

**THE HEALTHY MINDS STUDY (HMS): QUESTIONNAIRE MODULES****MENU OF MODULES:****Student Version:**

	<i>Standard Modules<sup>1</sup></i>	<b>Page Number</b>	<b>Number of Items</b>	<b>Estimated Completion Time</b>
(1)	<a href="#">Demographics</a>	4-22	54-73	5 minutes
(2)	<a href="#">Mental Health Status</a>	23-34	64-75	8 minutes
(3)	<a href="#">Mental Health Service Utilization/Help-Seeking</a>	35-44	15-54	5 minutes
	<i>Elective Modules<sup>2</sup></i>			
(4)	<a href="#">Substance Use</a>	45-47	24-29	4 minutes
(10)	<a href="#">Upstander/Bystander Behaviors</a>	48-49	9-13	5 minutes
	<a href="#">CHASCO Questions</a>	50-51	10	3 minutes

**Notes:** <sup>1</sup>Standard modules are fielded at all participating institutions. The standard modules include a limited number of questions spanning the majority of the elective module topics, in addition to providing rich data on students' demographics, mental health status, and mental health service utilization and help-seeking behaviors.

<sup>2</sup>Elective modules are chosen by participating institutions from the options listed above. To ensure that the overall survey (*standard modules+elective modules*) remains reasonable in length, participating institutions typically choose 1 elective module per survey sent to their students (*schools may have multiple surveys sent to different randomly or non-randomly chosen subsamples of students*).

<sup>3</sup>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 and then the 'Mental Health Service Utilization/Help-Seeking' 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.

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 participants at the beginning of that module. For example, participants 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 participants 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 those 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 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' module, a small number of items about sleep habits are included in the 'Mental Health Status' module. If an institution does select the 'Sleep' 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' 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? (You must be 18 years or older to complete this survey.)	1= _____ years old	
Sex/gender/sexuality	What was your sex at birth?	1=Female 2=Male 3=Intersex	
	What is your gender identity? (Select all that apply)	1=Male 2=Female 3=Trans male/Trans man 4=Trans female/Trans woman 5=Genderqueer/Gender non-conforming 6=Self-identify (please specify) 7=Gender non-binary 8=Prefer not to respond	
	How would you describe your sexual orientation? (Select all that apply)	1=Heterosexual 2=Lesbian 3=Gay 4=Bisexual 5=Queer 6=Questioning 7=Self-identify (please specify) 8=Asexual 9=Pansexual 10=Prefer not to respond	
Race/ethnicity	What is your race/ethnicity? (Select all that apply)	1=African American/Black 2=American Indian or Alaskan Native 3=Asian American/Asian 4=Hispanic/Latin(x) 5=Native Hawaiian or Pacific Islander 6=Middle Eastern, Arab, or Arab American 7=White 8=Self-identify (please specify)	
	Which group best represents your race/ethnicity? (Select all that apply)	1=African 2=African American 3=Caribbean/West Indian 4=Afro-Latina/o/x 5=Other (please describe)	Display if “1=African American/Black” is selected for “What is your race/ethnicity?”
	Which group best represents your race/ethnicity? (Select all that apply)	1=East Asian (eg Chinese, Japanese, Korean, Taiwanese) 2=Southeast Asian (eg Cambodian, Vietnamese, Hmong) 3=South Asian (eg Indian, Pakistani, Nepalese, Sri Lankan)	Display if “3=Asian American/Asian” is selected for “What is your race/ethnicity?”

		4=Filipina/o/x 5=Other (please describe)	
	Which group best represents your race/ethnicity? (Select all that apply)	1=Mexican/Mexican American 2=Central American 3=South American 4=Caribbean 5= Spain/Portugal 6=Other (please describe)	Display if "4=Hispanic/Latin(x) is selected for "What is your race/ethnicity?"
Citizenship	Are you an international student?	1=Yes 0=No	Adapt for non-U.S. colleges and universities
	What is your country of origin?	1 =Afghanistan 2=Albania 158=Algeria 159=Andorra 3=Angola 160=Anguilla 4=Antigua and Barbuda 5=Argentina 6=Armenia 161=Aruba 7=Australia 8=Austria 9=Azerbaijan 10=Bahamas 11=Bahrain 12=Bangladesh 13=Barbados 14=Belarus 15=Belgium 16=Belize 162=Benin 163=Bermuda 164=Bhutan 17=Bolivia 18=Bosnia and Herzegovina 165=Botswana 19=Brazil 166=British Virgin Islands 20=Brunei 21=Bulgaria 167=Burkina Faso 23=Burundi 24=Cambodia 25=Cameroon 26=Canada 168=Cape Verde 169=Cayman Islands 27=Central African Republic 28=Chad 29=Chile 30=China 31=Colombia	Instructions for this item: "(Use command or control key to select more than one country.)"  Adapted for non-U.S. colleges and universities

		170=Comoros 32=Congo 171=Cook Islands 33=Costa Rica 34=Côte d'Ivoire 35=Croatia 157=Cuba 172=Curaçao 36=Cyprus 37=Czech Republic 38=Denmark 173=Djibouti 39=Dominica 40=Dominican Republic 41=Ecuador 42=Egypt 43=El Salvador 174=Equatorial Guinea 175=Eritrea 44=Estonia 45=Ethiopia 176=Fiji 46=Finland 47=France 177=French Polynesia 48=Gabon 49=Gambia 50=Gaza Strip 51=Georgia 52=Germany 53=Ghana 54=Greece 178=Greenland 179=Grenada 55=Guatemala 56=Guinea 180=Guinea-Bissau 57=Guyana 58=Haiti 59=Honduras 60=Hungary 61=Iceland 62=India 63=Indonesia 64=Iran 65=Iraq 66=Ireland 67=Israel 68=Italy 69=Jamaica 70=Japan 71=Jordan 72=Kazakhstan	
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		<p>73=Kenya  131=Kingdom of Eswatini  181=Kiribati  76=Kosovo  77=Kuwait  78=Kyrgyzstan  79=Lao People's Democratic Republic  80=Latvia  81=Lebanon  182=Lesotho  183=Liberia  82=Libya  184=Liechtenstein  83=Lithuania  84=Luxembourg  86=Madagascar  87=Malawi  88=Malaysia  185=Maldives  89=Mali  186=Malta  187=Marshall Islands  90=Mauritania  91=Mauritius  188=Melanesia  92=Mexico  189=Micronesia  93=Moldova  190=Monaco  94=Mongolia  191=Montenegro  192=Montserrat  95=Morocco  96=Mozambique  22=Myanmar  97=Namibia  193=Nauru  98=Nepal  99=Netherlands  194=New Caledonia  100=New Zealand  101=Nicaragua  195=Niger  102=Nigeria  74=North Korea, Democratic People's Republic of  Korea  85=North Macedonia  103=Norway  104=Oman  105=Pakistan  196=Palau  106=Palestine  107=Panama</p>	
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		<p>197=Papua New Guinea  108=Paraguay  109=Peru  110=Philippines  111=Poland  198=Polynesia  112=Portugal  199=Puerto Rico  113=Qatar  114=Romania  115=Russian Federation  200=Rwanda  116=Saint Kitts and Nevis  117=Saint Lucia  201=Saint Vincent and the Grenadines  202=Samoa  203=San Marino  204=Sao Tome and Principe  118=Saudi Arabia  119=Senegal  120=Serbia  205=Seychelles  121=Sierra Leone  122=Singapore  123=Slovakia  124=Slovenia  206=Solomon Islands  125=Somalia  126=South Africa  75=South Korea, Republic of Korea  207=South Sudan  127=Spain  128=Sri Lanka  129=St Vincent and the Grenadines  130=Sudan  208=Suriname  132=Sweden  133=Switzerland  134=Syrian Arab Republic  135=Taiwan  209=Tajikistan  136=Tanzania  137=Thailand  210=Timor-Leste  211=Tongo  212=Tonga  138=Trinidad and Tobago  139=Tunisia  140=Turkey  141=Turkmenistan  213=Turks and Caicos Islands  214=Tuvalu  142=Uganda</p>	
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		<p>143=Ukraine                  144=United Arab Emirates                  145=United Kingdom of Great Britain and Northern Ireland                  156=United States of America                  146=Uruguay                  147=Uzbekistan                  215=Vanuatu                  148=Venezuela                  149=Viet Nam                  150=West Bank                  151=Yemen                  152=Yugoslavia                  153=Zambia                  154=Zimbabwe                  155=Other (please specify in the following question)</p>	
Socioeconomic status	How would you describe your financial situation right now?	<p>1=Always stressful                  2=Often stressful                  3=Sometimes stressful                  4=Rarely stressful                  5=Never stressful</p>	<p>Included if 'Financial Stress' module not selected                   CCMH Standardized Data Set</p>
	How would you describe your financial situation while growing up?	<p>1=Always stressful                  2=Often stressful                  3=Sometimes stressful                  4=Rarely stressful                  5=Never stressful</p>	<p>Included if 'Financial Stress' module not selected                   CCMH Standardized Data Set</p>
	Within the past 12 months I was worried whether our food would run out before we got money to buy more.	<p>1=Never true                  2=Sometimes true                  3=Often true</p>	<p>Included if 'Financial Stress' module not selected                   Adapted from HagerER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. Pediatrics. 2010;126(1):26.</p>
	Within the past 12 months the food I bought just didn't last and I didn't have money to get more.	<p>1=Never true                  2=Sometimes true                  3=Often true</p>	<p>Included if 'Financial Stress' module not selected                   Adapted from Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. Pediatrics. 2010;126(1):26</p>
	What is the highest level of education completed by your parents, step-parents, or guardians?	<p>1=8th grade or lower                  2=Between 9th and 12th grade (but no high school degree)                  3=High school degree                  4=Some college (but no college degree)                  5=Associate's degree                  6=Bachelor's degree                  7=Graduate degree                  8=Don't know</p>	



Scholarship Status	Do you receive scholarship funding from your institution? (Select all that apply)	1=No 2=Yes, a need based scholarship 3=Yes, an academic scholarship 4=Yes, an athletic scholarship 5=Other (please specify)	
Family characteristics	What is the current number of children or other dependents living in your household, for whom you are responsible?	1=None 2=1 3=2 4=3 5=4 or more	
	Are you currently pregnant?	1=Yes 2=No 3=Prefer not to say 4=I don't know	Display if "1=Female or 3=Intersex" is selected for "What was your sex at birth?"
Work responsibilities	What is the average number of hours you work per week during the school year (paid employment only)?	Free response	CCMH Standardized Data Set
Academic information	In what degree program are you currently enrolled? (Select all that apply)	1=Associate's 2=Bachelor's 3=Master's 4=JD 5=MD 6=PhD (or equivalent doctoral program) 8=Other (please specify) 9=Non-degree student <a href="#">[mutually exclusive]</a>	
Extracurricular activities	What activities do you currently participate in at your school? (Select all that apply)	1=Academic or pre-professional organization 3=Athletics (intercollegiate varsity) 2=Athletics (club) 4=Athletics (intramural) 5=Community service 6=Cultural or racial organization 7=Dance 8=Fraternity or sorority 9=Gender or sexuality organization 10=Government or politics (including student government) 11=Health and wellness organization 12=Media or publications 13=Music or drama 14=Religious organization 15=Social organization (that is not a fraternity or sorority) 16=Visual or fine arts 17=Other (please specify) 18=None <a href="#">[mutually exclusive]</a>	
	What sport(s) do you participate in at your school?	1=Baseball 2=Basketball 3=Boxing 4=Cheering and/or dancing 5=Cross-country 6=Cycling	Instructions for this item: "(Use command or control key to select more than 1 sport.)" <a href="#">[multi-select box]</a>

		7=Fencing 8=Field hockey 9=Football 10=Golf 11=Gymnastics 12=Ice hockey 13=Lacrosse 14=Rowing 15=Rugby 16=Sailing 17=Soccer 18=Softball 19=Swimming and/or diving 20=Tennis 21=Track and field 22=Volleyball 23=Water polo 24=Wrestling 25=Other (please specify)	
	How are you taking your classes this semester?	1=All in-person 2=Hybrid (both in-person and online) 3=All online 4=Other (please specify)	
	Did you transfer from another campus/institution to this school?	1=Yes, I transferred from a community or junior college. 2=Yes, I transferred from a 4-year college or university. 3=No	Display if "2=Bachelor's" is selected for "In what degree program are you currently enrolled?"
	What year are you in your current degree program?	1=1st year 2=2nd year 3=3rd year 4=4th year 5=5th year 6=6th year 7=7th+ year	Display if "Non-degree student" not selected for "In what degree program are you currently enrolled?"
	What is your enrollment status?	1=Full-time student 2=Part-time student 3=Other (please specify)	
	What is your field of study? (Select all that apply)	1=Humanities (history, languages, philosophy, etc.) 2=Natural sciences or mathematics 3=Social sciences (economics, psychology, etc.) 4=Architecture or urban planning 5=Art and design 6=Business 7=[if graduate, ask→Dentistry] 8=Education 9=Engineering 10=[if graduate, ask→Law] 11=[if graduate, ask→Medicine] 12=Music, theatre, or dance 13=Nursing	

		<p>14=Pharmacy                      15=[if undergraduate, ask→Pre-professional (pre-business, pre-health, pre-law)]                      16=Public health                      17=Public policy                      18=[if graduate, ask→Social work]                      19=[if undergraduate, ask→Undecided]  <a href="#">[mutually exclusive]</a>                      20=Other (please specify)</p>	
	What is your current overall GPA?	<p>1=Mostly A's                      2=Mostly B's                      3=Mostly C's                      4=Mostly D's                      5=Mostly F's                      6=None of these <a href="#">[mutually exclusive]</a>                      7=No grade or don't know <a href="#">[mutually exclusive]</a></p>	
	In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?	<p>1=None                      2=1-2 days                      3=3-5 days                      4=6 or more days</p>	
	How much time do you spend during a typical week attending classes/labs?	<p>1=Less than 1 hour/week                      2=1-2 hours/week                      3=3-5 hours/week                      4=6-10 hours/week                      5=11-15 hours/week                      6=16-20 hours/week                      7=More than 20 hours/week</p>	
	How much time do you spend during a typical week studying, doing school work, or writing/doing your dissertation research?	<p>1=Less than 1 hour/week                      2=1-2 hours/week                      3=3-5 hours/week                      4=6-10 hours/week                      5=11-15 hours/week                      6=16-20 hours/week                      7=More than 20 hours/week</p>	
	How much do you agree with the following statement?: I am confident that I will be able to finish my degree no matter what challenges I may face.	<p>1=Strongly agree                      2=Agree                      3=Somewhat agree                      4=Somewhat disagree                      5=Disagree                      6=Strongly disagree</p>	Included if 'Persistence and Retention' module not selected
Housing	Where do you currently live?	<p>1=On-campus housing, residence hall                      2=On-campus housing, apartment                      3=Fraternity or sorority house                      4=On- or off-campus co-operative housing                      5=Off-campus, non-university housing                      6=Off-campus, with my parent(s)/guardian(s) (or relatives)                      7=Other (please specify)</p>	
1st Year Experience	For each of the following policies, programs, and resources, please indicate whether they exist at your school:	<p>1=Yes, this definitely exists at my school.                      2=Yes, I think this exists at my school.                      3=No, I don't think this exists at my school.</p>	<p>Notes:                      Matrix question with response options as columns</p>

	<p>—Gender-neutral/gender-inclusive restroom options                  —Gender-neutral/gender-inclusive housing options                  —Comprehensive nondiscrimination policy that includes protections based on gender identity and expression                  —Policy/procedure allowing students to change their name/pronouns name and pronoun on campus records (e.g., course rosters and directory listings)                  —Student health insurance coverage for transition-related medical expenses (e.g., hormone replacement therapy)                  —Counselor(s) trained in providing therapy/mental health counseling to transgender and genderqueer students</p>	<p>4=No, this definitely does not exist at my school.                  5=I do not know.</p>	<p>Display if “1st year” is selected for “What year are you in your current degree program?”.</p> <p>Display if “Associate’s” and/or “Bachelor’s” is selected for “In what degree program are you currently enrolled? (Select all that apply)”.</p>
	<p>Since you began at your school, have you personally experienced any discriminatory, exclusionary (e.g., shunned, ignored), intimidating, offensive and/or hostile (bullied, harassing) behavior at your school?</p>	<p>1= No                  2=Yes, but it did not interfere with my ability to work or learn.                  3=Yes, and it interfered with my ability to work or learn.</p>	<p>Notes:</p> <p>Display if “1st year” is selected for “What year are you in your current degree program?”.</p> <p>Display if “Associate’s” and/or “Bachelor’s” is selected for “In what degree program are you currently enrolled? (Select all that apply)”</p> <p>Adapted from Perception of Campus Climate (Rankin, 1998)</p>
	<p>Since you began at your school, how often have you experienced discriminatory, exclusionary, intimidating, offensive, and/or hostile behavior at your school?</p>	<p>1=Never                  2=1-2 times                  3=3 or more times                  4=Not applicable</p>	<p>Notes:</p> <p>Display if “1st year” is selected for “What year are you in your current degree program?”.</p> <p>Display if “Associate’s” and/or “Bachelor’s” is selected for “In what degree program are you currently enrolled? (Select all that apply)”</p> <p>Display if “Yes, but it did not interfere with my ability to work or learn.” or “Yes, and it interfered with my ability to work or learn.” to “Over the past 12 months, have you personally experienced any discriminatory, exclusionary (e.g., shunned, ignored), intimidating, offensive and/or hostile (bullied, harassing) behavior at your school?”</p> <p>Adapted from Perception of Campus Climate (Rankin, 1998)</p>
	<p>What do you believe the conduct was based upon?                  (Select all that apply)</p>	<p>1=Gender identity or gender expression                  2=Race/ethnicity                  3=Immigrant/citizen status                  4=Sexual identity/orientation                  5=Socioeconomic status                  6=Don’t know                  7=Other (please specify)</p>	<p>Notes:</p> <p>Display if “1st year” is selected for “What year are you in your current degree program?”.</p> <p>Display if “Associate’s” and/or “Bachelor’s” is selected for “In what degree program are you currently enrolled? (Select all that apply)”</p> <p>Display if “Yes, but it did not interfere with my ability to work or learn.” or “Yes, and it interfered with my ability to work or learn.” to “Over the past</p>

			<p>12 months, have you personally experienced any discriminatory, exclusionary (e.g., shunned, ignored), intimidating, offensive and/or hostile (bullied, harassing) behavior at your school?"</p> <p>Adapted from Perception of Campus Climate (Rankin, 1998)</p>
	<p>How much do you agree with the following statements? I resent my gender identity or expression.</p>	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	<p>Notes:</p> <p>Matrix with the next 2 items</p> <p>Display if "1st year" is selected for "What year are you in your current degree program?".</p> <p>Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)"</p> <p>Adapted from Gender Minority Stress and Resilience Scale, Internalized Transphobia subscale</p>
	<p>How much do you agree with the following statements? When I think about my gender identity or expression, I feel unhappy.</p>	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	<p>Notes:</p> <p>Display if "1st year" is selected for "What year are you in your current degree program?".</p> <p>Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)"</p> <p>Adapted from Gender Minority Stress and Resilience Scale, Internalized Transphobia subscale</p>
	<p>How much do you agree with the following statements? Because of my gender identity or expression, I feel like an outcast.</p>	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	<p>Notes:</p> <p>Display if "1st year" is selected for "What year are you in your current degree program?".</p> <p>Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)"</p> <p>Adapted from Gender Minority Stress and Resilience Scale, Internalized Transphobia subscale</p>
	<p>Thinking about your experience at your school, how often have you been referred to by the wrong pronoun by someone at your school (e.g., student, faculty, staff)?</p>	<p>1=Never 2=Once in a while 3=Sometimes 4=A lot 5=Most of the time 6=Almost all the time</p>	<p>Notes:</p> <p>Display if "1st year" is selected for "What year are you in your current degree program?".</p> <p>Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)"</p> <p>Display if "Trans male/Trans man, Trans female/Trans woman, Genderqueer/Gender non-conforming, Gender non-binary, and/or Self-identify" is selected.</p> <p>Display if "Female" is selected for "What was your sex at birth?" but "Female" is not selected for "What is your gender identity?".</p>

			<p>Display if “Male” is selected for “What was your sex at birth?” but “Male” is not selected for “What is your gender identity?”.</p> <p>Display if “Intersex” is selected for “What was your sex at birth?” but neither “Female” or “Male” is selected for “What is your gender identity?”.</p> <p>Adapted from the U.S. Transgender Survey</p>
	<p>Please rate the climate at your school in general for persons from the following backgrounds:</p> <ul style="list-style-type: none"> <li>–Racial/ethnic minority students</li> <li>–Gay, lesbian and bisexual students</li> <li>–Transgender and genderqueer students</li> <li>–Students of low socioeconomic status</li> </ul>	<p>1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming</p>	<p>Notes:</p> <p>Matrix question</p> <p>Display if “1st year” is selected for “What year are you in your current degree program?”.</p> <p>Display if “Associate’s” and/or “Bachelor’s” is selected for “In what degree program are you currently enrolled? (Select all that apply)”</p> <p>Climate for Diverse Groups (Hutchinson, Raymond, &amp; Black, 2008)</p>
Overall school experience	How satisfied are you with your overall experience at your school?	<p>1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied</p>	
Sense of belonging	How much do you agree with the following statement?: I see myself as a part of the campus community.	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	Adapted from Perceived Cohesion Scale (Bollen & Hoyle, 1990)
	How much do you agree with the following statement?: At my school, I feel that the campus environment has a negative impact on students’ mental and emotional health.	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	Included if ‘Mental Health Climate’ module not selected
	<p>In the past 12 months, have you been treated unfairly at your school because of any of the following?</p> <ul style="list-style-type: none"> <li>Race/Ethnicity</li> <li>Cultural background</li> <li>Gender</li> <li>Sexual orientation</li> <li>Other (please specify)</li> </ul>	<p>1=Yes 2=No</p>	
Anti-racism	How much do you agree with the following statement?: I believe my school actively works towards combating racism within the campus community.	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	

Relationship	How would you characterize your current relationship status?	1=Single 2=In a relationship 3=Married, in a domestic partnership, or engaged 4=Divorced or separated 5=Widowed 6=Other (please specify)	
Military experience	Have you ever served in the United States Armed Forces, military Reserves, or National Guard? (Select all that apply)	1=No, never served in the military [mutually exclusive] 2=Yes, currently in Reserve Officers' Training Corps (ROTC) 3=Yes, currently in military Reserves or National Guard 4=Yes, now on active duty 5=Yes, on active duty during the past 12 months, but not now 6=Yes, on active duty in the past, but not during the past 12 months	
Disabilities	Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?	1=Yes 0=No 2=I have a diagnosed disability but have not registered with the office of disability services	CCMH Standardized Data Set
	Please indicate which category of disability you are registered for: (Select all that apply)	1=Attention deficit/hyperactivity disorders 2=Deaf or hard of hearing 3=Learning disorders 4=Mobility Impairments 5=Neurological disorders 6=Physical/health related disorders 7=Psychological disorder/condition 8=Visual impairments 9=Other (please specify)	CCMH Standardized Data Set/oths
	How often have you used the disability-related accommodations recommended for you?	1=Not at all 2=Occasionally 3=Frequently	
Chronic disease	Have you ever been diagnosed with any of the following health conditions, which required ongoing treatment by a healthcare professional (i.e., chronic diseases)? (Select all that apply)	1=Diabetes 2=High blood pressure 3=Asthma 4=Thyroid disease (e.g., hypothyroid or hyperthyroid) 5=Gastrointestinal disease (e.g., Crohn's Disease, Ulcerative Colitis) 6=Arthritis 7=Sickle cell anemia 8=Seizure disorders (e.g., epilepsy) 9=Cancers 10=High cholesterol 11=HIV/AIDS 12=Other autoimmune disorder (please specify) 13=Other chronic disease (please specify) 14=No, never been diagnosed with a chronic disease. [mutually exclusive] 15=Don't know [mutually exclusive]	Included if 'Overall Health' module not selected
Religiosity	How important is religion in your life?	1=Very important	CCMH Standardized Data Set

		2=Important 3=Neutral 4=Unimportant 5=Very unimportant	
	What is your religious affiliation? (Select all that apply)	1=Agnostic 2=Atheist 3=Buddhist 4=Christian-Catholic 5=Christian-Protestant 6=Hindu 7=Jewish 8=Muslim 9=Christian-Church of Jesus Christ of Latter-day Saints 10=No affiliation [mutually exclusive] 11=Self-identify (please specify)	CCMH Standardized Data Set
Citizenship	What is your citizenship status in the U.S.? (Select all that apply)	1=US Citizen 2=Permanent Resident/Green Card Holder 3=Temporary Resident/Green Card Holder 4=A visa holder (F-1, J-1, H1-B, A, L, G, E, and TN) 5=Temporary Protected Status (TPS) 6=Deferred Action for Childhood Arrivals (DACA) 7=Refugee 8=Other legally documented status (e.g., adjustment of status to permanent Resident) (please specify) 9=I don't know [mutually exclusive] 10=I don't feel comfortable identifying my citizenship status in the U.S. [mutually exclusive] 11=Undocumented	
	At what age did you come to live in the U.S.?	1=U.S.-born 2=Less than 12 years 3=12-17 years 4=18-35 years 5=More than 35 years	
	Where in the U.S. were you born?	1=Continental U.S. 2=Alaska 3=Hawaii 4=Puerto Rico 5=American Samoa 6=Guam 7=U.S. Virgin Islands 8=Northern Mariana Islands 9=Baker Island 10=Howland Island 11=Jarvis Island 12=Johnston Atoll 13=Kingman Reef 14=Midway Islands 15=Navassa Island 16=Palmyra Atoll	Display if "U.S.-born" is selected for "At what age did you come to live in the U.S.?"



	<p>In which country were you born?</p>	<p>17=Wake Island                  1=Afghanistan                  2=Albania                  158=Algeria                  159=Andorra                  3=Angola                  160=Anguilla                  4=Antigua and Barbuda                  5=Argentina                  6=Armenia                  161=Aruba                  7=Australia                  8=Austria                  9=Azerbaijan                  10=Bahamas                  11=Bahrain                  12=Bangladesh                  13=Barbados                  14=Belarus                  15=Belgium                  16=Belize                  162=Benin                  163=Bermuda                  164=Bhutan                  17=Bolivia                  18=Bosnia and Herzegovina                  165=Botswana                  19=Brazil                  166=British Virgin Islands                  20=Brunei                  21=Bulgaria                  167=Burkina Faso                  23=Burundi                  24=Cambodia                  25=Cameroon                  26=Canada                  168=Cape Verde                  169=Cayman Islands                  27=Central African Republic                  28=Chad                  29=Chile                  30=China                  31=Colombia                  170=Comoros                  32=Congo                  171=Cook Islands                  33=Costa Rica                  34=Côte d'Ivoire                  35=Croatia                  157=Cuba                  172=Curaçao                  36=Cyprus</p>	<p>Display if “U.S.-born” is not selected for “At what age did you come to live in the U.S.?”</p>
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		37=Czech Republic 38=Denmark 173=Djibouti 39=Dominica 40=Dominican Republic 41=Ecuador 42=Egypt 43=El Salvador 174=Equatorial Guinea 175=Eritrea 44=Estonia 45=Ethiopia 176=Fiji 46=Finland 47=France 177=French Polynesia 48=Gabon 49=Gambia 50=Gaza Strip 51=Georgia 52=Germany 53=Ghana 54=Greece 178=Greenland 179=Grenada 55=Guatemala 56=Guinea 180=Guinea-Bissau 57=Guyana 58=Haiti 59=Honduras 60=Hungary 61=Iceland 62=India 63=Indonesia 64=Iran 65=Iraq 66=Ireland 67=Israel 68=Italy 69=Jamaica 70=Japan 71=Jordan 72=Kazakhstan 73=Kenya 131=Kingdom of Eswatini 181=Kiribati 76=Kosovo 77=Kuwait 78=Kyrgyzstan 79=Lao People's Democratic Republic 80=Latvia 81=Lebanon	
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		182=Lesotho 183=Liberia 82=Libya 184=Liechtenstein 83=Lithuania 84=Luxembourg 86=Madagascar 87=Malawi 88=Malaysia 185=Maldives 89=Mali 186=Malta 187=Marshall Islands 90=Mauritania 91=Mauritius 188=Melanesia 92=Mexico 189=Micronesia 93=Moldova 190=Monaco 94=Mongolia 191=Montenegro 192=Montserrat 95=Morocco 96=Mozambique 22=Myanmar 97=Namibia 193=Nauru 98=Nepal 99=Netherlands 194=New Caledonia 100=New Zealand 101=Nicaragua 195=Niger 102=Nigeria 74=North Korea, Democratic People's Republic of Korea 85=North Macedonia 103=Norway 104=Oman 105=Pakistan 196=Palau 106=Palestine 107=Panama 197=Papua New Guinea 108=Paraguay 109=Peru 110=Philippines 111=Poland 198=Polynesia 112=Portugal 199=Puerto Rico 113=Qatar	
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		<p>114=Romania  115=Russian Federation  200=Rwanda  116=Saint Kitts and Nevis  117=Saint Lucia  201=Saint Vincent and the Grenadines  202=Samoa  203=San Marino  204=Sao Tome and Principe  118=Saudi Arabia  119=Senegal  120=Serbia  205=Seychelles  121=Sierra Leone  122=Singapore  123=Slovakia  124=Slovenia  206=Solomon Islands  125=Somalia  126=South Africa  75=South Korea, Republic of Korea  207=South Sudan  127=Spain  128=Sri Lanka  129=St Vincent and the Grenadines  130=Sudan  208=Suriname  132=Sweden  133=Switzerland  134=Syrian Arab Republic  135=Taiwan  209=Tajikistan  136=Tanzania  137=Thailand  210=Timor-Leste  211=Togo  212=Tonga  138=Trinidad and Tobago  139=Tunisia  140=Turkey  141=Turkmenistan  213=Turks and Caicos Islands  214=Tuvalu  142=Uganda  143=Ukraine  144=United Arab Emirates  145=United Kingdom of Great Britain and Northern Ireland  156=United States of America  146=Uruguay  147=Uzbekistan  215=Vanuatu  148=Venezuela</p>	
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		149=Viet Nam 150=West Bank 151=Yemen 152=Yugoslavia 153=Zambia 154=Zimbabwe 155=Other (please specify in the following question)	
	Please specify in which country you were born.	[open text]	Display if "Other" is selected for "In which country were you born?"

**(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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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 2=2=Disagree 3=3=Slightly disagree 4=4=Mixed or neither agree nor disagree 5=5=Slightly agree 6=6=Agree 7=7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  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? Little interest or pleasure in doing things	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling down, depressed or hopeless	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble falling or staying asleep, or sleeping too much	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling tired or having little energy	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Poor appetite or overeating	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)

	Over the last 2 weeks, how often have you been bothered by any of the following problems? Feeling bad about yourself—or that you are a failure or have let yourself or your family down	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Trouble concentrating on things, such as reading the newspaper or watching television	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Moving or speaking so slowly that other people could have noticed; or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	Over the last 2 weeks, how often have you been bothered by any of the following problems? Thoughts that you would be better off dead or of hurting yourself in some way	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Patient Health Questionnaire-9 (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 people?	1=Not difficult at all 2=Somewhat difficult 3=Very difficult 4=Extremely difficult	Adapted from Patient Health Questionnaire-9 (Kroenke et al., 2001)
	During that period, how often were you bothered by these problems? Little interest or pleasure in doing things	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Adapted from Patient Health Questionnaire-2  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? Feeling down, depressed or hopeless	1=Not at all 2=Several days 3=More than half the days 4=Nearly every day	Adapted from Patient Health Questionnaire-2  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? Feeling nervous, anxious or on edge	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)



	Over the last 2 weeks, how often have you been bothered by the following problems? Not being able to stop or control worrying	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)
	Over the last 2 weeks, how often have you been bothered by the following problems? Worrying too much about different things	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)
	Over the last 2 weeks, how often have you been bothered by the following problems? Trouble relaxing	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)
	Over the last 2 weeks, how often have you been bothered by the following problems? Being so restless that it's hard to sit still	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)
	Over the last 2 weeks, how often have you been bothered by the following problems? Becoming easily annoyed or irritable	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (Spitzer et al., 2006)
	Over the last 2 weeks, how often have you been bothered by the following problems? Feeling afraid as if something awful might happen	1=Not at all 2=Several days 3=Over half the days 4=Nearly every day	GAD-7 (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 2=Somewhat difficult 3=Very difficult 4=Extremely difficult	
Eating and body image	Do you need to be very thin in order to feel good about yourself?	1=Yes 0=No	Included if 'Eating and Body Image' module not selected

	I think I am...	1=Very underweight 2=Somewhat underweight 3=Normal weight 4=Somewhat overweight 5=Very overweight	Included if 'Eating and Body Image' module not selected
	What is your current height? (If you don't know, please provide your best guess.)	1=_____ feet [force numeric, <=7] 2=_____ inches [force numeric, <=11]	Included if 'Eating and Body Image' module not selected
	What is your current weight? (If you don't know, please provide your best guess. If you would prefer not to answer, please skip this question.)	1=_____ pounds [force numeric]	Included if 'Eating and Body Image' module not selected  Instructions for this item: "If you would prefer not to respond, please skip this question."
	Do you ever make yourself sick because you feel uncomfortably full?	1=Yes 0=No	Included if 'Eating and Body Image' module not selected  SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  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 0=No	Included if 'Eating and Body Image' module not selected  SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  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 0=No	Included if 'Eating and Body Image' module not selected  SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  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 0=No	Included if 'Eating and Body Image' module not selected  SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  Instructions for this item: "Please answer the following questions as honestly as possible."

	Would you say that food dominates your life?	1=Yes 0=No	Included if 'Eating and Body Image' module not selected  SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  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? (Select all that apply)	1=Cut myself 2=Burned myself 3=Punched or banged myself 4=Scratched myself 5=Pulled my hair 6=Bit myself 7=Interfered with wound healing 8=Carved words or symbols into skin 9=Rubbed sharp objects into skin 10=Punched or banged an object to hurt myself 11=Other (please specify) 12=No, none of these [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 2=Once a month or less 3=2 or 3 times a month 4=Once or twice a week 5=3 to 5 days a week 6=Nearly everyday, or everyday	Display if "12=No, none of these" is <b>not</b> selected for "In the past year, have you ever done any of the following intentionally?"
Suicidality	In the past year, did you ever seriously think about attempting suicide?	1=Yes 0=No	
	In the past year, did you make a plan for attempting suicide?	1=Yes 0=No	Display if "1=Yes" is selected for "In the past year, did you ever seriously think about attempting suicide?"
	In the past year, did you attempt suicide?	1=Yes 0=No	Display if "1=Yes" is selected for "In the past year, did you ever seriously think about attempting suicide?"
	On average, how often in the past year did you seriously think about attempting suicide?	1=Once or twice 2=Once a month or less 3=2 or 3 times a month 4=Once or twice a week 5=3 to 5 days a week 6=Nearly everyday, or everyday	Display if "1st year" is selected for "What year are you in your current degree program?".  Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)".  Display if "Yes" is selected for "In the past year, did you ever seriously think about attempting suicide?".

	We are also interested in whether you had suicidal thoughts prior to coming to college. <b>Thinking back to 12-24 months ago</b> , did you ever seriously think about attempting suicide?	1=Yes 0=No	Display if "1st year" is selected for "What year are you in your current degree program?".  Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)"
	We are also interested in whether you attempted suicide prior to coming to college. <b>Thinking back to 12-24 months ago</b> , did you attempt suicide?	1=Yes 0=No	Display if "1st year" is selected for "What year are you in your current degree program?".  Display if "Associate's" and/or "Bachelor's" is selected for "In what degree program are you currently enrolled? (Select all that apply)" Display if "yes" to "Thinking back to 12-24 months ago, did you ever seriously think about attempting suicide?"
Loneliness	Please answer the following: How often do you feel that you lack companionship?	1=Hardly ever 2=Some of the time 3=Often	UCLA 3-item Loneliness Scale
	How often do you feel left out?	1=Hardly ever 2=Some of the time 3=Often	UCLA 3-item Loneliness Scale
	How often do you feel isolated from others?	1=Hardly ever 2=Some of the time 3=Often	UCLA 3-item Loneliness Scale
Violence	In your lifetime, how many times has anyone struck or physically injured you? Please do not report any injuries in an appropriate athletic context (i.e. contact sports)	1=Never 2=1 time 3=2-3 times 4=4-5 times 5=More than 5 times	
	When was the last time anyone has struck or physically injured you?	1=Within the last 2 weeks 2=Within the last month 3=Within the last year 4=Within the last 1-5 years 5=More than 5 years ago	
	Since you began at your school, did you strike or physically injure anyone? Please do not report any injuries in an appropriate athletic context (i.e. contact sports)	1=Yes 0=No	

Emotional abuse	Since you began at your school, were you called names, yelled at, humiliated, judged, threatened, coerced, or controlled by another person?	1=Yes 0=No	
Physical abuse	Since you began at your school, were you kicked, slapped, punched or otherwise physically mistreated by another person?	1=Yes 0=No	
Sexual assault	Since you began as a student at your school, have you experienced sexual assault?	1=Yes 2=No 3=Don't know [mutually exclusive] 4=Prefer Not to Say	Display If Sexual Assault Module is not selected
	How much to you agree with the following statement: At my school, I feel that sexual assault is taken seriously by administration.	1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree 6=Don't know	
	How much to you agree with the following statement: At my school, I feel that sexual assault is taken seriously by my peers.	1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree 6=Don't know	
Racial Trauma	Due to past experiences of discrimination, fear of social situations causes me a lot of problems in my daily functioning.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, in social situations I feel a rush of intense discomfort, and may feel my heart pounding, muscles tense up, or sweat.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I am nervous in social situations, and am afraid people will notice that I am sweating, blushing, or trembling.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often have trouble relaxing.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018

	Due to past experiences of discrimination, I often feel so restless that it is hard to sit still.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often cannot stop or control my worrying.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often feel numb or detached from others, activities, or my surroundings.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	If I think about past experiences of discrimination, I cannot control my emotions.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often feel embarrassment.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often find that being embarrassed or looking stupid are one of my worst fears.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I feel isolated and set apart from others.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often feel nervous, anxious, or on edge, especially around certain people.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often avoid certain activities in which I am the center of attention.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I avoid certain situations or speaking to certain people.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I feel the world is an unsafe place.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often worry too much about different things.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018

	Due to past experiences of discrimination, I often have nightmares about the past experience or think about it when I do not want to.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often feel afraid as if something awful might happen.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often try hard not to think about it or go out of my way to avoid.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often become easily annoyed or irritable.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
	Due to past experiences of discrimination, I often feel constantly on guard, watchful, or easily startled, especially around certain people or places.	1=1 (Never) 2=2 3=3 4=4 (Often)	Trauma Symptoms of Discrimination Scale, Monnica T. Williams et al., 2018
Substance use	Over the past 2 weeks, did you drink any alcohol?	1=Yes 0=No	
	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 2=1 time 3=2 times 4=3 to 5 times 5=6 to 9 times 6=10 or more times 7=Don't know	Definition adapted from National Institute on Alcohol Abuse and Alcoholism  Display if "1=Yes" is selected for "Over the past 2 weeks, did you drink any alcohol?"
	Over the past 30 days, about how many cigarettes did you smoke per day?	1=0 cigarettes 2=Less than 1 cigarette 3=1 to 5 cigarettes 4=About one-half pack 5=1 or more packs	Included if 'Substance Use' and 'Overall Health' modules both not selected
	Over the past 30 days, have you used an electronic cigarette or vape pen?	1=Yes 0=No	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 2=Cocaine (any form, including crack, powder, or freebase) 3=Heroin 4=Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone,	Included if 'Substance Use' and 'Overall Health' modules both not selected  Display response option "13=Performance enhancers" if "3= Athletics (intercollegiate varsity)" is selected for "What activities do you currently participate in at your school?"

		<p>methadone, morphine) without a prescription or more than prescribed                      5=Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, Rohypnal (Roofies))                      6=Methamphetamines (also known as speed, crystal meth, Tina, T, or ice)                      7=Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed                      8=MDMA (also known as Ecstasy or Molly)                      9=Ketamine (also known as K, Special K)                      10=LSD (also known as acid)                      11=Psilocybin (also known as magic mushrooms, boomers, shrooms)                      12=Kratom                      13=Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body)                      14=Other drugs without a prescription (please specify)                      15=No, none of these [mutually exclusive]</p>	
	Over the past 30 days, how often have you used marijuana (either smoking, vaping, edibles or otherwise)?	<p>1= Every day                      2=Nearly every day                      3=3-4 days per week                      4=1-2 days per week                      5=Less than once per week</p>	<p>Included if 'Substance Use' and 'Overall Health' modules both not selected                       Display if "Marijuana" is selected for "Over the past 30 days, have you used any of the following drugs?(Select all that apply)"</p>
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)	<p>1=Less than 1 hour                      6=1-2 hours                      2=2-3 hours                      3=3-4 hours                      4=5 or more hours</p>	Included 'Overall Health' module not selected
Sleep	During this school year, how many hours of sleep do you get on weeknights?	<p>1=Less than 1 hour                      6=1-2 hours                      2=2-3 hours                      3=3-4 hours                      4=5 or more hours</p>	Included if 'Sleep' and 'Overall Health' modules both not selected
	During this school year, how many hours of sleep do you get on weekends?	<p>1=Less than 1 hour                      6=1-2 hours                      2=2-3 hours                      3=3-4 hours                      4=5 or more hours</p>	Included if 'Sleep' and 'Overall Health' modules both not selected
COVID	Have you had COVID-19 (coronavirus disease)?	<p>1=Yes (confirmed by a test)                      2=Probably (e.g., a healthcare provider told me that I likely had COVID-19, but it was not confirmed by a test)                      3=Maybe (e.g., I have had symptoms consistent with COVID-19, but it was not confirmed by a test)                      4=No (no symptoms or other reason to think I have had it)</p>	



	<p>How severe were any symptoms that you experienced?</p>	<p>1=Severe (e.g., difficulty breathing or speaking, low blood pressure, high fever of 103 F (39.4 C) or higher)                  2=Moderate (e.g., some shortness of breath, cough, fever of 100.4 F (38 C) or higher)                  3=Mild (e.g., cold-like symptoms)                  4=No symptoms (asymptomatic)</p>	<p><i>(Display if “Yes,” “Probably,” or “Maybe” to QCOVID.1)</i></p>
	<p>Do you have any persistent symptoms of COVID-19? (For example, loss of smell or taste, respiratory distress, etc.)</p>	<p>1=Yes                  2=No</p>	<p><i>(Display if “Yes,” “Probably,” or “Maybe” to QCOVID.1)</i></p>
	<p>Has a loved one, close family member, or friend experienced significant illness as a result of COVID-19?</p>	<p>1=Yes                  2=No</p>	
	<p>Have you grieved the loss of a loved one, close family member, or friend due to COVID-19?</p>	<p>1=Yes                  2=No</p>	

**(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.)? (Select all that apply)	1=Depression (e.g., major depressive disorder, persistent depressive disorder) 2=Bipolar (e.g., bipolar I or II, cyclothymia) 3=Anxiety (e.g., generalized anxiety disorder, phobias) 4=Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia) 5=Trauma and Stressor Related Disorders (e.g. post-traumatic stress disorder), 6=Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder) 7=Eating disorder (e.g., anorexia nervosa, bulimia nervosa) 8=Psychosis (e.g., schizophrenia, schizo-affective disorder) 9=Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder) 10=Substance use disorder (e.g., alcohol abuse, abuse of other drugs) 11=No, none of these [mutually exclusive] 12=Don't know	
	Specifically, which of the following depressive disorders were you diagnosed with by a professional? (Select all that apply)	1=Major depressive disorder 2=Dysthymia or persistent depressive disorder 3=Premenstrual dysphoric disorder 4=Other (please specify) 5=Don't know	
	Specifically, which of the following bipolar and related disorders were you diagnosed with by a professional? (Select all that apply)	1=Bipolar I disorder 2=Bipolar II disorder 3=Cyclothymic disorder 4=Other (please specify) 5=Don't know	
	Specifically, which of the following anxiety disorders were you diagnosed with by a professional? (Select all that apply)	1 =Generalized anxiety disorder 2=Panic disorder 3=Agoraphobia 4=Specific phobia (e.g., claustrophobia, arachnophobia, etc.) 5=Social anxiety disorder (or social phobia) 6=Other (please specify) 7=Don't know	
	Specifically, which of the following obsessive-compulsive or related disorders were you	1=Obsessive-compulsive disorder 2=Body dysmorphic disorder 3=Hoarding disorder 4=Trichotillomania (hair-pulling disorder) 5=Excoriation (skin-picking) disorder 6=Other (please specify)	

	diagnosed with by a professional? (Select all that apply)	7=Don't know	
	Specifically, which of the following trauma and stressor related disorders were you diagnosed with by a professional? (Select all that apply)	1=Post-traumatic stress disorder 2=Acute stress disorder 3=Adjustment disorder 4=Other (please specify) 5=Don't know	
	Specifically, which of the following neurodevelopmental disorder or intellectual disability were you diagnosed with by a professional? (Select all that apply)	1=Attention deficit hyperactivity disorder (ADHD or ADD) 2=Other intellectual disability 3=Autism spectrum disorder 4=Other (please specify) 5=Don't know	
	Specifically, which of the following eating disorders were you diagnosed with by a professional? (Select all that apply)	1=Anorexia nervosa 2=Bulimia nervosa 3=Binge-eating disorder 4=Pica 5=Avoidant/restrictive food intake disorder (selective eating disorder) 6=Other (please specify) 7=Don't know	
	Specifically, which of the following psychotic disorders were you diagnosed with by a professional? (Select all that apply)	1=Schizophrenia 2=Schizo-affective disorder 3=Brief psychotic disorder 4=Delusional disorder 5=Schizophreniform disorder 6=Other (please specify) 7=Don't know	
	Specifically, which of the following personality disorders were you diagnosed with by a professional? (Select all that apply)	1=Antisocial personality disorder 2=Avoidant personality disorder 3=Borderline personality disorder 4=Dependent personality disorder 5=Histrionic personality disorder 6=Narcissistic personality disorder 7=Obsessive-Compulsive personality disorder 8=Paranoid personality disorder 9=Schizoid personality disorder 10=Schizotypal personality disorder 11=Other (please specify) 12=Don't know	
	Specifically, which of the following substance disorders	1=Alcohol abuse or other alcohol-related disorders 4=Opioid Use Disorder 2=Other (please specify) 3=Don't know	

	were you diagnosed with by a professional? (Select all that apply)		
Knowledge of campus services	How much do you agree with the following statement?: If I needed to seek professional help for my mental or emotional health, I would know where to access resources from my school.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	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?: Most people think less of a person who has received mental health treatment.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected
	How much do you agree with the following statement?: I would think less of a person who has received mental health treatment.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	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?: In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	How much do you agree with the following statement?: I currently need help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Display only if "Somewhat Agree," "Agree" or "Strongly Agree" is selected for "How much do you agree with the following statement?: In the past 12, months I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous"
Help-seeking intentions	If you were experiencing serious emotional distress,	1=Professional clinician (e.g., psychologist, counselor, or psychiatrist) 2=Roommate 3=Friend (who is not a roommate) 4=Significant other/romantic partner	

	whom would you talk to about this? (Select all that apply)	5=Family member 6=Religious counselor or other religious contact 7=Support group 8=Other non-clinical source (please specify) 9=No one <a href="#">[mutually exclusive]</a>	
Use of counseling/therapy	Have you ever received counseling or therapy for mental health concerns?	1=No, never 2=Yes, prior to starting college 3=Yes, since starting college 4=Yes, both of the above (prior to college and since starting college)	CCMH Standardized Data Set
	How many total visits or sessions for counseling or therapy have you had in the past 12 months?	0=0 1=1-3 2=4-6 3=7-9 4=10 or more	Display only if “Yes, prior to starting college”, “Yes, since starting college”, or “Yes, both of the above (prior to college and since starting college)” is selected for “Have you ever received counseling or therapy for mental health concerns?”
	Are you currently receiving counseling or therapy?	1=Yes 0=No	Display only if previous item answered with more than “0” total visits in the past 12 months
	Please include any counseling or therapy you may have received from these places, whether that be in-person, remotely, or a combination of in-person and remote. Select all that apply  From which of the following places did you receive counseling or therapy?	1=[Insert name of institution’s student counseling services] 2=[Insert name of institution’s campus health services] 3=[Insert other campus counseling or health service] 4=Psychiatric Emergency Services/Psych Emergency Room (ER) 5=Inpatient psychiatric hospital 6=Partial hospitalization program 7=Provider in the local community (not on campus) 8=Provider in another location (such as your hometown) 9=Other (please specify) 10=Don’t know	Display only if “Are you currently receiving counseling or therapy” is displayed.
	From which campus counseling or health service did you receive counseling or therapy?	<a href="#">[open text]</a>	Display only if “Insert other campus counseling or health service” is selected for “From which of the following places did you receive counseling or therapy?”
	Of the places you reported receiving counseling or therapy, how were your counseling or therapy sessions conducted?  <a href="#">[pipe in selected options from the question, “From which of the following places did you receive counseling or therapy?”]</a>	1=In-person only 2=Remote/telehealth only (digital video conferencing, text/app chat, etc...) 3=Both in-person and remote	Display only if “How many total visits or sessions for counseling or therapy have you had in the past 12 months?” is <b>not</b> 0=0.

Satisfaction with counseling/therapy	How satisfied/dissatisfied are you with your overall therapy or counseling experience?	6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied	
	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?"]?: Convenient hours	6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied	
	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?"]?: Location	6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied	
	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?"]?: Quality of therapists/counselors	6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied	
	How satisfied/dissatisfied are you with the	6=Very satisfied 5=Satisfied 4=Somewhat satisfied	

	<p>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?"]?: Respect for your privacy concerns</p>	<p>3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied</p>	
	<p>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?"]?: Ability to schedule appointments without long delays</p>	<p>6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied</p>	
	<p>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?"]?: Respect and consideration for my cultural/racial background</p>	<p>6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied</p>	
	<p>How satisfied/dissatisfied are you with the telemental health services you have received at the following places?:</p>	<p>6=Very satisfied 5=Satisfied 4=Somewhat satisfied 3=Somewhat dissatisfied 2=Dissatisfied 1=Very dissatisfied</p>	

	[pipe in the selected options <b>remote/both in-person &amp; remote</b> from the question: Of the places you reported receiving counseling or therapy, how were your counseling or therapy sessions conducted?]		
	How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?	1=Very helpful 2=Helpful 3=Somewhat helpful 4=Not helpful	
Use of medication	In the past 12 months have you taken any of the following types of prescription medications? (Please count only those you took, or are taking, several times per week.) (Select all that apply)	1=Psychostimulants (methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.) 2=Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.) 3=Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.) 4=Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.) 5=Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.) 6=Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.) 7=Other medication for mental or emotional health (please specify) 8=No, none of these [mutually exclusive] 9=Don't know	
	For what purpose(s) have you taken the medication(s) you just indicated? (Select all that apply)	1=Mental or emotional health 2=Other health reasons 3=Academic performance 4=Recreation/fun 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 2=1-2 times 3=3-5 times 4=More than 5 times 5=Don't know	
	Who wrote your most recent prescription for the medication(s) you noted in the last question? (Select all that apply)	1=A general practitioner, nurse practitioner, or primary care physician 2=A psychiatrist 3=Other type of doctor (please specify) 4=Took the medication(s) without a prescription 5=Don't know	



	Of the medication(s) you just noted, which are you currently taking? (Select all that apply)	1=Psychostimulants (methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerdine), etc.) 2=Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.) 3=Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.) 4=Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.) 5=Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.) 6=Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.) 7=Other medication for mental or emotional health (please specify) 8=None of the above <b>[mutually exclusive]</b>	Pipe in selected options from: "In the past 12 months have you taken any of the following types of prescription medications?"
	During the past year, for how long, in total, have you taken the following medication(s)?	1=Less than 1 month 2=Between 1 and 2 months 3=2 months or more 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?"
	How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?	1=Very helpful 2=Helpful 3=Somewhat helpful 4=Not helpful	
	Which of the following are important reasons why you received those services? (Select all that apply)	1=I decided on my own to seek help. 2=A friend encouraged me to seek help. 3=A friend pressured me to seek help. 4=A family member encouraged me to seek help. 5=A family member pressured me to seek help. 6=Someone other than a friend or family member encouraged me to seek help (please specify the person's relationship to you). 7= A campus advisor mandated me to seek help 11= A campus advisor referred me to seek help 8=I acquired more information about my options from (please specify where). 10= A health professional recommended or referred me to seek help. 12=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? (Select all that apply)	1=No need for services 2=Financial reasons (too expensive, not covered by insurance) 3=Not enough time 4=Not sure where to go 5=Difficulty finding an available appointment 6=Prefer to deal with issues on my own or with support from family/friends 7=Other (please specify) 8=No barriers <b>[mutually exclusive]</b> 9=Privacy concerns 10=People providing services don't understand me	
	In the past 12 months, which of the following	1=I haven't had the chance to go but I plan to. 2=No need for services	

	explain why you have not received medication or therapy for your mental or emotional health? (Select all that apply)	3=Financial reasons (too expensive, not covered by insurance) 4=Not enough time 5=Not sure where to go 6=Difficulty finding an available appointment 7=Prefer to deal with issues on my own or with support from family/friends 8=Other (please specify) 9=No barriers [mutually exclusive] 10=Privacy concerns 11=People providing services don't understand me	
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 0=No	
Informal help-seeking	In the past 12 months have you received support for your mental or emotional health from any of the following sources? (Select all that apply)	1=Roommate 2=Friend (who is not a roommate) 3=Significant other 4=Family member 5=Religious counselor or other religious contact 6=Support group 9=Faculty member/professor 10=Staff member 7=Other non-clinical source (please specify) 8=No, none of these [mutually exclusive]	
	How helpful was it to discuss these concerns?	1=Very helpful 2=Helpful 3=Somewhat helpful 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? (Select all that apply)	1=Professor from one of my classes 2=Academic advisor 3=Another faculty member 4=Teaching assistant 5=Student services staff 6=Dean of Students or class dean 7=Other (please specify) 8=No one [mutually exclusive]	
	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	1=Yes 0=No	

	academic performance?		
	Overall, how supportive was the response of the academic personnel with whom you talked?	1=Very supportive 2=Supportive 3=Not supportive 4=Very unsupportive	
Insurance	What is the source of your current health insurance coverage? (Select all that apply)	1=I do not have any health insurance coverage (uncovered). [mutually exclusive] 2=I have health insurance through my parent/guardian(s) or their employer. 3=I have health insurance through my employer. 4=I have health insurance through my spouse's employer. 5=I have a student health insurance plan. 6=I have health insurance through an embassy or sponsoring agency for international students. 7=I have individual health insurance purchased directly from an insurance carrier. 8=I have Medicaid or other governmental insurance. 9=I am uncertain about whether I have health insurance. 10=I have health insurance but am uncertain about where it is from.	
	Do you know if your health insurance plan would provide any coverage for a visit to a mental health professional (such as a psychiatrist, psychologist, clinical social worker, etc.)?	1=Yes, it definitely would. 2=I think it would but am not sure. 3=I have no idea. 4=I think it would not but am not sure. 5=No, it definitely would not.	
	Does your current health insurance plan meet your needs for mental health services?	1=I have not needed to use my current insurance plan to cover mental health services. 2=Yes, everything I have needed is covered. 3=No, the coverage is inadequate to meet my needs.	
	I feel that coverage is inadequate because my plan... (Select all that apply)	1=...doesn't cover any mental health services. 2=...doesn't cover preexisting conditions. 3=...doesn't cover certain conditions. 4=...has a co-pay that is too expensive. 5=...has a deductible that is too expensive. 6=...doesn't cover certain types of services or providers. 7=...has a limit on the number of services that are covered. 8=Other (please specify)	
	This semester, how easy or difficult has it been paying for mental health care?	1=Very easy 2=Easy 3=Somewhat easy 4=Somewhat difficult 5=Difficult 6=Very difficult 7=Not applicable	

**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 2=Monthly or less 3=2-4 times a month 4=2-3 times a week 5=4 or more times a week	AUDIT (Saunders et al., 1993)
	How many drinks containing alcohol do you have on a typical day when you are drinking? (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 2=3 or 4 3=5 or 6 4=7 to 9 5=10 or more	AUDIT (Saunders et al., 1993)  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? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)	1=Never 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (Saunders et al., 1993)  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 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (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 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (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 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (Saunders et al., 1993)
	How often during the last year have you had a feeling of guilt or remorse after drinking?	1=Never 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (Saunders et al., 1993)
	How often during the last year have you been unable to remember what happened the night before your drinking?	1=Never 2=Less than monthly 3=Monthly 4=Weekly 5=Daily or almost daily	AUDIT (Saunders et al., 1993)
	Have you or someone else been injured because you had been drinking?	0=No 1=Yes, but not in the last year	AUDIT (Saunders et al., 1993)

		2=Yes, during the last year	
	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	1=No 2=Yes, but not in the last year 3=Yes, during the last year	AUDIT (Saunders et al., 1993)
	On the last occasion you drank alcohol, how much did you consume? (1 drink is a can of beer, a glass of wine, a shot of liquor, or a mixed drink)	1=1 drink 2=2 drinks 3=3 drinks 4=4 drinks 5=5 or more drinks 6=I don't remember 7=I don't drink	
	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 0=No	
	Are you currently in recovery from alcohol or other drugs?	1=Yes 0=No	
	Have you ever participated in a substance use rehabilitation program, voluntarily or involuntarily?	1=Yes 0=No	
	Have you ever thought that you might benefit from attending a support group and/or 12-step program related to alcohol or other drugs?	1=Yes 0=No	
Personal substance use	Over the past 30 days, have you used any of the following drugs? (Select all that apply)	1=Marijuana 2=Cocaine (any form, including crack, powder, or freebase) 3=Heroin 4=Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed 5=Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, Rohypnal (Roofies)) 6=Methamphetamines (also known as speed, crystal meth, Tina, T, or ice) 7=Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed 8=MDMA (also known as Ecstasy or Molly) 9=Ketamine (also known as K, Special K) 10=LSD (also known as acid) 11=Psilocybin (also known as magic mushrooms, boomers, shrooms) 12=Kratom 13=Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body) 14=Other drugs without a prescription (please specify) 15=No, none of these <a href="#">[mutually exclusive]</a>	
	Over the past 30 days, how often have you used marijuana (either smoking, vaping, edibles or otherwise)?	1= Every day 2=Nearly every day 3=3-4 days per week 4=1-2 days per week 5=Less than once per week	Included if 'Overall Health' module not selected  Display if "Marijuana" is selected for "Over the past 30 days, have you used any of the following drugs?(Select all that apply)"

	Over the past 30 days, about how many cigarettes did you smoke per day?	1=0 cigarettes 2=Less than 1 cigarette 3=1 to 5 cigarettes 4=About one-half pack 5=1 or more packs	
	Over the past 30 days, have you used an electronic cigarette or vape pen?	1=Yes 0=No	Included if 'Overall Health' module not selected
	What did you think was in the mist you inhaled the last time you used a vaping device?	1=Vaping nicotine 2=Vaping Marijuana 3=Vaping "just flavoring" 4=Other	Display if "Yes" is selected for "Over the past 30 days, have you used an electronic cigarette or vape pen?"  National Institutes of Health Monitoring the Future survey (2017)
	Have you ever used the following drugs/supplements for the purpose of enhancing appearance or performance? (Select all that apply)	1=Anabolic Steroids 2=Other Synthetic Muscle Enhancers (such as clenbuterol, human growth hormone) 3=Protein Supplements (such as whey protein, protein shakes, protein bars) 4=Creatine Supplements (such as creatine monohydrate, creatine ethyl ester, and others) 5= Diuretics/Water Pills (such as furosemide (Lasix), hydrochlorothiazide, spironolactone, and others) 6=I have never used these drugs or supplements	Included if 'Eating and Body Image' module not selected
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 2=Slight risk 3=Moderate risk 4=Great risk	Adapted from Drug Free Communities Support Program Evaluation of Core Measures Survey (2012)  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 2=Slight risk 3=Moderate risk 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 2=Slight risk 3=Moderate risk 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 2=Slight risk 3=Moderate risk 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 vape daily?	1=No risk 2=Slight risk 3=Moderate risk 4=Great risk	
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 2=1 times 3=2 times 4=3 times 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= _____ % [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= _____ % [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= _____ % [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 vaped?	1= _____ % [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?: Alcohol use is a problem for students on my campus.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	To the best of your knowledge, what is naloxone used for?	a. To reverse the effects of an opioid overdose (e.g. heroin, methadone) b. To reverse the effects of an amphetamine overdose c. To reverse the effects of a cocaine overdose d. To reverse the effects of any drug overdose Don't know	Question from Opioid Overdose Knowledge Scale (OOKS) (OOKS #4 - correct: a) (if incorrect, show answer)
	To the best of your knowledge, which of the following are indicators of an opioid overdose (e.g. OxyContin, Percocet, Vicodin, heroin, fentanyl)? (select all that apply)	a. Having blood-shot eyes b. Slow/shallow breathing c. Lips, hands or feet turning blue d. Loss of consciousness e. Unresponsive f. Fitting (i.e., seizures, convulsions, spasms) g. Deep snoring h. Very small pupils i. Agitated behavior j. Rapid heartbeat	(OOKS #2 - correct: b, c, d, e, g, h) (if incorrect, show answer)
	Please answer the following questions thinking about how you would deal with an overdose from opioids used without a prescription / not as directed (opioids such as: OxyContin, Percocet, Vicodin, heroin, fentanyl).  I know how to use naloxone if someone overdoses.	Completely disagree Disagree Unsure Agree Completely agree	(OOAS #2 - modified)  Opioid Overdose Attitudes Scale - OOAS
	I would be concerned about calling emergency services in case I get into trouble with my school or the police come.	Completely disagree Disagree Unsure Agree Completely agree	(OOAS #15 – modified)

**(10) UPSTANDER/BYSTANDER BEHAVIORS**

Witnessing and Reacting to Difficult Situations on Campus

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



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

**CHASCo Questions**

CHASCo Alcohol Questions

The following set of questions asks you about your experiences with alcohol education, programming, and use on campus. 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
	Does your campus have a drug and alcohol prevention program?	1=Yes 2=No 3=Maybe	
	During this academic year, how often have you seen any information about the following:  What the majority of students think about alcohol use.	1= Never 2= Rarely 3= Sometimes 4= Often 5= All of the time	
	During this academic year, how often have you seen any information about the following:  How the majority of students behave in terms of alcohol use.	1= Never 2= Rarely 3= Sometimes 4= Often 5= All of the time	
	Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used.  Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used.  Which of these is closest to your own view?  With regards to drugs:	1= Have available 2= Not have available	
	Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used.  Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used.  Which of these is closest to your own view?  With regards to alcohol:	1= Have available 2= Not have available	
	What is the average number of drinks you consume in a week?	[type in number response] drinks per week	

	During the past year, how often have you driven a car while under the influence of alcohol?	1=Never 2=Once 3=Twice 4=3-5 times 5=6-9 times 6=10 or more times	
	During the past year, how often have you driven a car while under the influence of drug use?	1=Never 2=Once 3=Twice 4=3-5 times 5=6-9 times 6=10 or more times	
	How likely would you be to confront a friend who intends to drive after drinking?	1=Very likely 2=Somewhat likely 3=Not sure 4=Somewhat unlikely 5=Very unlikely	
	How wrong do you think it is to drive while under the influence of alcohol?	1=Not wrong at all 2=A little bit wrong 3=Wrong 4=Very wrong	