitive<br>2=Competitive<br>3=Somewhat competitive<br>4=Not competitive<br>5=Very uncompetitive                     |                                                                                                                                                       |
|                                               | How frequently do instructors in your major/field of study grade your work on a curve (adjust grades based on the grade distribution among students in a class)? | 1=Never<br>2=Almost never<br>3=Occasionally/Sometimes<br>4=Almost every time<br>5=Every time                                   |                                                                                                                                                       |
| Clarifying achievement goals and their impact | How much do you agree with the following statements?:<br>It is very important to me to do well in my courses.                                                    | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree                                                               | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003)                                                                                      |



| SECTION | ITEM                                                                                                                                                                    | RESPONSE CATEGORIES                                                                             | CITATION/NOTES                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|         |                                                                                                                                                                         | 4=Agree<br>5=Strongly agree                                                                     |                                                                  |
|         | How much do you agree with the following statements?:<br>I really want to get good grades in my classes.                                                                | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>A major goal I have in my courses is to perform really well.                                                   | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>It is important to me to confirm my intelligence through my schoolwork.                                        | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>In school I am focused on demonstrating my intellectual ability.                                               | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>One of my important goals is to validate my intelligence through my schoolwork.                                | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>It is very important to me to do well in my courses compared to others.                                        | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>I try to do better in my classes than other students.                                                          | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>A major goal I have in my courses is to get higher grades than the other students.                             | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>It is very important to me to confirm that I am more intelligent than other students.                          | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>When I take a course in school, it is very important for me to validate that I am smarter than other students. | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:                                                                                                                   | 1=Strongly disagree                                                                             | Adapted from Achievement Goal Inventory                          |

| SECTION | ITEM                                                                                                                                                  | RESPONSE CATEGORIES                                                                             | CITATION/NOTES                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
|         | In school I am focused on demonstrating that I am smarter than other students.                                                                        | 2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree                        | (Grant & Dweck, 2003)                                            |
|         | How much do you agree with the following statements?:<br>I strive to constantly learn and improve in my courses.                                      | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>In school I am always seeking opportunities to develop new skills and acquire new knowledge. | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>In my classes I focus on developing my abilities and acquiring new ones.                     | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>I seek out courses that I will find challenging.                                             | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>I really enjoy facing challenges, and I seek out opportunities to do so in my courses.       | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |
|         | How much do you agree with the following statements?:<br>It is very important to me to feel that my coursework offers me real challenges.             | 1=Strongly disagree<br>2=Disagree<br>3=Neither agree or disagree<br>4=Agree<br>5=Strongly agree | Adapted from Achievement Goal Inventory<br>(Grant & Dweck, 2003) |

**(13) RESILIENCE AND COPING**

Resilience and Coping

The next questions will ask you about how you respond to stressful situations. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION            | ITEM                                                           | RESPONSE CATEGORIES                                                                                                                          | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coping with stress | I turn to work or other activities to take my mind off things. | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|                    | I concentrate my efforts on doing something about it.          | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|                    | I say to myself "this isn't real."                             | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|                    | I use alcohol or drugs to make myself feel better.             | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|                    | I try to get emotional support from friends or relatives.      | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|                    | I give up trying to deal with it.                              | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |

| SECTION | ITEM                                                                                  | RESPONSE CATEGORIES                                                                                                                          | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | I take action to try to make the situation better.                                    | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I refuse to believe that it has happened.                                             | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I feel a lot of emotional distress and I find myself expressing those feelings a lot. | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I try to get advice from someone about what to do.                                    | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I use alcohol or drugs to help me get through it.                                     | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I try to see it in a different light, to make it seem more positive.                  | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I criticize myself.                                                                   | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a                                              | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal                                                                                                                                                                                                                                                                           |

| SECTION | ITEM                                                                                                                      | RESPONSE CATEGORIES                                                                                                                          | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                                                                                                                           | medium amount.<br>4=I usually do this a lot.                                                                                                 | with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.”                                                                                                                                                                                                                                                                                                    |
|         | I try to come up with a strategy about what to do.                                                                        | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I get comfort and understanding from someone.                                                                             | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I give up the attempt to cope.                                                                                            | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I look for something good in what is happening.                                                                           | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I make jokes about it.                                                                                                    | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope) (Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|         | I accept the reality of the fact that it happened.                                                                        | 1=I usually don't do this at all.                                                                                                            | Cope Inventory (Brief Cope) (Carver, 1997)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| SECTION | ITEM                                                            | RESPONSE CATEGORIES                                                                                                                          | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                                                                 | 2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot.                                      | Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress."                                                      |
|         | I express my negative feelings.                                 | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I try to find comfort in my religion.                           | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I try to get advice or help from other people about what to do. | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I learn to live with it.                                        | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I think hard about what steps to take.                          | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress." |
|         | I blame myself for things that happened.                        | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a      | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989)): "We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when                                 |

| SECTION         | ITEM                                                                                         | RESPONSE CATEGORIES                                                                                                                          | CITATION/NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|                 |                                                                                              | lot.                                                                                                                                         | you are under a lot of stress.”                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                 | I pray or meditate.                                                                          | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
|                 | I make fun of the situation.                                                                 | 1=I usually don't do this at all.<br>2=I usually do this a little bit.<br>3=I usually do this a medium amount.<br>4=I usually do this a lot. | Cope Inventory (Brief Cope)<br>(Carver, 1997)<br><br>Instructions for this item (adapted from Cope Inventory ((Carver, Scheier, & Weintraub, 1989))): “We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This set of questions asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.” |
| Self-compassion | When I fail at something important to me I become consumed by feelings of inadequacy.        | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | I try to be understanding and patient towards those aspects of my personality I don't like.  | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | When something painful happens I try to take a balanced view of the situation.               | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | When I'm feeling down, I tend to feel like most other people are probably happier than I am. | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | I try to see my failings as part of the human condition.                                     | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | When I'm going through a very hard time, I give myself the caring and tenderness I need.     | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | When something upsets me I try to keep my emotions in balance.                               | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always                                                                                   | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: “Indicate how often you behave in the stated manner, using the following scale:”                                                                                                                                                                                                                                                                                                                                                                                |
|                 | When I fail at something that's                                                              | 1=1=Almost never                                                                                                                             | Self-Compassion Scale-Short Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| SECTION | ITEM                                                                                                              | RESPONSE CATEGORIES                                        | CITATION/NOTES                                                                                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | important to me, I tend to feel alone in my failure.                                                              | 2=2<br>3=3<br>4=4<br>5=5=Almost always                     | (Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: "Indicate how often you behave in the stated manner, using the following scale:"                                     |
|         | When I'm feeling down I tend to obsess and fixate on everything that's wrong.                                     | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: "Indicate how often you behave in the stated manner, using the following scale:" |
|         | When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people. | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: "Indicate how often you behave in the stated manner, using the following scale:" |
|         | I'm disapproving and judgmental about my own flaws and inadequacies.                                              | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: "Indicate how often you behave in the stated manner, using the following scale:" |
|         | I'm intolerant and impatient towards those aspects of my personality I don't like.                                | 1=1=Almost never<br>2=2<br>3=3<br>4=4<br>5=5=Almost always | Self-Compassion Scale-Short Form<br>(Raes, Pommier, Neff, & Van Gucht, 2011)<br><br>Instructions for this item: "Indicate how often you behave in the stated manner, using the following scale:" |



**(14) PERSISTENCE AND RETENTION**

Academic Experiences and Goals

The next questions will ask you about your experiences as a student, your academic goals, and factors that may affect your classroom performance. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION                     | ITEM                                                                                                                                                 | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CITATION/NOTES |
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| Overall academic experience | How much do you agree with the following statement?:<br>If I could make my choice over, I would still choose to enroll at my school.                 | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                             | How satisfied are you with your overall academic experience at your school?                                                                          | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                             | How much do you agree with the following statement?:<br>I will transfer to another school before completing my degree at my current institution.     | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                             | What is the likelihood that you will graduate from your current school?                                                                              | 1=Extremely unlikely<br>2=Unlikely<br>3=Neutral<br>4=Likely<br>5=Extremely likely                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
|                             | How much do you agree with the following statement?:<br>I am confident that I will be able to finish my degree no matter what challenges I may face. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                                                                                                                                                                                                                                                                                      |                |
|                             | Which of the following challenges are most likely to prevent you from finishing your degree?<br>(Select all that apply)                              | 1=Financial challenges<br>2=Mental or emotional health problems<br>3=Other health problems (not directly related to mental or emotional health)<br>4=Family obligations<br>5=Family or relationship difficulties<br>6=Academic challenges (struggling to pass classes)<br>7=[if not U.S. citizen, ask→Visa or other challenges related to being a non-U.S. citizen]<br>8=Lack of motivation or desire<br>9=Work or professional commitments<br>10=Career opportunities<br>11=Other challenge(s) (please specify) |                |
|                             | What is the highest degree you plan to pursue?                                                                                                       | 1=2-year college degree (associate's)<br>2=4-year college degree (bachelor's)<br>3=Master's degree<br>4=Doctoral degree (JD, MD, PhD, etc.)<br>5=Other degree (please specify)                                                                                                                                                                                                                                                                                                                                   |                |

| SECTION                                                | ITEM                                                                                                                                                                        | RESPONSE CATEGORIES                                                                                                                               | CITATION/NOTES |
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|                                                        |                                                                                                                                                                             | 6=Don't know                                                                                                                                      |                |
|                                                        | How much do you agree with the following statement?:<br>I have doubts about whether [college/graduate school] is worth the time, money, and effort that I'm spending on it. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                       |                |
|                                                        | How much do you agree with the following statement?:<br>My family is very supportive of my educational goals.                                                               | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                       |                |
|                                                        | How much do you agree with the following statement?:<br>My professors believe in my potential to succeed academically.                                                      | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                       |                |
|                                                        | How has it been to adjust to the academic demands of [college/graduate school] since you began as a student at your school?                                                 | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult                                               |                |
|                                                        | Have you decided to pursue a different major since you began as a student at your school?                                                                                   | 1=Yes<br>0=No                                                                                                                                     |                |
|                                                        | Have you failed one or more courses since you began as a student at your school?                                                                                            | 1=Yes<br>0=No                                                                                                                                     |                |
|                                                        | How often have you turned in course assignments late since you began as a student at your school?                                                                           | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never |                |
|                                                        | How often have you fallen asleep in class since you began as a student at your school?                                                                                      | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never |                |
| Experiences with faculty and academic support services | How often have you utilized academic support services (e.g., a writing center, foreign language tutor, etc.) since you began as a student at your school?                   | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never |                |
|                                                        | How often have you interacted with faculty during office hours since you began as a student at your school?                                                                 | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never |                |
|                                                        | How often have you interacted with faculty outside of class or office hours (e.g., by                                                                                       | 1=Everyday or nearly everyday                                                                                                                     |                |

| SECTION                               | ITEM                                                                                                                                                              | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                           | CITATION/NOTES |
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|                                       | phone, email, text, or in person) since you began as a student at your school?                                                                                    | 2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never                                                                                                                                                                                                                                                                              |                |
|                                       | How often have you interacted with academic advisors/counselors (e.g., by phone, email, text, or in person) since you began as a student at your school?          | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never                                                                                                                                                                                                                                             |                |
|                                       | How often have you interacted with graduate students/teaching assistants (e.g., by phone, email, text, or in person) since you began as a student at your school? | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never                                                                                                                                                                                                                                             |                |
| Overall social experience             | How satisfied are you with your overall social and extracurricular experiences at your school?                                                                    | 1=Very dissatisfied<br>2=Dissatisfied<br>3=Somewhat dissatisfied<br>4=Somewhat satisfied<br>5=Satisfied<br>6=Very satisfied                                                                                                                                                                                                                                                                   |                |
|                                       | How often have you studied with other students since you began as a student at your school?                                                                       | 1=Everyday or nearly everyday<br>2=2 to 3 times per week<br>3=Once per week<br>4=1 to 2 times per month<br>5=1 to 2 times per semester<br>6=Never                                                                                                                                                                                                                                             |                |
|                                       | How has it been to develop close friendships with other students at your school?                                                                                  | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult                                                                                                                                                                                                                                                                                           |                |
|                                       | How has it been manage your time effectively since you began as a student at your school?                                                                         | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult                                                                                                                                                                                                                                                                                           |                |
| Issues affecting academic performance | In the past year, how has the following affected your academic performance?:<br>Anxiety/stress                                                                    | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |
|                                       | In the past year, how has the following affected your academic performance?:                                                                                      | 1=I did not experience this.                                                                                                                                                                                                                                                                                                                                                                  |                |

| SECTION | ITEM                                                                                                                                                                                                                        | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                           | CITATION/NOTES |
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|         | Depression/suicidality                                                                                                                                                                                                      | 2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other                                 |                |
|         | In the past year, how has the following affected your academic performance?:<br>Eating/body image concern                                                                                                                   | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |
|         | In the past year, how has the following affected your academic performance?:<br>Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability) | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |
|         | In the past year, how has the following affected your academic performance?:<br>Alcohol/substance use                                                                                                                       | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |
|         | In the past year, how has the following affected your academic performance?:<br>Physical health condition                                                                                                                   | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.                                                                                                                                                                     |                |

| SECTION | ITEM                                                                                             | RESPONSE CATEGORIES                                                                                                                                                                                                                                                                                                                                                                           | CITATION/NOTES |
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|         |                                                                                                  | 5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other                                                                                                                                                                                                                              |                |
|         | In the past year, how has the following affected your academic performance?:<br>Physical assault | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |
|         | In the past year, how has the following affected your academic performance?:<br>Sexual assault   | 1=I did not experience this.<br>2=I experienced this but it did not affect my academic performance.<br>3=I received a lower grade on one or more exams or projects.<br>4=I received a lower grade in one or more courses.<br>5=I received an incomplete or dropped one or more courses.<br>6= I had a significant disruption in research, practicum, thesis, or dissertation work.<br>7=Other |                |

**(15) FINANCIAL STRESS**

Financial Stress

The next questions will ask you about your financial situation and ways in which this may be impacting your college experience. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

| SECTION              | ITEM                                                                                                                                                                  | RESPONSE CATEGORIES                                                                                                                                                                                                                                    | CITATION/NOTES |
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| Socioeconomic status | Which of the following best describes your family's financial situation growing up?                                                                                   | 1=Very poor, not enough to get by<br>2=Had enough to get by but not many "extras"<br>3=Comfortable<br>4=Well to do                                                                                                                                     |                |
|                      | How would you characterize your current financial situation?                                                                                                          | 1=It's a financial struggle.<br>2=It's tight but I'm doing fine.<br>3=Finances aren't really a problem.                                                                                                                                                |                |
|                      | On a scale from 0 (much poorer) to 10 (much wealthier), how do you think your socioeconomic status compares relative to other students at your school?                | 1=0=Much poorer than most students at my school<br>2=1<br>3=2<br>4=3<br>5=4<br>6=5=Average (about 50% of students are poorer and about 50% are wealthier than me)<br>7=6<br>8=7<br>9=8<br>10=9<br>11=10=Much wealthier than most students at my school |                |
|                      | How much do you agree with the following statement?:<br>Other students at my school are able to do things that I cannot afford to do.                                 | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                            |                |
| Financing education  | How much do you agree with the following statement?:<br>I am worried about my ability to pay for school.                                                              | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                                                            |                |
|                      | How much of the past year's educational expenses (room, board, tuition, and fees) were covered by family resources (parents, relatives, spouse, etc.)?                | 1=None<br>2=\$1-\$2,999<br>3=\$3,000-\$5,999<br>4=\$6,000-\$9,999<br>5=\$10,000-\$14,999<br>6=\$15,000 or more<br>7=Don't know                                                                                                                         |                |
|                      | How much of the past year's educational expenses (room, board, tuition, and fees) were covered by my own resources (income from work, work-study, etc.)?              | 1=None<br>2=\$1-\$2,999<br>3=\$3,000-\$5,999<br>4=\$6,000-\$9,999<br>5=\$10,000-\$14,999<br>6=\$15,000 or more<br>7=Don't know                                                                                                                         |                |
|                      | How much of the past year's educational expenses (room, board, tuition, and fees) were covered by aid that need not be repaid (grants, scholarships, military, etc.)? | 1=None<br>2=\$1-\$2,999                                                                                                                                                                                                                                |                |

| SECTION | ITEM                                                                                                                               | RESPONSE CATEGORIES                                                                                                            | CITATION/NOTES |
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|         |                                                                                                                                    | 3=\$3,000-\$5,999<br>4=\$6,000-\$9,999<br>5=\$10,000-\$14,999<br>6=\$15,000 or more<br>7=Don't know                            |                |
|         | How much of the past year's educational expenses (room, board, tuition, and fees) were covered by aid that must be repaid (loans)? | 1=None<br>2=\$1-\$2,999<br>3=\$3,000-\$5,999<br>4=\$6,000-\$9,999<br>5=\$10,000-\$14,999<br>6=\$15,000 or more<br>7=Don't know |                |
|         | How much of the past year's educational expenses (room, board, tuition, and fees) were covered by other sources?                   | 1=None<br>2=\$1-\$2,999<br>3=\$3,000-\$5,999<br>4=\$6,000-\$9,999<br>5=\$10,000-\$14,999<br>6=\$15,000 or more<br>7=Don't know |                |
|         | This semester, how easy or difficult has it been paying for school?                                                                | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable        |                |
|         | This semester, how easy or difficult has it been paying for textbooks or course materials?                                         | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable        |                |
|         | This semester, how easy or difficult has it been paying for food?                                                                  | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable        |                |
|         | This semester, how easy or difficult has it been paying for transportation?                                                        | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable        |                |
|         | This semester, how easy or difficult has it been paying for housing?                                                               | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable        |                |

| SECTION               | ITEM                                                                                                          | RESPONSE CATEGORIES                                                                                                                                                                                                 | CITATION/NOTES |
|-----------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                       | This semester, how easy or difficult has it been paying for childcare?                                        | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable                                                                                             |                |
|                       | This semester, how easy or difficult has it been paying for healthcare?                                       | 1=Very easy<br>2=Easy<br>3=Somewhat easy<br>4=Somewhat difficult<br>5=Difficult<br>6=Very difficult<br>7=Not applicable                                                                                             |                |
| Work responsibilities | How much time do you spend during a typical week working for pay on campus?                                   | 1=I do not work for pay on campus.<br>2=1-2 hours/week<br>3=3-5 hours/week<br>4=6-10 hours/week<br>5=11-15 hours/week<br>6=16-20 hours/week<br>7=21-30 hours/week<br>8=31-39 hours/week<br>9=40 or more hours/week  |                |
|                       | How much time do you spend during a typical week working for pay off campus?                                  | 1=I do not work for pay off campus.<br>2=1-2 hours/week<br>3=3-5 hours/week<br>4=6-10 hours/week<br>5=11-15 hours/week<br>6=16-20 hours/week<br>7=21-30 hours/week<br>8=31-39 hours/week<br>9=40 or more hours/week |                |
|                       | How much do you agree with the following statement?:<br>My job responsibilities interfere with my schoolwork. | 1=Strongly agree<br>2=Agree<br>3=Somewhat agree<br>4=Somewhat disagree<br>5=Disagree<br>6=Strongly disagree                                                                                                         |                |



### **SURVEY ENDINGS:**

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

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

[\[local resources\]](#)

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

#### **[SURVEY ENDING #2, PART 1: SURVEY COMPLETERS, FEEDBACK]**

### **You're almost done!**

Below is some personalized feedback based on your responses. Once you have read this information, please click "CONTINUE" to submit the survey and view a list of resources.

The Healthy Minds Study includes several commonly used screening tools that are used to determine symptom levels and risk for various mental health problems. Note that these results are not diagnoses but we hope they will help put things in perspective for you. Here's what your responses indicate:

**Depression:** You answered a series of 9 questions used to assess symptoms of depression. Scores range from 0 to 27, with higher scores indicating higher levels of depression. Scores are interpreted as follows: 0-4 "no signs of depression", 5-9 "mild depression", 10-14 "moderate depression", 15-19 "moderately severe depression", and 20-27 "severe depression". Your score is [\[insert score\]](#).

**Anxiety:** You answered a series of 7 questions used to assess symptoms of anxiety. Scores range from 0 to 21, with higher scores indicating higher levels of anxiety. Scores are interpreted as follows: 0-4 "no signs of anxiety", 5-9 "mild anxiety", 10-14 "moderate anxiety", and 15-21 "severe anxiety". Your score is [\[insert score\]](#).

**Eating disorder:** You answered a series of 5 questions used to assess symptoms of eating disorders. Scores range from 0 to 5, with higher scores indicating higher levels of disordered eating. A score of 2 or higher is considered a positive screen for an eating disorder. Your score is [\[insert score\]](#).

[if reported suicidal ideation→**Because you indicated that you have had suicidal thoughts or attempts in the past year, we are especially concerned about whether you are receiving the support you may need. We urge you to consider the resources shown below and on the next page if you are not already receiving help.**

National Suicide Prevention Lifeline

Phone: 1-800-273-TALK

Website: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

The National Suicide Prevention Lifeline is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress.]

#### **[SURVEY ENDING #2, PART 2A: SURVEY COMPLETERS (LOW-RISK), RESOURCES]**

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

As stated before you began the survey, all of your responses will remain confidential. Your participation will help inform programs and resources for [\[name of school\]](#) students. We also hope that taking this survey has been a valuable experience for you. Below is a list of resources. If you'd like to save this information, please print this page from your web browser now. Please click **HERE** if you wish to print a copy of the consent form.

Also, you have been automatically entered into a **sweepstakes for 1 of 2 \$500 prizes or 1 of 10 \$100 prizes**. The drawing will be conducted by researchers at the University of Michigan School of Public Health in Ann Arbor, Michigan in summer 201#. Winners will be notified by email and provided with information about how to collect the prize.

**[Insert school's custom incentives if applicable]**

#### **Resources:**

[\[local resources\]](#)

*HMS, ACADEMIC YEAR 2015-2016* (UPDATED April 2016)

If you would like to learn more about the Healthy Minds Study, you can visit [healthymindsnetwork.org/hms](http://healthymindsnetwork.org/hms). To provide feedback about this survey, please email the researchers at [healthyminds@umich.edu](mailto:healthyminds@umich.edu) or [[local contact information](#)].

**[SURVEY ENDING #2, PART 2B: SURVEY COMPLETERS (HIGH-RISK: DEPRESSION $\geq$ 10, ANXIETY $\geq$ 10, AND/OR EATING DISORDER $\geq$ 2), RESOURCES]**

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

As stated before you began the survey, all of your responses will remain confidential. Your participation will help inform programs and resources for [name of school] students. We also hope that taking this survey has been a valuable experience for you. Based on your previous responses, you might find it helpful to speak with a trained professional about the topics addressed in this survey. There are resources available for you at [name of school]. Below is a list of resources. If you'd like to save this information, please print this page from your web browser now. Please click **HERE** if you wish to print a copy of the consent form.

Also, you have been automatically entered into a sweepstakes for 1 of 2 \$500 prizes or 1 of 10 \$100 prizes. The drawing will be conducted by researchers at the University of Michigan School of Public Health in Ann Arbor, Michigan in summer 2016. Winners will be notified by email and provided with information about how to collect the prize.

[Insert school's custom incentives if applicable]

**Campus/local resources:**

[local resources]

**Other resources:**

National Sexual Assault Online Hotline  
Website: <https://ohl.rainn.org/online/>

National Eating Disorder Association  
Phone: 1-800-931-2237  
Website: [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

The National Eating Disorders Association (NEDA) is the leading non-profit organization in the United States advocating on behalf of and supporting individuals and families affected by eating disorders.

Crisis Text Line  
Website: [www.crisistextline.org/](http://www.crisistextline.org/)  
Crisis Text Line serves anyone in any type of crisis, providing them access to free, 24/7 emotional support and information they need via text. Text 741-741.

ULifeline  
Website: [www.ulifeline.org](http://www.ulifeline.org)  
Online resource for college mental health.

If you would like to learn more about the Healthy Minds Study, you can visit [healthymindsnetwork.org/hms](http://healthymindsnetwork.org/hms). To provide feedback about this survey, please email the researchers at [healthyminds@umich.edu](mailto:healthyminds@umich.edu) or [local contact information].