



**THE HEALTHY MINDS STUDY FOR SECONDARY SCHOOLS (HMS2):  
BOARDING SCHOOL QUESTIONNAIRE MODULES**

**MENU OF MODULES:**

**Standard Modules<sup>1</sup>**

- (1) [Demographics](#)
- (2) [Mental Health Status](#)
- (3) [Mental Health Service Utilization/Help-Seeking](#)

**Elective Modules<sup>2</sup>**

- (4) [Substance Use](#)
- (5) [Sleep](#)
- (6) [Eating and Body Image](#)
- (7) [Sexual Assault](#)
- (8) [Overall Health](#)
- (9) [Knowledge and Attitudes about Mental Health and Mental Health Services](#)
- (10) [Upstander/Bystander Behaviors](#)
- (11) [Mental Health Climate](#)
- (12) [Climate for Diversity and Inclusion](#)
- (13) [Academic Persistence, Retention and Competition](#)
- (14) [Resilience and Coping](#)
- (15) [Financial Stress](#)
- (16) [Attitudes about Mobile Resources](#)
- (17) [COVID-19](#)

**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*

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*HMS2 for Boarding Schools, ACADEMIC YEAR 2020-2021*

*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.

Boarding schools participating in the JED Campus Program have preselected elective modules that include:

- (9) Knowledge and Attitudes about Mental Health and Mental Health Services, (10) Upstander/Bystander Behaviors, (11) Mental Health Climate, (12) Climate for Diversity and Inclusion, and (14) Resilience and Coping.

## **ABOUT THIS DOCUMENT:**

### **Contents:**

This document outlines all survey items included in HMS2 for Boarding Schools, beginning with the standard modules ('Demographics', 'Mental Health Status', and 'Mental Health Service Utilization/Help-Seeking') and then the elective modules.

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

### **Color Coding:**

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

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

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

To review:

ITEM BASED ON EMBEDDED SKIP LOGIC

LOGISTIC/PROGRAMMING NOTES

ITEM INCLUDED IF ELECTIVE MODULE ON THAT TOPIC NOT SELECTED

**STANDARD MODULES:**

**(1) DEMOGRAPHICS**

Basic Information

This section will ask you to provide basic information about yourself. Throughout this section you will also be asked several questions related to how the coronavirus pandemic may have impacted your life. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

<b>SECTION</b>	<b>VARIABLE</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Age		How old are you?	1=_____ years old	
Sex/gender/sexuality sex_birth		What was your sex at birth?	1=Female 2=Male 3=Intersex	
	gender	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)	
	sexual	How would you describe your sexual orientation? (Select all that apply)	1=Heterosexual 2=Lesbian 3=Gay 4=Bisexual 5=Queer 6=Questioning 7=Asexual 8=I don't know 7=Self-identify (please specify)	
Race/ethnicity	race	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@/Latine 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=African Carribean 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,	Display if "3=Asian American/Asian" is selected for "What is your race/ethnicity?"

			Pakistani, Nepalese, Sri Lankan) 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=Carribbean 5=Other (please describe)	Display if "4=Hispanic/Latin@/Latine is selected for "What is your race/ethnicity?"
Citizenship	international	Are you an international student?	1=Yes 0=No	Adapt for non-U.S. schools
		What is your country of origin?	<ol style="list-style-type: none"> <li>1. Afghanistan</li> <li>2. Albania</li> <li>3. Algeria</li> <li>4. Andorra</li> <li>5. Angola</li> <li>6. Anguilla</li> <li>7. Antigua and Barbuda</li> <li>8. Argentina</li> <li>9. Armenia</li> <li>10. Aruba</li> <li>11. Australia</li> <li>12. Austria</li> <li>13. Azerbaijan</li> <li>14. Bahamas</li> <li>15. Bahrain</li> <li>16. Bangladesh</li> <li>17. Barbados</li> <li>18. Belarus</li> <li>19. Belgium</li> <li>20. Belize</li> <li>21. Benin</li> <li>22. Bermuda</li> <li>23. Bhutan</li> <li>24. Bolivia</li> <li>25. Bosnia and Herzegovina</li> <li>26. Botswana</li> <li>27. Brazil</li> <li>28. British Virgin Islands</li> <li>29. Brunei Darussalam</li> <li>30. Bulgaria</li> <li>31. Burkina Faso</li> <li>32. Burundi</li> <li>33. Cambodia</li> <li>34. Cameroon</li> <li>35. Canada</li> <li>36. Cape Verde</li> <li>37. Cayman Islands</li> <li>38. Central African Republic</li> <li>39. Chad</li> <li>40. Chile</li> </ol>	<p>Drop-down list. Instructions for this item: "(Use command or control key to select more than one country.)"</p> <p>Adapted for non-U.S. high schools</p>

			<p>41. China, Hong Kong Special Administrative Region 42. China, Macao Special Administrative Region 43. China, People's Republic of China 44. Colombia 45. Comoros 46. Congo 47. Cook Islands 48. Costa Rica 49. Côte d'Ivoire 50. Croatia 51. Cuba 52. Curaçao 53. Cyprus 54. Czech Republic 55. Democratic Republic of the Congo 56. Denmark 57. Djibouti 58. Dominica 59. Dominican Republic 60. Ecuador 61. Egypt 62. El Salvador 63. Equatorial Guinea 64. Eritrea 65. Estonia 66. Ethiopia 67. Fiji 68. Finland 69. France 70. French Polynesia 71. Gabon 72. Gambia 73. Gaza Strip 74. Georgia 75. Germany 76. Ghana 77. Greece 78. Greenland 79. Grenada 80. Guatemala 81. Guinea 82. Guinea-Bissau 83. Guyana 84. Haiti 85. Honduras 86. Hungary 87. Iceland 88. India 89. Indonesia</p>	
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|  |  |  | <ul style="list-style-type: none"><li>90. Iran</li><li>91. Iraq</li><li>92. Ireland</li><li>93. Israel</li><li>94. Italy</li><li>95. Jamaica</li><li>96. Japan</li><li>97. Jordan</li><li>98. Kazakhstan</li><li>99. Kenya</li><li>100. Kingdom of Eswatini</li><li>101. Kiribati</li><li>102. Kosovo</li><li>103. Kuwait</li><li>104. Kyrgyzstan</li><li>105. Lao People's Democratic Republic</li><li>106. Latvia</li><li>107. Lebanon</li><li>108. Lesotho</li><li>109. Liberia</li><li>110. Libya</li><li>111. Liechtenstein</li><li>112. Lithuania</li><li>113. Luxembourg</li><li>114. Madagascar</li><li>115. Malawi</li><li>116. Malaysia</li><li>117. Maldives</li><li>118. Mali</li><li>119. Malta</li><li>120. Marshall Islands</li><li>121. Mauritania</li><li>122. Mauritius</li><li>123. Melanesia</li><li>124. Mexico</li><li>125. Micronesia</li><li>126. Moldova</li><li>127. Monaco</li><li>128. Mongolia</li><li>129. Montenegro</li><li>130. Montserrat</li><li>131. Morocco</li><li>132. Mozambique</li><li>133. Myanmar</li><li>134. Namibia</li><li>135. Nauru</li><li>136. Nepal</li><li>137. Netherlands</li><li>138. New Caledonia</li><li>139. New Zealand</li><li>140. Nicaragua</li><li>141. Niger</li></ul> |  |
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|  |  |  | <ul style="list-style-type: none"><li>142. Nigeria</li><li>143. North Korea, Democratic<br/>People's Republic of Korea</li><li>144. North Macedonia</li><li>145. Norway</li><li>146. Oman</li><li>147. Pakistan</li><li>148. Palau</li><li>149. Palestine</li><li>150. Panama</li><li>151. Papua New Guinea</li><li>152. Paraguay</li><li>153. Peru</li><li>154. Philippines</li><li>155. Poland</li><li>156. Polynesia</li><li>157. Portugal</li><li>158. Puerto Rico</li><li>159. Qatar</li><li>160. Romania</li><li>161. Russian Federation</li><li>162. Rwanda</li><li>163. Saint Kitts and Nevis</li><li>164. Saint Lucia</li><li>165. Saint Vincent and the<br/>Grenadines</li><li>166. Samoa</li><li>167. San Marino</li><li>168. Sao Tome and Principe</li><li>169. Saudi Arabia</li><li>170. Senegal</li><li>171. Serbia</li><li>172. Seychelles</li><li>173. Sierra Leone</li><li>174. Singapore</li><li>175. Slovakia</li><li>176. Slovenia</li><li>177. Solomon Islands</li><li>178. Somalia</li><li>179. South Africa</li><li>180. South Korea, Republic of<br/>Korea</li><li>181. South Sudan</li><li>182. Spain</li><li>183. Sri Lanka</li><li>184. Sudan</li><li>185. Suriname</li><li>186. Sweden</li><li>187. Switzerland</li><li>188. Syrian Arab Republic</li><li>189. Taiwan</li><li>190. Tajikistan</li><li>191. Tanzania: Mainland</li><li>192. Tanzania: Zanzibar</li></ul> |  |
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			<p>193. Thailand  194. Timor-Leste  195. Togo  196. Tonga  197. Trinidad and Tobago  198. Tunisia  199. Turkey  200. Turkmenistan  201. Turks and Caicos Islands  202. Tuvalu  203. Uganda  204. Ukraine  205. United Arab Emirates  206. United Kingdom of Great Britain and Northern Ireland  207. United States of America  208. Uruguay  209. Uzbekistan  210. Vanuatu  211. Venezuela  212. Viet Nam  213. West Bank  214. Yemen  215. Zambia  216. Zimbabwe  217. Other (please specify in the following question)</p>	
		What is your country of origin?	[open text]	Display if "Other" is selected for "What is your country of origin"
		Regardless of your own immigration or citizenship status, how much do you worry that you, a family member, or a close friend could be deported?	<p>1=Not at all  2=Not too much  3=Some  4=A lot</p>	(Pew Hispanic Center, 2007 National Survey of Latinos)
Socioeconomic status fincur		How would you describe your family's financial situation right now?	<p>1=Always stressful  2=Often stressful  3=Sometimes stressful  4=Rarely stressful  5=Never stressful</p>	Included if 'Financial Stress' module not selected CCMH Standardized Data Set
	finpast	How would you describe your family's financial situation while you were younger?	<p>1=Always stressful  2=Often stressful  3=Sometimes stressful  4=Rarely stressful  5=Never stressful</p>	Included if 'Financial Stress' module not selected CCMH Standardized Data Set
	educ_par1	<p>What is the highest level of education completed by your parents or guardians?</p> <p>If they have different levels of education, please select whichever level is highest.</p>	<p>1=8th grade or lower  2=Between 9th and 12th grade (but no high school diploma)  3=High school diploma or GED  4=Some college (but no college degree)</p>	Adapted from HMS

			<p>5=Trade, technical or vocational training</p> <p>6=Associate's or other 2-year degree</p> <p>7=Bachelor's or other 4-year degree</p> <p>8=Master's or other graduate degree</p> <p>9= PhD, MD, JD, or other doctoral degree</p> <p>10=I am not sure</p>	
Religiosity	religios	How important is religion in your life?	<p>1=Very important</p> <p>2=Important</p> <p>3=Neutral</p> <p>4=Unimportant</p> <p>5=Very unimportant</p>	CCMH Standardized Data Set
	relig_aff	What is your religious affiliation? (Select all that apply)	<p>1=Agnostic</p> <p>2=Atheist</p> <p>3=Buddhist</p> <p>4=Christian-Catholic</p> <p>5=Christian-Protestant</p> <p>6=Hindu</p> <p>7=Jewish</p> <p>8=Muslim</p> <p>9 = Church of Jesus Christ of Latter-day Saints</p> <p>10=No preference [mutually exclusive]</p> <p>11=Self-identify (please specify)</p>	CCMH Standardized Data Set
	year	What is your current year in school?	<p>1=7th grade</p> <p>2=8th grade</p> <p>3=9th grade</p> <p>4=10th grade</p> <p>5=11th grade</p> <p>6=12th grade</p>	HMS2
	gpa_sr	During the past year, how would you describe your grades in school? (Select up to two that apply)	<p>1 = Mostly A's</p> <p>2 = Mostly B's</p> <p>3 = Mostly C's</p> <p>4 = Mostly D's</p> <p>5 = Mostly F's</p> <p>6 = None of these [mutually exclusive]</p> <p>7 = No grade or don't know</p>	HMS2, YRBS Validation: Select up to two
	aca_impa	In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?	<p>1=None</p> <p>2=1-2 days</p> <p>3=3-5 days</p> <p>4=6 or more days</p>	
	timestud	How much time do you spend during a typical week studying or doing school work? (Please select the answer that best fits your routine)	<p>1=Less than 1 hour</p> <p>2=1-2 hours</p> <p>3=3-5 hours</p> <p>4=6-10 hours</p> <p>5=11-15 hours</p> <p>6=16-20 hours</p> <p>7=More than 20 hours</p>	

Housing	residenc	Do you live in your school's dorms?	1=Yes 2=No	
Extracurricular activities	activ	What activities do you currently participate in at your school? (Select all that apply)	1 = Academic or pre-professional organization 2=Athletics 5=Community service 6=Cultural or racial organization 7=Dance 8=Gender or sexuality organization 9=Government or politics (including prefects) 10=Health and wellness organization 11=Student newspaper, magazine, or other news 12=Music or theatre 13=Religious organization 14=Social organization 15=Visual or fine arts 16=Other (please specify) 17=None [mutually exclusive]	
	sp	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 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)	Display if "athletics" is chosen for "activ"  Instructions for this item: "(Use command or control key to select more than 1 sport.)" [multi-select box]
	sp_season	Which of the following seasons do you participate in sports? (Select all that apply)	1=Fall 2=Winter 3=Spring	Select all that apply.
		How much time do you spend during a typical week participating in campus activities, organizations, sports, or extracurriculars connected to [school name]? (Do not include time spent in classes or on	1=Less than 1 hour 2=1-2 hours 3=3-5 hours 4=6-10 hours	

		homework.)	5=11-15 hours 6=16-20 hours 7=More than 20 hours	
Overall school experience	sat_overall	How satisfied are you with your overall experience at your school?	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	
Sense of belonging	belong1	How much do you agree with the following statement?: I see myself as a part of the school community.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Adapted from Perceived Cohesion Scale (Bollen & Hoyle, 1990)
Disabilities	disab2	Are you registered with your school as having a documented and diagnosed disability?	1=Yes 0=No	CCMH Standardized Data Set
	disab	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
	disab3	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 chronic health conditions? (Select all that apply)	1=Diabetes 2=High blood pressure 3=Asthma 4=Thyroid disease 5=Gastrointestinal disease 6=Arthritis 7=Sickle cell anemia 8=Seizure disorders 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	Included if 'Overall Health' module not selected

Screen time	device	Roughly how much time do you spend on each of the following electronic devices, per day?	1=Cell phone 2=Tablet 3=Personal laptop/computer 4=School or public computer 5=TV 6=Handheld gaming device 7=Gaming console	Numeric answer range of 0 - 20 hours.
	purpose	About how much of your time using electronic devices is spent on each of the following purposes	1=School work 2=Watching shows or movies 3=Watching videos on sites like YouTube 4=Gaming 5=On social media sites 7=Creating content 8=Self-directed learning / information searching 9=Communicating directly with others	Display if previous answer >0. Numeric answer cannot exceed previous answer

## **(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.*

<b>SECTION</b>	<b>VARIABLE</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Positive mental health	diener1	I lead a purposeful and meaningful life.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
	diener2	My social relationships are supportive and rewarding.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
	diener3	I am engaged and interested in my daily activities.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
	diener4	I actively contribute to the happiness and well-being of others.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
	diener5	I am competent and capable in the activities that are important to me.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.

	diener6	I am a good person and live a good life.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
	diener7	I am optimistic about my future.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?
	diener8	People respect me.	1=Strongly disagree 2=Disagree 3=Slightly disagree 4=Mixed or neither agree nor disagree 5=Slightly agree 6=Agree 7=Strongly agree	Flourishing Scale (Diener & Biswas-Diener, 2009)  Adapted Instructions: How much do you agree or disagree with the following statements?.
Depression	phq9_1	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)
	phq9_2	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)
	phq9_3	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)
	phq9_4	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)
	phq9_5	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)

	phq9_6	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)
	phq9_7	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)
	phq9_8	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)
	phq9_9	Have you ever had thoughts that you would be better off dead or of hurting yourself in some way?	1=Yes 2=No 3=Prefer not to say	Patient Health Questionnaire-9 (Kroenke et al., 2001)
	dep_impa	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)
Anxiety	gad7_1	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)
	gad7_2	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)
	gad7_3	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)
	gad7_4	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)



	gad7_5	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)
	gad7_6	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)
	gad7_7	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)
	gad7_impa	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	thing_good	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
	body_sr	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
	height	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 Make drop down answers in qualtrics
	weight	What is your current weight? (If you don't know, please provide your best guess.)	1=_____ pounds [force numeric]	Included if 'Eating and Body Image' module not selected Make drop down answers
	scoff_1	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."

	scoff_2	Do you worry that you have lost control over how much you eat?	1=Yes 0=No	<p>Included if 'Eating and Body Image' module not selected</p> <p>SCOFF questionnaire (Morgan, Reid, &amp; Lacey, 1999)</p> <p>Instructions for this item: "Please answer the following questions as honestly as possible."</p>
	scoff_3	Have you recently lost more than 15 pounds in a 3-month period?	1=Yes 0=No	<p>Included if 'Eating and Body Image' module not selected</p> <p>SCOFF questionnaire (Morgan, Reid, &amp; Lacey, 1999)</p> <p>Instructions for this item: "Please answer the following questions as honestly as possible."</p>
	scoff_4	Do you believe yourself to be fat when others say you are too thin?	1=Yes 0=No	<p>Included if 'Eating and Body Image' module not selected</p> <p>SCOFF questionnaire (Morgan, Reid, &amp; Lacey, 1999)</p> <p>Instructions for this item: "Please answer the following questions as honestly as possible."</p>
	scoff_5	Would you say that food dominates your life?	1=Yes 0=No	<p>Included if 'Eating and Body Image' module not selected</p> <p>SCOFF questionnaire (Morgan, Reid, &amp; Lacey, 1999)</p> <p>Instructions for this item: "Please answer the following questions as honestly as possible."</p>
	sib_thoughtsfreq	Have you ever had thoughts of hurting yourself on purpose <b>without</b> the intention of ending your life?	1=Yes 2=No	
Non-suicidal self-injury	sib	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."

Suicidalit y	sui_idea	Did you ever seriously think about attempting suicide?	1=Yes 0=No	
	sui_plan	Did you make a plan for attempting suicide?	1=Yes 0=No	
	sui_att	Did you attempt suicide?	1=Yes 0=No	
Violence	abuse_life	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	
	assault_any	Over the past 12 months, 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	
Emotiona l abuse	assault_emo	Over the past 12 months, were you called names, yelled at, humiliated, judged, threatened, coerced, or controlled by another person?	1=Yes 0=No	
Physical abuse	assault_phys	Over the past 12 months, were you kicked, slapped, punched or otherwise physically mistreated by another person?	1=Yes 0=No	
Sexual assault	sa_exp	In your lifetime, has anyone <b>ever</b> had unwanted sexual contact with you?	1=Yes 0=No	Instructions for this item: “Unwanted sexual contact could happen when: someone touches or grabs your sexual body parts; someone uses force against you; someone threatens to hurt you or someone close to you; or you are unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep. This could happen after you voluntarily used alcohol or drugs, or after you were given a drug without your knowledge or consent.”
Exercise		In the past 30 days, how many hours per week on average did you spend exercising? (Include any exercise of moderate or higher intensity, where “moderate intensity” would be roughly equivalent to brisk walking or bicycling)	1=Less than 1 hour 2=2-3 hours 3=3-4 hours 4=5 or more hours	Included ‘Overall Health’ module not selected

Substance use	alc_any	Over the past 2 weeks, did you drink any alcohol?	1=Yes 0=No	
	binge_fr	Over the past 2 weeks, how many times did you have 4 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?"
	smok_freq	Over the past 30 days, 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 2=No	Included if 'Substance Use' and 'Overall Health' modules both 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)
	drug	Over the past 30 days, have you used any of the following drugs without a prescription or more than prescribed ? (Select all that apply)	1=Marijuana 2=Cocaine (any form) 3=Heroin 4=Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) 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) 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	Included if 'Substance Use' and 'Overall Health' modules both not selected

			<p>policies set by your school or any athletic governing body)</p> <p>14=Other drugs (please specify)</p> <p>15=No, none of these [mutually exclusive]</p>	
		Over the past 30 days, how often have you used marijuana?	<p>1= Every day</p> <p>2=Nearly every day</p> <p>3=3-4 days per week</p> <p>4=1-2 days per week</p> <p>5=Less than once per week</p>	<p>Included if 'Substance Use' and 'Overall Health' modules both not selected</p> <p>Display if "Marijuana" is selected for "Over the past 30 days, have you used any of the following drugs?(Select all that apply)"</p>
Sleep	sleep_wk1	During this school year, at approximately what time have you typically gone to sleep on: Weeknights?	<p>1=12:00pm</p> <p>2=1:00pm</p> <p>3=2:00pm</p> <p>4=3:00pm</p> <p>5=4:00pm</p> <p>6=5:00pm</p> <p>7=6:00pm</p> <p>8=7:00pm</p> <p>9=8:00pm</p> <p>10=9:00pm</p> <p>11=10:00pm</p> <p>12=11:00pm</p> <p>13=12:00am</p> <p>14=1:00am</p> <p>15=2:00am</p> <p>16=3:00am</p> <p>17=4:00am</p> <p>18=5:00am</p> <p>19=6:00am</p> <p>20=7:00am</p> <p>21=8:00am</p> <p>22=9:00am</p> <p>23=10:00am</p> <p>24=11:00am</p>	Included if 'Sleep' and 'Overall Health' modules both not selected
		During this school year, at approximately what time have you typically gone to sleep on: Weekend nights?	<p>1=12:00pm</p> <p>2=1:00pm</p> <p>3=2:00pm</p> <p>4=3:00pm</p> <p>5=4:00pm</p> <p>6=5:00pm</p> <p>7=6:00pm</p> <p>8=7:00pm</p> <p>9=8:00pm</p> <p>10=9:00pm</p> <p>11=10:00pm</p> <p>12=11:00pm</p> <p>13=12:00am</p> <p>14=1:00am</p> <p>15=2:00am</p> <p>16=3:00am</p> <p>17=4:00am</p> <p>18=5:00am</p> <p>19=6:00am</p> <p>20=7:00am</p>	Included if 'Sleep' and 'Overall Health' modules both not selected

			21=8:00am 22=9:00am 23=10:00am 24=11:00am	
		During this school year, at approximately what time have you typically woken up on: Weekdays?	1=12:00pm 2=1:00pm 3=2:00pm 4=3:00pm 5=4:00pm 6=5:00pm 7=6:00pm 8=7:00pm 9=8:00pm 10=9:00pm 11=10:00pm 12=11:00pm 13=12:00am 14=1:00am 15=2:00am 16=3:00am 17=4:00am 18=5:00am 19=6:00am 20=7:00am 21=8:00am 22=9:00am 23=10:00am 24=11:00am	Included if 'Sleep' and 'Overall Health' modules both not selected
		During this school year, at approximately what time have you typically woken up on: Weekend days?	1=12:00pm 2=1:00pm 3=2:00pm 4=3:00pm 5=4:00pm 6=5:00pm 7=6:00pm 8=7:00pm 9=8:00pm 10=9:00pm 11=10:00pm 12=11:00pm 13=12:00am 14=1:00am 15=2:00am 16=3:00am 17=4:00am 18=5:00am 19=6:00am 20=7:00am 21=8:00am 22=9:00am 23=10:00am 24=11:00am	Included if 'Sleep' and 'Overall Health' modules both not selected

		During this school year, on how many days have you taken naps during a typical week?	1=I don't take naps. 2=1 3=2 4=3 5=4 6=5 7=6 8=7	Included if 'Sleep' and 'Overall Health' modules both not selected
		How long is your typical nap?	1=Less than 1 hour 2=Between 1 and 2 hours 3=Between 2 and 3 hours 4=More than 3 hours	Included if 'Sleep' and 'Overall Health' modules both not selected

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

Experiences with Services and Support

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

SECTION	VARIABLE	ITEM	RESPONSE CATEGORIES	CITATION/NOTES
Diagnosed mental illnesses		Have you ever been diagnosed with any of the following conditions by a health professional? (Select all that apply)	1=Depression 2=Bipolar disorders 3=Anxiety 4=OCD or related disorders 5=Trauma and Stressor Related Disorders (for example, PTSD), 6=Neurodevelopmental disorder, developmental disabilities, or intellectual disability 13=Learning difference 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 6=Disruptive Mood Dysregulation disorder (DMDD) 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 5=Social anxiety disorder (or social phobia) 6=Separation anxiety	



			<p>7=Selective mutism  8=Other (please specify)  9=Don't know</p>	
		<p>Specifically, which of the following obsessive-compulsive or related disorders were you diagnosed with by a professional?  (Select all that apply)</p>	<p>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)  7=Don't know</p>	
		<p>Specifically, which of the following trauma and stressor related disorders were you diagnosed with by a professional?  (Select all that apply)</p>	<p>1=Posttraumatic stress disorder  2=Acute stress disorder  3=Adjustment disorder  4=Other (please specify)  5=Don't know</p>	
		<p>Specifically which of the following neurodevelopmental disorder or intellectual disability were you diagnosed with by a professional?  (Select all that apply)</p>	<p>1=Attention deficit hyperactivity disorder (ADHD or ADD)  2=Other intellectual disability  3=Autism spectrum disorder  4=Other (please specify)  5=Don't know</p>	
		<p>Specifically, which of the following eating disorders were you diagnosed with by a professional?  (Select all that apply)</p>	<p>1=Anorexia nervosa  2=Bulimia nervosa  3=Binge-eating disorder  4=Pica  5=Avoidant/restrictive food intake disorder (selective eating disorder)  6=Rumination  7=Other (please specify)  8=Don't know</p>	
		<p>Specifically, which of the following psychotic disorders were you diagnosed with by a professional?  (Select all that apply)</p>	<p>1=Schizophrenia  2=Schizoaffective disorder  3=Brief psychotic disorder  4=Delusional disorder  5=Schizophreniform disorder  6=Other (please specify)  7=Don't know</p>	
		<p>Specifically, which of the following personality disorders were you diagnosed with by a professional?  (Select all that apply)</p>	<p>1=Antisocial personality disorder  2=Avoidant personality disorder  3=Borderline personality disorder  4=Dependent personality</p>	

			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 were you diagnosed with by a professional? (Select all that apply)	1=Alcohol abuse or other alcohol related disorders 2=Opioid use disorder 2=Other (please specify) 3=Don't know	
Knowledge of school 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 go at 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
Beliefs about treatment efficacy		How helpful on average do you think medication is, when provided competently, for people your age who are clinically depressed?	1=Very helpful 2=Helpful 3=Somewhat helpful 4=Not helpful	Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected
		How helpful on average do you think therapy or counseling is, when provided competently, for people your age who are clinically depressed?	1=Very helpful 2=Helpful 3=Somewhat helpful 4=Not helpful	Included if 'Knowledge and Attitudes about Mental Health and Mental Health Services' module not selected
Stigma		How much do you agree with the following statement?: 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 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 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 challenges, whom would you talk to about this? (Select all that apply)	1=Professional clinician (e.g., pediatrician, family doctor, psychologist, or counselor) 2=Roommate 3=Friend (who is not a roommate) 4=Significant other 5=Family member 6=Religious counselor or other religious contact 7=Prefect 8=Other (please specify) 9=No one [mutually exclusive]	
Use of counseling/therapy		Have you ever received counseling or therapy for mental health concerns?	1=No, never 2=Yes, prior to enrolling at this school 3=Yes, since enrolling at this school 4=Yes, both of the above (prior to and since enrolling at this school)	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 high school”, “Yes, since starting high school”, or “Yes, both of the above (prior to high school and since starting high school)” is selected for “Have you ever received counseling or therapy for mental health concerns?”
		How has your access to mental health care been affected by the COVID-19 pandemic?	1= Much more difficult or limited access 2= Somewhat more difficult or limited access 3= No significant change in access 4= Somewhat less difficult or limited access 5= Much less difficult or limited access 6= Don't know or not applicable (have not tried to access care)	Display after “How many total visits or sessions for counseling or therapy have you had in the past 12 months” if he answer does not equal 0  COVID-19 Demographics
		Are you currently receiving counseling or therapy?	1=Yes 0=No	Display if “How many total visits or sessions for counseling or therapy have you had in the past 12 months” is greater than “0”

		From which of the following places did you receive counseling or therapy? (Select all that apply)	1=[Insert name of institution's student counseling services] 2=[Insert name of Institution's school's health services] 3=Psychiatric Emergency Services/Psych Emergency Room (ER) 4=Inpatient psychiatric hospital 5 = Inpatient psychiatric hospital 6=Partial hospitalization program 7=Provider in the local community (not at school) 8=Provider in another location (such as your hometown) 9=Other (please specify) 10=Don't know	Display if "How many total visits or sessions for counseling or therapy have you had in the past 12 months" is greater than "0"
Satisfaction with counseling/the rap y		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	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	matrix
		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	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	matrix
		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	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	matrix
		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 for your privacy concerns	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	matrix
		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	1=Very dissatisfied 2=Dissatisfied 3=Somewhat dissatisfied 4=Somewhat satisfied 5=Satisfied 6=Very satisfied	matrix

		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 (Ritalin or Concerta, Adderall, Dexerdine, etc.) 2=Antidepressants (Prozac, Zoloft, Paxil, Lexapro, Effexor, Wellbutrin, etc.) 3=Antipsychotics (Haldol, Clozaril, Risperdal, Zyprexa, etc.) 4=Anti-anxiety medications (Ativan, Klonopin, Xanax, BuSpar, etc.) 5=Mood stabilizers (Lithium, Depakote, Lamictal, Tegretol, etc.) 6=Sleep medications (Ambien, Sonata, etc.) 7=Other medication for mental or emotional health (please specify) 8=No, none of these <a href="#">[mutually exclusive]</a> 9=I am not sure	
		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=Doctor or other primary care provider 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 (Ritalin or Concerta, Adderall, Dexerdine, etc.) 2=Antidepressants (Prozac, Zoloft, Paxil, Lexapro, Effexor, Wellbutrin, etc.)	<a href="#">Pipe in selected options from: "In the past 12 months have you taken any of the following types of prescription medications?"</a>

			<p>3=Antipsychotics (Haldol, Clozaril, Risperdal, Zyprexas, etc.)</p> <p>4=Anti-anxiety medications (Ativan, Klonopin, Xanax, BuSpar, etc.)</p> <p>5=Mood stabilizers (Lithium, Depakote, Lamictal, Tegretol, etc.)</p> <p>6=Sleep medications (Ambien, Sonata, etc.)</p> <p>7=Other medication for mental or emotional health (please specify)</p> <p>8=No, none of these [mutually exclusive]</p> <p>9=I am not sure</p>	
		During the past year, for how long, in total, have you taken the following medications?	<p>1=Less than 1 month</p> <p>2=Between 1 and 2 months</p> <p>3=2 months or more</p> <p>4=Did not take</p>	<b>Pipe in selected options from: “In the past 12 months have you taken any of the following types of prescription medications?”</b>
		How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?	<p>1=Very helpful</p> <p>2=Helpful</p> <p>3=Somewhat helpful</p> <p>4=Not helpful</p>	
		Which of the following are important reasons why you received those services? (Select all that apply)	<p>1=I decided on my own to seek help. 2=A friend encouraged me to seek help.</p> <p>3=A friend pressured me to seek help. 4=A family member encouraged me to seek help.</p> <p>5=A family member pressured me to seek help.</p> <p>6=Someone other than a friend or family member encouraged me to seek help (please specify person’s relationship to you).</p> <p>7=I was mandated to seek help by school staff.</p> <p>8=I acquired more information about my options from (please specify where).</p> <p>9=Other (please specify)</p>	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 counseling/therapy	barrier_ther_1	Did you get to see a therapist or counselor as much as you wanted in the past year?	<p>1=Yes</p> <p>2=No</p> <p>3=I didn’t want to see a therapist or counselor</p>	
	barrier_ther_2	Why weren’t you able to see a therapist or counselor as much as you wanted in the past year? (Select all that apply)	<p>1=No health insurance</p> <p>2=Health insurance wouldn’t pay</p> <p>3=Cost too much money</p> <p>4=I didn’t have enough time</p>	<p><b>Adapted from HMS</b></p> <p>Display if “Did you get to see a</p>

			<p>5=Not sure where to go  6=Too hard to get there  7=The provider was not available at times that worked for me  8=Someone told me to deal with issues on my own  9=Family told me not to go  10= Friends told me not to go  11 = Worried about privacy  12=Other (please specify)</p>	<p>therapist or counselor as much as you wanted in the past year?" is = "No"</p>
Barriers to medication	barrier_med_1	Did you get the medications for mental or emotional health you wanted in the past year?	<p>1=Yes  2=No  3=I didn't want medications</p>	
	barrier_med_2	Why weren't you able to get the medications that you wanted in the past year? (Select all that apply)	<p>1=No health insurance  2=Health insurance wouldn't pay  3=Cost too much money  4=I didn't have enough time  5=Not sure where to go  6=Didn't have a way to get to the provider or pharmacy  7=The provider's availability was limited  8=Someone told me to deal with issues on my own  9=Family told me not to  10= Friends told me not to  11 = Worried about privacy  13=Got put on meds that I don't like  14=Too many side effects  12=Other (please specify)</p>	<p>Adapted from HMS</p> <p>Display if "Did you get the medicine you wanted in the past year?" is = "No"</p>
Visit to medical providers		In the past 12 months, have you visited any medical provider for a check-up or any other medical reasons? 0=No	<p>1=Yes  0=No</p>	
Informal help seeking		In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)	<p>1=Roommate  2=Friend (who is not a roommate)  3=Significant other  4=Family member  5=Religious counselor or other religious contact  6=Prefect  9=Dean  10=Coach  11=Faculty Member  12=Academic Advisor  13=House Parent  14=Off campus professional  7=Other non-clinical source (please specify)  8=No, none of these[mutually exclusive]</p>	

		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=Teacher from one of my classes 2=Academic advisor 3=Another faculty member 4=Dorm parent 5=Prefect 6=Dean of Students 7=Coach 8=Peer 9=Other (please specify) 10=No one [mutually exclusive]	
		During this school year have you reached out to academic staff (such as instructors or advisors) about any mental health problems that were affecting your academic performance?	1=Yes 0=No	
		During this school year, has any academic staff (such as instructors or advisors) reached out to you about any mental health problems that were affecting your academic performance?	1=Yes 0=No	
		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	Display if “During this school year have you talked with any academic personnel (such as instructors, advisors, or other academic staff) about any mental health problems that were affecting your academic performance?” is 1 = Yes
		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	



**(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.

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
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 or 5 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 of 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 2=Yes, during the last year	AUDIT (Saunders et al., 1993)
	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	1=No 2=Yes, but not in the last year 3=Yes, during the last year	AUDIT (Saunders et al., 1993)
	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	
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) 6=Methamphetamines (also known as speed, crystal meth, or ice) 7=Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed 8=MDMA (also known as Ecstasy) 9=Ketamine (also known as K, Special K) 10= LSLD (also known as acid) 11=Psilocybin (also known as magic mushrooms, boomers, or shrooms) 12=Kratom 13=Athletic performance enhancers 14=Other drugs without a prescription (please specify) 15=No, none of these <a href="#">[mutually exclusive]</a>	
	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 2=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=Any vaping 2=Vaping nicotine 3=Vaping Marijuana 4=Vaping "just flavoring"	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)
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 if they vape daily?	1=No risk 2=Slight risk 3=Moderate risk 4=Great risk	HMS
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."

	<p>How much do you agree with the following statement?: Alcohol use is a problem for students on my campus.</p>	<p>1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree</p>	
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**(5) SLEEP**

Sleep Habits

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

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

		23=10:00am 24=11:00am	
	During this school year, at approximately what time have you typically woken up on: Weekdays?	1=12:00pm 2=1:00pm 3=2:00pm 4=3:00pm 5=4:00pm 6=5:00pm 7=6:00pm 8=7:00pm 9=8:00pm 10=9:00pm 11=10:00pm 12=11:00pm 13=12:00am 14=1:00am 15=2:00am 16=3:00am 17=4:00am 18=5:00am 19=6:00am 20=7:00am 21=8:00am 22=9:00am 23=10:00am 24=11:00am	
	During this school year, at approximately what time have you typically woken up on: Weekend days?	1=12:00pm 2=1:00pm 3=2:00pm 4=3:00pm 5=4:00pm 6=5:00pm 7=6:00pm 8=7:00pm 9=8:00pm 10=9:00pm 11=10:00pm 12=11:00pm 13=12:00am 14=1:00am 15=2:00am 16=3:00am 17=4:00am 18=5:00am 19=6:00am 20=7:00am 21=8:00am 22=9:00am 23=10:00am 24=11:00am	

	During this school year, on how many days have you taken naps during a typical week?	1=I don't take naps. 2=1 3=2 4=3 5=4 6=5 7=6 8=7	
	How long is your typical nap?	1=Less than 1 hour 2=Between 1 and 2 hours 3=Between 2 and 3 hours 4=More than 3 hours	
Insomnia severity	Difficulty falling asleep	1=None 2=Mild 3=Moderate 4=Severe 5=Very severe	Insomnia Severity Index (Morin et al., 2011)  Instruction for this item: "Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s)."
	Difficulty staying asleep	1=None 2=Mild 3=Moderate 4=Severe 5=Very severe	Insomnia Severity Index (Morin et al., 2011)  Instruction for this item: "Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s)."
	Problem waking up too early	1=None 2=Mild 3=Moderate 4=Severe 5=Very severe	Insomnia Severity Index (Morin et al., 2011)  Instruction for this item: "Please rate the current (i.e., last 2 weeks) severity of your insomnia problem(s)."
	How satisfied/dissatisfied are you with your current sleep pattern?	1=Very satisfied 2=Satisfied 3=Moderately satisfied 4=Dissatisfied 5=Very dissatisfied	Insomnia Severity Index (Morin et al., 2011)
	How noticeable to others do you think your sleep problem is in terms of impairing the quality of your life?	1=Not at all noticeable 2=A little 3=Somewhat 4=Much 5=Very much noticeable	Insomnia Severity Index (Morin et al., 2011)
	How worried/distressed are you about a current sleep problem?	1=Not at all worried 2=A little 3=Somewhat	Insomnia Severity Index (Morin et al., 2011)

		4=Much 5=Very much worried	
	To what extent do you consider a sleep problem to interfere with your daily functioning (e.g., daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, etc.) currently?	1=Not at all interfering 2=A little 3=Somewhat 4=Much 5=Very much interfering	Insomnia Severity Index (Morin et al., 2011)



**(6) EATING AND BODY IMAGE**

Eating and Body Image

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

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

		6=Strongly disagree	
	In your day-to-day life, how often do people act as if they're better than you because of your weight?	1=Never 2=Rarely 3=Sometimes 4=Often 5=Always	
	I am concerned that I will not be treated fairly by others because of my weight.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
Height/weight	About how often do you weigh yourself?	1=Never 2=Less than once per month 3=Once per month 4=2 to 3 times per month 5=Once per week 6=2 to 3 times per week 7=4 to 6 times per week 8=Once per day 9=More than once per day	
	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]	Drop down answers
	What is your current weight? (If you don't know, please provide your best guess.)	1= _____ pounds [force numeric]	Drop down answers
	Do you have an ideal weight for yourself?	1=Yes 2=No	
	What would your ideal weight be if you could choose it?	1= _____ pounds (please specify) [force numeric]	Display if "Yes" is selected for "Do you have an ideal weight for yourself?"
Eating disorder symptoms	Do you ever make yourself sick because you feel uncomfortably full?	1=Yes 0=No	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	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	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	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	SCOFF questionnaire (Morgan, Reid, & Lacey, 1999)  Instructions for this item: "Please answer the following questions as honestly as possible."
Binging and purging	Over the past 4 weeks (28 days), on how many days have you eaten an unusually large amount of food and have had a sense of loss of control at the time?	Range: 0-28 days	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
	Over the past 4 weeks (28 days), how many times have you made yourself sick (vomit) as a means of controlling your shape or weight?	[open text]	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
	Over the past 4 weeks (28 days), how many times have you taken laxatives as a means of controlling your shape or weight?	[open text]	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
	Over the past 4 weeks (28 days), how many times have you taken diuretics (water pills) or diet pills as a means of controlling your shape or weight?	[open text]	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
	Over the past 4 weeks (28 days), how many times have you exercised in a "driven" or "compulsive" way as a means of controlling your weight, shape or amount of fat, or to burn off calories?	[open text]	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
	Over the past 4 weeks (28 days), how many times have you fasted (intentionally not eaten anything at all for at least 8 waking hours)?	[open text]	Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn, Cooper, & O'Connor, 2008)
Eating habits	For about what percentage of the last 12 months were you on a diet?	1=More than 75% (more than 270 days total) 2=Between 50% and 75% (180 to 270 days total) 3=Between 25% and 49% (90 to 179 days total) 4=Less than 25% (1 to 89 days total) 5=I was not on a diet at all in the last 12 months.	
	How much do you agree with the following statement?: My eating habits have changed a lot since I began as a student at my school.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

	<p>How have your eating habits changed since you began as a student at your school? (Select all that apply)</p>	<p>1=I think about food more often. 2=I think about food less often. 3=I am more concerned about what I eat. 4=I am less concerned about what I eat. 5=I consume more calories on average per day. 6=I consume fewer calories on average per day. 7=I eat more junk food/fast food. 8=I eat less junk food/fast food. 9=I eat more junk food late at night. 10=I eat more fruits/vegetables. 11=I eat less fruits/vegetables. 12=I became a vegetarian/vegan. 13=I began limiting (or increased the extent to which I limit) the quantity or types of foods and drinks I consume in order to influence my body shape or weight. 14=I began purging (vomiting, using laxatives, diet pills etc.). 15=Other (please specify)</p>	
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**(7) SEXUAL ASSAULT**

Perceptions and Experiences of Sexual Assault at School

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

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

	If someone were to report a sexual assault to a campus authority, how likely is it that students would support the person making the report?	1=Very likely 2=Moderately likely 3=Slightly likely 4=Not at all likely	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
	If someone were to report a sexual assault to a campus authority, how likely is it that the alleged offender(s) or their associates would retaliate against the person making the report?	1=Very likely 2=Moderately likely 3=Slightly likely 4=Not at all likely	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
	If someone were to report a sexual assault to a campus authority, how likely is it that the educational achievement/career of the person making the report would suffer?	1=Very likely 2=Moderately likely 3=Slightly likely 4=Not at all likely	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
Sexual violence and sexual assault	Have you received training in policies and procedures regarding incidents of sexual assault (e.g., what is defined as sexual assault, how to report an incident, confidential resources, procedures for investigating)?	1=Yes 0=No	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
	How useful was this training?	1=Very 2=Moderately 3=Somewhat 4=Slightly 5=Not useful	
	Have you received training in prevention of sexual assault?	1=Yes 0=No	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
	How useful was this training?	1=Very 2=Moderately 3=Somewhat 4=Slightly 5=Not useful	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)
	If a friend or I were sexually assaulted, I know where to go to get help.	1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree 6=Don't know	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instruction for this item: "Please indicate your level of agreement to the following statements:"
	I understand my school's formal procedures to address complains of sexual assault.	1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree 6=Don't know	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instruction for this item: "Please indicate your level of agreement to the following statements:"
	I have confidence that my school administers the formal procedures to address complaints of sexual assault fairly.	1=Strongly agree 2=Agree 3=Neither agree nor disagree 4=Disagree 5=Strongly disagree	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instruction for this item: "Please indicate your level of agreement to the following statements:"

		6=Don't know	
	Forced touching of a sexual nature (forced kissing, touching of private parts, grabbing, fondling, rubbing up against you in a sexual way, even if it was over your clothes)	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:"
	Oral sex (someone's mouth or tongue making contact with your genitals or your mouth or tongue making contact with someone else's genitals)	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:"
	Sexual intercourse (someone's penis being put in your vagina or anus)	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:"
	Anal sex (someone's penis being put in your anus)	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:"
	Sexual penetration with a finger or object (someone putting their finger or an object like a bottle or a candle in your vagina or anus)	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: "This section asks about nonconsensual or unwanted sexual contact you may have experienced since beginning at your school. The person with whom you had the unwanted sexual contact could have been a stranger or someone you know, such as a family member or someone you were dating or going out with. Please indicate if you have experienced any of the following five types of unwanted sexual contact:"
	Has anyone had sexual contact with you by using physical force or threatening to physically harm you?	1=Yes 0=No	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: "The questions below ask about unwanted sexual contact that involved force or threats of force against you since you began at your

			school. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.”
	Has anyone attempted but not succeeded in having sexual contact with you by using or threatening to use physical force against you?	1=Yes 0=No	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “The questions below ask about unwanted sexual contact that involved force or threats of force against you since you began at your school. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you, or using or threatening to use a weapon against you.”
	Has someone had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep?	1=Yes, I am certain this has happened. 2=I suspect this has happened but am not certain. 3=No, this has not happened.	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: “The next question asks about your experiences with unwanted sexual contact while you were unable to provide consent or stop what was happening you were passed out, drugged, drunk, incapacitated or asleep. These situations might include times that you voluntarily consumed alcohol or drugs and times that you were given drugs without your knowledge or consent.”
	Just prior to the incident(s), had you been given a drug without your knowledge or consent?	1=Yes 2=No 3=Don’t know	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for this item: “Earlier you indicated that since beginning at your school, someone has had sexual contact with you when you were unable to provide consent or stop what was happening because you were passed out, drugged, drunk, incapacitated, or asleep. The questions below ask about that experience.”
	Was this person a student at your school?	1=Yes 2=No 3=Don’t know	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	What was the gender of the individual who did this to you?	1=Man 2=Woman 3=Another gender identity (please specify) 4=Don't know	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	Did the incident involve any of the following? (Select all that apply)	1=The other person’s use of alcohol 2=Your use of alcohol 3=The other person’s use of drugs 4=Your use of drugs 5=None of the above <a href="#">[mutually exclusive]</a>	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	Where did the incident occur? (Select all that apply)	1=Off-campus 2=On-campus	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about



			this experience.”
	Whom did you tell about the incident? (Select all that apply)	1=No one [mutually exclusive] 2=Roommate 3=Close friend other than roommate 4=Parent or guardian 5=Other family member 6=Counselor 7=Faculty or staff 8=Residence hall staff 9=Police 10=Romantic partner (other than the one who did this to you) 11=Campus sexual assault advocate 12=Other (please specify)	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	Did you use your school’s formal procedures to report the incident(s)?	1=Yes 0=No	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	Did your school’s formal procedures help you deal with the problem?	1=Didn’t help me at all 2=Helped me a little 3=Helped, but could have helped more 4=Helped me a lot 5=Completely solved the problem	Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”
	Why did you not tell anyone? (Select all that apply)	1=Ashamed/embarrassed 2=Is a private matter-wanted to deal with it on own 3=Concerned others would find out 4=Didn’t want the person who did it to get in trouble 5=Fear of retribution from the person who did it 6=Fear of not being believed 7=Thought I would be blamed for what happened 8=Didn’t think what happened was serious enough to talk about 9=Didn’t think others would think it was serious 10=Thought people would try to tell me what to do 11=Would feel like an admission of failure 12=Didn’t think others would think it was important 13=Didn’t think others would understand 14=Didn’t have time to deal with it due to academics, work, etc.	Adapted from Not Alone: The First Report of the White House Task Force to Protect Students From Sexual Assault (2014)  Instructions for these items: “For the next set of questions, please pick the most serious incident if you had more than one, and answer the questions below about this experience.”

		<p>15=Didn't know reporting procedure on campus</p> <p>16=Feared I or another would be punished for infractions or violations (such as underage drinking)</p> <p>17=Did not feel the campus leadership would solve my problems</p> <p>18=Feared others would harass me or react negatively toward me</p> <p>19=Thought nothing would be done</p> <p>20=Didn't want others to worry about me</p> <p>21=Wanted to forget it happened</p> <p>22=Had other things I needed to focus on and was concerned about (classes, work)</p> <p>23=Didn't think the school would do anything about my report</p> <p>24=Other (please specify)</p>	
Stalking	In the past 12 months, have you experienced stalking (e.g., someone waiting for you outside of your home, classroom, or workplace; repeated unwanted emails/phone calls)?	<p>1=Yes</p> <p>0=No</p>	

**(8) OVERALL HEALTH**

Overall Health

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

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Perceived health status	Overall, how would you describe your health?	1=Excellent 2=Good 3=Fair 4=Poor 5=Very poor	
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	
Exercise	In the past 30 days, about how many hours per week on average did you spend exercising? (Include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)	1=Less than 1 hour 2=2-3 hours 3=3-4 hours 4=5 or more hours	
	How much do you agree with the following statement?: My exercise habits have changed a lot since I began as a student at my school.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

Concussion history	After reading the above description, how many concussions have you experienced (diagnosed by a medical professional)?	1=None 2=1 3=2 4=3-5 5=6 or more	Instructions for this item: "Please read the following definition and symptoms of concussions before answering the next two of questions. Definition of Concussion: A change in brain function following a force to the head, which may be accompanied by temporary loss of consciousness, but is identified in awake individuals with measures of neurologic and cognitive dysfunction. Common concussion symptoms include: Headache, Feeling slowed down, Difficulty concentrating or focusing, Dizziness, balance problems, loss of balance, Fatigue/lack of energy, Feeling in a fog, Irritable, Drowsiness, Forgetting things (that happened before or after the injury), Sensitivity to light/noise, Blurred vision, Nausea. Important to remember: A concussion can occur without being 'knocked out' or unconscious. Getting your 'bell rung' and 'clearing the cobwebs' is a concussion."
	After reading the above description, how many undiagnosed concussions have you experienced?	1=None 2=1 3=2 4=3-5 5=6 or more	Instructions for this item: "Please read the following definition and symptoms of concussions before answering the next two of questions. <i>Definition of Concussion:</i> A change in brain function following a force to the head, which may be accompanied by temporary loss of consciousness, but is identified in awake individuals with measures of neurologic and cognitive dysfunction. <i>Common concussion symptoms include: Headache, Feeling slowed down, Difficulty concentrating or focusing, Dizziness, balance problems, loss of balance, Fatigue/lack of energy, Feeling in a fog, Irritable, Drowsiness, Forgetting things (that happened before or after the injury), Sensitivity to light/noise, Blurred vision, Nausea. <b>IMPORTANT TO REMEMBER:</b> A concussion can occur without being 'knocked out' or unconscious. Getting your 'bell rung' and 'clearing the cobwebs' is a concussion."</i>
Nutrition	Do the following eating practices apply to you?: I am vegetarian.	1=Yes 0=No	
	Do the following eating practices apply to you?: I am vegan.	1=Yes 0=No	
	Do the following eating practices apply to you?: I eat raw food (most of or all the time).	1=Yes 0=No	
	How many servings of fruits and vegetables do you usually have per day? (1 serving is 1 medium piece of fruit, 1 cup raw leafy vegetables, 1/2 cup fresh/frozen/canned fruits/vegetables, 3/4 cup fruit/vegetable juice, or 1/4 dried fruit)	1=0 2=1-2 3=3-4 4=5 or more	Definition from American Heart Association 2014
Sexual health and behavior	With how many people have you had oral sex, vaginal intercourse, or anal intercourse in the past 12 months?	1 = ____ (open numeric response)	Text entry numeric, integer, response, range of 0-99
	In the past 12 months, did you have sexual partner(s) who were female?	1=Yes 0=No	
	In the past 12 months, did you have sexual partner(s) who were male?	1=Yes 0=No	

	In the past 12 months, did you have sexual partner(s) who were transgender?	1=Yes 0=No	
	In the past 30 days, with how many people have you had oral sex, vaginal intercourse, or anal intercourse?	1=0 2=1 3=2 4=3 or more	
	In the past 30 days, did you have oral sex?	1=Yes 2=No 3=Don't know	
	In the past 30 days, did you have vaginal intercourse?	1=Yes 2=No 3=Don't know	
	In the past 30 days, did you have anal intercourse?	1=Yes 2=No 3=Don't know	
	In the past 30 days, what type of birth control method did you or your partner use during your last sexual intercourse experience? (Select all that apply)	1=Male condom 2=Withdrawal (i.e., "pulling out") 3=Contraceptive pills 4=Contraceptive patch 5=Contraceptive ring (e.g., NuvaRing) 6=Contraceptive injectable (e.g., Depo Provera shot) 7=Intrauterine device (IUD) 8=Contraceptive implant (e.g., implanon/nexplanon) 9=Emergency contraception (i.e., "morning after pill") 10=Other contraceptive method (please specify) 11=No contraceptive method was used. [mutually exclusive] 12=Don't know	
	In the past 30 days, did you or your partner(s) use some form of birth control or protection (e.g. condoms, birth control pills) every single time you had sex?	1=Yes 2=No 3=Don't know	
	Have you or a sexual partner (current or past) ever become pregnant? (Select all that apply)	1=No [mutually exclusive] 2=Yes, unintentionally 3=Yes, intentionally 4=Don't know	

	Are you currently pregnant and/or have you given birth in the last 12 months?	1=Yes 0=No	Display if “Female” or “Not Answered” is selected for “What was your sex at birth?”
Substance use	Over the past 2 weeks, did you drink any alcohol?	1=Yes 0=No	Included if ‘Substance Use’ module not selected
	Think back over the last two weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)?  (* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	1=None 2=Once 3=Twice 4=3 to 5 times 5=6 to 9 times 6=10 or more times 7=Don’t know	Included if ‘Substance Use’ module not selected  Definition adapted from National Institute on Alcohol Abuse and Alcoholism SDS19
	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’ module not selected
	Over the past 30 days, have you used an electronic cigarette or vape pen?	1=Yes 2=No	Included if ‘Substance Use’ and ‘Overall Health’ modules both not selected
	What did you think was in the mist you inhaled the last time you used a vaping device?	1=Any vaping 2=Vaping nicotine 3=Vaping Marijuana 4=Vaping “just flavoring”	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)
	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) 6=Methamphetamines (also known as speed, crystal meth, or ice) 7=Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed 8=MDMA (also known as Ecstasy) 9=Ketamine (also known as K, Special K) 10= LSD (also known as acid) 11=Psilocybin (also known as	Included if ‘Substance Use’ module not selected

		<p>magic mushrooms, boomers, or shrooms) 12=Kratom  13=Athletic performance enhancers  14=Other drugs without a prescription (please specify)  15=No, none of these  [mutually exclusive]</p>	
Sleep	<p>During this school year, at approximately what time have you typically gone to sleep on: Weeknights?</p>	<p>1=12:00pm  2=1:00pm  3=2:00pm  4=3:00pm  5=4:00pm  6=5:00pm  7=6:00pm  8=7:00pm  9=8:00pm  10=9:00pm  11=10:00pm  12=11:00pm  13=12:00am  14=1:00am  15=2:00am  16=3:00am  17=4:00am  18=5:00am  19=6:00am  20=7:00am  21=8:00am  22=9:00am  23=10:00am  24=11:00am</p>	Included if 'Sleep' module not selected
	<p>During this school year, at approximately what time have you typically gone to sleep on: Weekend nights?</p>	<p>1=12:00pm  2=1:00pm  3=2:00pm  4=3:00pm  5=4:00pm  6=5:00pm  7=6:00pm  8=7:00pm  9=8:00pm  10=9:00pm  11=10:00pm  12=11:00pm  13=12:00am  14=1:00am  15=2:00am  16=3:00am  17=4:00am  18=5:00am  19=6:00am  20=7:00am  21=8:00am  22=9:00am  23=10:00am  24=11:00am</p>	Included if 'Sleep' module not selected

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



		8=7	
	How long is your typical nap?	1=Less than 1 hour 2=Between 1 and 2 hours 3=Between 2 and 3 hours 4=More than 3 hours	Included if 'Sleep' module not selected

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

Knowledge and Beliefs about Services

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

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Knowledge of mental illness and treatments	How much do you know about mental health?	1=Nothing 2=A little bit 3=A decent amount 4=A lot 5=Everything	
	Relative to the average person, how knowledgeable are you about treatments for mental illnesses?	1=Well above average 2=Above average 3=Average 4=Below average 5=Well below average	HMS2
	As far as you know, which of the following are considered to be effective self-help strategies for reducing stress? (Select all that apply)	1=Physical exercise 2=Spending more time alone 3=Slow breathing exercises 4=Meditation	HMS2, Boarding school
	How much do you agree with the following statement?: I have a good idea of how to recognize that someone is in emotional or mental distress.	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 feel confident in helping someone with a mental health problem.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	Have you ever learned skills to recognize signs of emotional distress in other people and refer them to a trusted adult?	1=Yes 0=No	
Knowledge and perceptions of campus services	Are you aware of mental health outreach efforts on your campus (such as educational programs, awareness events, anti-stigma campaigns, screening days)?	1=Yes 0=No	
	What have you heard from other students about the quality of counseling services on your campus?	1=Mostly bad things 2=Both good and bad things 3=Mostly good things 4=I haven't heard anything 5=I don't know if there are counseling services 6=There are no counseling services	

	How much do you agree with the following statement?: There is a good support system on campus for students going through difficult times.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
Identity, secrecy, and disclosure	How much do you agree with the following statement?: When I feel depressed or sad, I tend to keep those feelings to myself.	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?: Sometimes I feel ashamed of feeling depressed or sad.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Display if “Strongly Agree”, “Agree”, or “Somewhat agree” is selected for, “When I feel depressed or sad, I tend to keep those feelings to myself”
Perceived stigma	How much do you agree with the following statement?: Most people would willingly accept someone who has received mental health treatment as a close friend.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	How much do you agree with the following statement?: Most people feel that receiving mental health treatment is a sign of personal failure.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	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	
Personal stigma	How much do you agree with the following statement?: I would willingly accept someone who has received mental health treatment as a close friend.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	How much do you agree with the following statement?: I feel that receiving mental health treatment is a sign of personal failure.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

	How much do you agree with the following statement?: I would think less of someone who has received mental health treatment.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
Other factors	As far as you know, how many of your close friends or family have ever sought professional help for an emotional or mental health problem?	1=None 2=At least 1 or 2 3=3 or more 4=Don't know	

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

Witnessing and Reacting to Difficult Situations on Campus

The next questions will ask you about difficult situations that you may have 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
Upstanding	Please indicate in which of the following situations you would intervene if you saw them occurring at your school or in your dorm: (Select all that apply)	1=If I saw someone was drinking too much 2=If I saw someone was at risk of being sexually assaulted 3=If I saw someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments) 4=If I saw 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 <u>[mutually exclusive]</u>	
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	
Self-efficacy with upstanding	How much do you agree with the following statement?: I have a good idea of how to recognize that someone is in emotional or mental distress.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Display if “Knowledge and Attitudes about Mental Health and Mental Health Services” not displayed.

	How much do you agree with the following statement?: I feel confident in helping someone with a mental health problem.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	Display if “Knowledge and Attitudes about Mental Health and Mental Health Services” not displayed.
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 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 [mutually exclusive]	
	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 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 [mutually exclusive]	Display prompt if any witnesses to the previous question.  Only display response options for the corresponding responses selected in the previous witnessing question.
	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	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)	Display if: Student witnessed but didn't intervene; one prompt per discordant pair of response options.

**(11) MENTAL HEALTH CLIMATE**

Campus Climate and Culture

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

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



		disagree 5=Disagree 6=Strongly disagree	
	In the past 12 months, how many times have you been treated unfairly because of your race, ethnicity, gender, sexual orientation, or cultural background?	1=Never 2=Once in awhile 3=Sometimes 4=A lot 5=Most of the time 6=Almost all of the time	Display if Climate for Diversity and Inclusion is not displayed.

**(12) CLIMATE FOR DIVERSITY AND INCLUSION**

Climate for Diversity and Inclusion

The next questions will ask you about your perceptions of campus climate, sense of belonging, and student identity. Remember that your responses are confidential, your participation voluntary, and you may choose to skip questions or stop responding at any point. Definition of Climate: Climate refers to your view of how things generally work in your campus environment (e.g., common attitudes, practices, or behaviors).

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATIONS/NOTE</b>
School climate	Students with disabilities	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	Racial/ethnic minority students	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	Gay, lesbian and bisexual students	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	Transgender and genderqueer students	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	Students from specific religious beliefs and backgrounds	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	Students who are immigrants	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”
	International Students	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: “Please rate the climate at [school name] in general for persons from the following backgrounds:”

	Students who are non-native English speakers	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: "Please rate the climate at [school name] in general for persons from the following backgrounds:"
	Students of low socioeconomic status	1=Hostile 2=Somewhat hostile 3=Neutral 4=Somewhat welcoming 5=Welcoming	Climate for Diverse Groups (Hutchinson, Raymond, & Black, 2008)  Instructions for this item: "Please rate the climate at [school name] in general for persons from the following backgrounds:"
	You just answered several questions about the climate at [school name]. What most shaped your answers and your sense of the climate at [school name]? (Click-and-drag to rank-order the influences below)	1=Your experiences and feelings in the classroom 3=General campus-wide news and events 4=National events, news, and headlines 5=Interactions with other students 6=Interactions with faculty 7=Interactions with staff 8=Other (please specify)	Adapted from Perception of Campus Climate (Rankin, 1998)
	Over the past 12 months, have you seen any behavior or communication directed toward people at [school name] that you felt made the learning environment ...  1 = ...exclusionary? (shunned, ignored, left out) 2 = ...intimidating? (frightening, pressuring) 3 = ...offensive? (disrespectful, irritating) 4 = ...hostile? (bullying, harassment)	1= Yes 2= No	Adapted from Perception of Campus Climate (Rankin, 1998)  Matrix table
	What do you believe the conduct was based upon? (Select all that apply)	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)	Adapted from Perception of Campus Climate (Rankin, 1998)
Experiences of discrimination	In the past 12 months, how many times have you been treated unfairly because of your race, ethnicity, gender, sexual orientation, or cultural background?	1=Never 2=Once in awhile 3=Sometimes 4=A lot 5=Most of the time 6=Almost all of the time	

	Please indicate in which of these spaces you feel that you have been treated unfairly, unequally, been treated with hostility, or been excluded, compared to other students: <i>(Select all that apply)</i>	1=Classroom 2=Dining halls 3=Sports facilities 4=Dorm 5=Other (please specify)	Display if answered anything other than “Never” to “In the past 12 months, how many times have you been treated unfairly because of your race, ethnicity, gender, sexual orientation, or cultural background?”.
	In the cases mentioned in the previous question, did your experiences affect your ability to learn?	1= Yes 2=No	Display if any options selected in “Please indicate in which of these spaces you feel that you have been treated unfairly, unequally, been treated with hostility, or been excluded, compared to other students”.  Adapted from Perception of Campus Climate (Rankin, 1998)
Identity connectedness	Please indicate the extent to which you agree or disagree with the following statement: I have groups, communities, or social circles at [school] where I feel I belong.	1=Strongly disagree 2=Somewhat disagree 3=Somewhat agree 4=Strongly agree	
	Please describe these groups/communities/social circles:	[open text]	

**(13) ACADEMIC GOALS, EXPERIENCES, AND BARRIERS**

Academic Goals and Experiences

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

SECTION	ITEM	RESPONSES	CITATIONS
Stress mindset	Experiencing stress negatively affects health and energy.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Crum, Salovey, & Achor (2013)  Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements."
	Experiencing stress enhances performance and productivity.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Crum, Salovey, & Achor (2013)  Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements."
	Experiencing stress negatively affects learning and growth.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Crum, Salovey, & Achor (2013)  Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements."
	The effects of stress are positive and motivating.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Crum, Salovey, & Achor (2013)  Instructions for this item: "Please rate the extent to which you agree or disagree with the following statements."
Perceived competition	How would you rate the overall competitiveness among students in your current classes?	1=Very competitive 2=Competitive 3=Somewhat competitive 4=Not very competitive 5=Not at all competitive	
	How would you rate the overall competitiveness among students at your school?	1=Very competitive 2=Competitive 3=Somewhat competitive 4=Not very competitive 5=Not at all competitive	
Clarifying achievement goals and their impact	How much do you agree with the following statements?: It is very important to me to do well in my courses.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003)
	How much do you agree with the following statements?: It is important to me that I am recognized as smart in my classes .	1=Strongly disagree 2=Disagree 3=Neither agree nor	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003)

		disagree 4=Agree 5=Strongly agree	
	How much do you agree with the following statements?: In school I am always seeking opportunities to develop new skills and learn new things.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003)
	How much do you agree with the following statements?: It is very important to me to feel that my schoolwork is engaging.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003)
	How much do you agree with the following statements?: It is very important to me to feel that my schoolwork is challenging.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003) Note: Original question in HMS asked “...challenging and leads to growth” and HMS2 is breaking up the questions to see if they are answered the same way
	How much do you agree with the following statements?: It is very important to me to feel that my schoolwork leads to my growth.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly agree	Adapted from Achievement Goal Inventory (Grant & Dweck, 2003)
Overall academic experience	How much do you agree with the following statement?: If I could make my choice over, I would still choose to enroll at my school.	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 confident that I will be able to finish my degree no matter what challenges I may face.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	Which of the following challenges are most likely to prevent you from finishing your degree? (Select all that apply)	1=Financial challenges 2=Mental or emotional health problems 3=Other health problems (not directly related to mental or emotional health) 4=Family obligations 5=Family or relationship difficulties 6=Academic challenges (struggling to pass classes) 7=[if not U.S. citizen,	

		ask→Visa or other challenges related to being a non-U.S. citizen] 8=Lack of motivation or desire 9=Work or professional commitments 10=Career opportunities 11=Other challenge(s) (please specify)	
	What is the highest degree you plan to pursue?	1=2-year college degree (associate's) 2=4-year college degree (bachelor's) 3=Master's degree 4=Doctoral degree (JD, MD, PhD, etc.) 5=Other degree (please specify) 6=Don't know 7=Don't plan on pursuing any of these degrees	
	How much do you agree with the following statement?: I have doubts about whether boarding school is worth the time, money, and effort that I and my family are spending on it.	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?: My family is very supportive of my educational goals.	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?: My professors believe in my potential to succeed academically.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	How has it been to adjust to the academic demands of high school since you began as a student at your school?	1=Very easy 2=Easy 3=Somewhat easy 4=Somewhat difficult 5=Difficult 6=Very difficult	
	Have you failed one or more courses since you began as a student at your school?	1=Yes 0=No	

Experiences with faculty and academic support services	How often have you utilized academic support services (e.g., a writing center, tutor, etc.) since you began as a student at your school?	1=Everyday or nearly everyday 2=2 to 3 times per week 3=Once per week 4=1 to 2 times per month 5=1 to 2 times per semester 6=Never	
	How often have you interacted with faculty during office hours since you began as a student at your school?	1=Everyday or nearly everyday 2=2 to 3 times per week 3=Once per week 4=1 to 2 times per month 5=1 to 2 times per semester 6=Never	
	How often have you interacted with faculty outside of class or office hours (e.g., by phone, email, text, or in person) since you began as a student at your school?	1=Everyday or nearly everyday 2=2 to 3 times per week 3=Once per week 4=1 to 2 times per month 5=1 to 2 times per semester 6=Never	
	How often have you interacted with academic advisors/counselors (e.g., by phone, email, text, or in person) since you began as a student at your school?	1=Everyday or nearly everyday 2=2 to 3 times per week 3=Once per week 4=1 to 2 times per month 5=1 to 2 times per semester 6=Never	
	How often have you interacted with prefects (e.g., by phone, email, text, or in person) since you began as a student at your school?	1=Everyday or nearly everyday 2=2 to 3 times per week 3=Once per week 4=1 to 2 times per month 5=1 to 2 times per semester 6=Never	
Overall social experience	How has it been to develop close friendships with other students at your school?	1=Very easy 2=Easy 3=Somewhat easy 4=Somewhat difficult 5=Difficult 6=Very difficult	
	How has it been to manage your time effectively since you began as a student at your school?	1=Very easy 2=Easy 3=Somewhat easy 4=Somewhat difficult 5=Difficult 6=Very difficult	
Issues affecting academic performance	In the past year, how has the following affected your academic performance?: (Select all that apply) Anxiety/stress	1=I did not experience this. 2=I experienced this but it did not affect my academic performance. 3=I received a lower grade on one or more exams or projects.	Adapted from American College Health Association's National College Health Assessment



		<p>4=I received a lower grade in one or more courses.  5=I received an incomplete or dropped one or more courses.  6=I had a significant disruption in my extra curricular activities.  7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?:  (Select all that apply)  Depression</p>	<p>1=I did not experience this.  2=I experienced this but it did not affect my academic performance.  3=I received a lower grade on one or more exams or projects.  4=I received a lower grade in one or more courses.  5=I received an incomplete or dropped one or more courses.  6=I had a significant disruption in my extra curricular activities.  7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?:  (Select all that apply)  Eating/body image concern</p>	<p>1=I did not experience this.  2=I experienced this but it did not affect my academic performance.  3=I received a lower grade on one or more exams or projects. 4=I received a lower grade in one or more courses.  5=I received an incomplete or dropped one or more courses. 6=I had a significant disruption in my extra curricular activities.  7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?:  (Select all that apply)  Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)</p>	<p>1=I did not experience this.  2=I experienced this but it did not affect my academic performance.  3=I received a lower grade on one or more exams or projects.  4=I received a lower grade in one or more courses.  5=I received an incomplete or dropped one or more courses.  6=I had a significant</p>	

		<p>disruption in my extra curricular activities. 7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?: (Select all that apply) Alcohol/substance use</p>	<p>1=I did not experience this. 2=I experienced this but it did not affect my academic performance. 3=I received a lower grade on one or more exams or projects. 4=I received a lower grade in one or more courses. 5=I received an incomplete or dropped one or more courses. 6=I had a significant disruption in my extra curricular activities. 7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?: (Select all that apply) Physical health condition</p>	<p>1=I did not experience this. 2=I experienced this but it did not affect my academic performance. 3=I received a lower grade on one or more exams or projects. 4=I received a lower grade in one or more courses. 5=I received an incomplete or dropped one or more courses. 6=I had a significant disruption in my extra curricular activities. 7=Other</p>	
	<p>In the past year, how has the following affected your academic performance?: (Select all that apply) Physical assault</p>	<p>1=I did not experience this. 2=I experienced this but it did not affect my academic performance. 3=I received a lower grade on one or more exams or projects. 4=I received a lower grade in one or more courses. 5=I received an incomplete or dropped one or more courses. 6=I had a significant disruption in my extra curricular activities. 7=Other</p>	

**(14) RESILIENCE AND COPING**

Resilience and Coping

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

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Psychological inflexibility/experiential avoidance	I understand my feelings.	1=Never true 2=Very seldom true 3=Seldom true 4=Sometimes true 5=Frequently true 6=Almost always true 7=Always true	Acceptance and Action Questionnaire-II (AAQ-II) (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011)  Instructions for this item (adapted from AAQ-II (Bond et al., 2011)): "Below you will find a list of statements. Please rate how true each statement is for you. Use the scale below to make your choice."
	I worry about not being able to control my feelings.	1=Never true 2=Very seldom true 3=Seldom true 4=Sometimes true 5=Frequently true 6=Almost always true 7=Always true	Acceptance and Action Questionnaire-II (AAQ-II) (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011)  Instructions for this item (adapted from AAQ-II (Bond et al., 2011)): "Below you will find a list of statements. Please rate how true each statement is for you. Use the scale below to make your choice."
	Emotions cause problems in my life.	1=Never true 2=Very seldom true 3=Seldom true 4=Sometimes true 5=Frequently true 6=Almost always true 7=Always true	Acceptance and Action Questionnaire-II (AAQ-II) (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011)  Instructions for this item (adapted from AAQ-II (Bond et al., 2011)): "Below you will find a list of statements. Please rate how true each statement is for you. Use the scale below to make your choice."
	It seems like most people are handling things better than I am.	1=Never true 2=Very seldom true 3=Seldom true 4=Sometimes true 5=Frequently true 6=Almost always true 7=Always true	Acceptance and Action Questionnaire-II (AAQ-II) (Bond, Hayes, Baer, Carpenter, Guenole, Orcutt, Waltz, & Zettle, 2011)  Instructions for this item (adapted from AAQ-II (Bond et al., 2011)): "Below you will find a list of statements. Please rate how true each statement is for you. Use the scale below to make your choice."
Emotional resilience	I tend to bounce back quickly after hard times.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"

	I have a hard time making it through stressful events.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"
	It does not take me long to recover from a stressful event.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"
	It is hard for me to snap back when something bad happens.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"
	I usually come through difficult times with little trouble.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"
	I tend to take a long time to get over set-backs in my life.	1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly agree	Brief Resilience Scale (BRS) (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008)  Instructions for this item (adapted from BRS (Smith et al., 2008)): "Please indicate the extent to which you agree with each of the following statements:"

**(15) FINANCIAL STRESS**

Financial Stress

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

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Socioeconomic status	How would you describe your financial situation <b>while growing up</b> ?	1=Always stressful 2=Often stressful 3=Sometimes stressful 4=Rarely stressful 5=Never stressful	CCMH Standardized Data Set
	How would you describe your financial situation <b>right now</b> ?	1=Always stressful 2=Often stressful 3=Sometimes stressful 4=Rarely stressful 5=Never stressful	CCMH Standardized Data Set
	How do you think your family's wealth compares to other families' wealth at your school?	1=My family is poorer than most families at my school 2=My family's wealth is about the same as most families 3=My family is wealthier than most families at my school	Adapted by HMS2
	How much do you agree with the following statement?: Other students at my school are able to do things that I cannot afford to do.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	
	Within the past 12 months I worried whether our food would run out before we got money to buy more.	1=Often true 2=Sometimes true 3=Never true	
	Within the past 12 months the food I bought just didn't last and I didn't have money to get more.	1=Often true 2=Sometimes true 3=Never true	
	To what extent do these statements describe your experiences these days? (Please select all that apply)	1=I have difficulty paying for school 2=I have difficulty paying for food 3=I have difficulty paying for transportation 4=I have difficulty paying for childcare 5=I have difficulty paying for health care 6=I have difficulty paying for textbooks or course materials	
Financing education	How much do you agree with the following statement?: I am worried about my ability to pay for school.	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

	<p>How much of the past year's educational expenses (room, board, tuition, and fees) were covered by family resources (parents, relatives, spouse, etc.)?</p>	<p>1=None  2=\$1-\$2,999  3=\$3,000-\$5,999  4=\$6,000-\$9,999  5=\$10,000-\$14,999  6=\$15,000 or more  7=Don't know</p>	
	<p>How much of the past year's educational expenses (room, board, tuition, and fees) were covered by your own resources (income from work, work-study, etc.)?</p>	<p>1=None  2=\$1-\$2,999  3=\$3,000-\$5,999  4=\$6,000-\$9,999  5=\$10,000-\$14,999  6=\$15,000 or more  7=Don't know</p>	
	<p>How much of the past year's educational expenses (room, board, tuition, and fees) were covered by aid that need not be repaid (grants, scholarships, military, etc.)?</p>	<p>1=None  2=\$1-\$2,999  3=\$3,000-\$5,999  4=\$6,000-\$9,999  5=\$10,000-\$14,999  6=\$15,000 or more  7=Don't know</p>	
	<p>How much of the past year's educational expenses (room, board, tuition, and fees) were covered by aid that must be repaid (loans)?</p>	<p>1=None  2=\$1-\$2,999  3=\$3,000-\$5,999  4=\$6,000-\$9,999  5=\$10,000-\$14,999  6=\$15,000 or more  7=Don't know</p>	
	<p>How much of the past year's educational expenses (room, board, tuition, and fees) were covered by other sources?</p>	<p>1=None  2=\$1-\$2,999  3=\$3,000-\$5,999  4=\$6,000-\$9,999  5=\$10,000-\$14,999  6=\$15,000 or more  7=Don't know</p>	

**(16) ATTITUDES ABOUT MOBILE RESOURCES**

**ATTITUDES ABOUT MOBILE RESOURCES**

*As technology continues to grow and develop, we are offered more and more opportunities to use smartphone apps to help us manage our well-being or mental/emotional health. Examples of these apps include meditation apps, mood-tracking apps, therapy apps, etc. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.*

<b>SECTION</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
	Would you be open to using an app for wellness or mental/emotional health?	1=Yes 2=Maybe 3=No	
	What would you hope to get out of an app for wellness or mental/emotional health?	[open text]	Display if “Yes” or “Maybe” is selected for “Would you be open to using an app for wellness or mental/emotional health?”
	Would you prefer to use a mental health app instead of seeing a mental health professional, if you were experiencing a mental health condition?	1=Yes 2=Maybe 3=No	Display if “Yes” or “Maybe” is selected for “Would you be open to using an app for wellness or mental/emotional health?”
	If you were using a wellness or mental/emotional health, how frequently would you like to use it?	1=Daily 2=Weekly 3=Monthly 4=I don't know 5=Other	Display if “Yes” or “Maybe” is selected for “Would you be open to using an app for wellness or mental/emotional health?”
	Why would you not use a mental health app?	[open text]	Display if “No” is selected for “Would you be open to using an app for wellness or mental/emotional health?”
	Have you ever used a smartphone app to manage your wellness or mental/emotional health?	1=No, never 2=Yes	
	What are the reasons why you have not used a mental health app? (Select all that apply)	1=I have concerns about privacy and security of data 2=There is a lack of research support available 3=I'm unsure about how useful the app will be 4=I have concerns about cost 5=Apps seem difficult to use 6=I don't know if I could find a suitable app 7=I don't know which app to download 8=I don't have a suitable device/enough space to download new apps I don't have time to use apps 9=I'm not interested in using mental health apps 10=I don't think I need these kinds of apps 11=Other (please specify)	Display if “No, never” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”
	When did you use a smartphone app to manage your wellness or mental/emotional health?	1=Before starting high school 2=Since starting high school 3=I currently use an app	Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”

	<p>What were your reasons for using a wellness or mental/emotional health app? (Select all that apply)</p>	<p>1=To help with mental health problems or symptoms, such as depression, anxiety, etc.  2=To manage stress  3=To better myself and improve overall wellbeing  4=To help me during a difficult time  5=Other (please specify)</p>	<p>Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”</p>
	<p>How helpful, overall, do you think the smartphone app(s) was or has been for your mental or emotional health?</p>	<p>1=Very helpful  2=Helpful  3=Somewhat helpful  4=Not helpful</p>	<p>Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”</p>
	<p>What prompted your decision to use a smartphone app for wellness or mental/emotional health? (Select all that apply)</p>	<p>1=I decided to use the app(s) on my own  2=A friend encouraged me to use the app(s)  4=A family member recommended using the app(s)  5=A medical professional recommended using the apps  6=A school advisor or counselor recommended using the apps  7=Someone else recommended using the app(s) (please specify person’s relationship to you)  8=I heard about apps for wellness or mental/emotional health somewhere else (please specify where)  9=Other (please specify)</p>	<p>Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”</p>
	<p>What do you like about the wellness or mental/emotional health app(s) you have used? Please choose your top three.</p>	<p>1=They are easy to use  2=They are nicely designed and visually appealing  3=They contain high quality graphics and images  4=They are written in simple language, with easy to follow instructions  5=They have well-written, coherent content  6=There is research supporting their effectiveness  7=They are fun/entertaining to use  8=They have interactive features  9=I feel positive effects from using them  10=They don’t require me to invest too much time to use them  11=I enjoyed the activities in the app  12=They have useful reminders and prompts</p>	<p>Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”</p> <p>Select top three and then rank importance of the three selected</p>
	<p>How important are each of these three features to your experience of using the app?</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5 = Very important</p>	<p>Display if previous item is answered, “What do you like about the wellness or mental/emotional health app(s) you have used? Please choose your top three.”</p>



	Around how often did you use the mental health app(s)?	1=A few times a day 2=Once a day 3=A few times a week 4=Once a week 5=A few times a month 6=Once a month 7=Less frequently	Display if “Yes” is selected for “Have you ever used a smartphone app to manage your wellness or mental/emotional health?”
	Imagine you are looking for an app for wellness or mental/emotional health - where would you start your search? (Select all that apply)	1=App store (Android Play store, Apple iTunes store) 2=Search engine (e.g. Google) 3=My school’s website or online resources 4=My school’s on-campus resources 5=Ask a medical professional for a recommended app 6=Ask a school counselor/advisor for a recommended app 7=Ask a friend/family member for a recommended app 8=I don’t know 9=Somewhere else – please specify	
	Where do you hear about new mental health apps? (Select all that apply)	1= Medical professional (please specify which type of medical professional – e.g. nurse, general practitioner, psychiatrist) 2=Public advertisements 3=Independent search 4=Friends 5=Family 6=Social Media 7=School counselor/Advisor 8=Other school resources (please specify) 9=Website (please specify which website(s)) 10=Other (please specify) 11=Not applicable - I don’t hear anything about new mental health apps	
	Which social media platforms?	1=Facebook 2=Twitter 3=Instagram 4=SnapChat 5=Pinterest 6=Other (please specify)	Display if “Social Media” is selected for “Where do you hear about new mental health apps?”
	How much do you agree with the following statement?: “If I wanted to seek out a wellness or mental/emotional health app, I would know how to find an app I could trust.”	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The app has research supporting its benefits</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The app is well designed and easy to use</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The app has information about data privacy and storage policies</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The app has reviews from users</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The app has reviews from experts in the field (e.g. psychologist)</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The reputation of the app developer</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The cost of the app</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>The time commitment required by the app seems manageable to me</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	
	<p>Now imagine you are trying to decide which wellness or mental/emotional health app to use. How important would each of the following features be in your decision?:</p> <p>Something else (please specify)</p>	<p>1= Not at all important  2=Slightly important  3=Moderately important  4=Important  5=Very important</p>	

	How helpful on average do you think wellness or mental/emotional health apps are for people your age who are having mental or emotional health problems?	1=Very helpful 2=Helpful 3=Somewhat helpful 4=Not helpful	
	How much do you agree with the following statement? “If I wanted to seek out a smartphone app for my mental/emotional health, I would know what kind of app to look for, given my needs.”	1=Strongly agree 2=Agree 3=Somewhat agree 4=Somewhat disagree 5=Disagree 6=Strongly disagree	

**Module 17: COVID-19**

The next questions will ask you about how the COVID-19 pandemic has impacted your life, both in and outside of school. Remember that your responses are confidential and you may choose to skip questions or stop responding at any point.

Questions grayed out (gray text) indicate a conditional follow up question based on previous responses.

<b>SECTION</b>	<b>VARIABLE</b>	<b>ITEM</b>	<b>RESPONSE CATEGORIES</b>	<b>CITATION/NOTES</b>
Diagnosis		Have you had COVID-19?	1 = Yes (confirmed by a test) 2 = Probably (I was told I likely had COVID 19, but it was not confirmed by a test) 3 = Maybe (I have had symptoms like COVID-19, but it was not confirmed by a test) 4 = No (no symptoms or other reason to think I have had it)	HMS
		In the past 12 months, have you been absent from school because you were quarantining after a COVID-19 exposure?	1=Yes 2=No	
		Have you moved to a new living situation as a result of the COVID-19 pandemic?	1 = Yes 2 = No	
		How has your access to mental health care been affected by the COVID-19 pandemic?	1 = Much more difficult or limited access 2 = Somewhat more difficult or limited access 3 = No significant change in access 4 = Somewhat less difficult or limited access 5 = Much less difficult or limited access 6 = Don't know or not applicable (have not tried to access care)	
		How often do you wear a mask?	1=Never 2=Rarely 3=Sometimes 4=Often 5=Always	
		Why do you wear a mask? (Select all that apply)	1=To protect myself 2=To protect family members 3=To protect the public 4=To follow store/company policies 5=To follow local or state mandates 6=To follow school policy 7=To fit in (social or peer pressures make it seem like the right thing to do) 8=My parents tell me to 9=Other (please specify) 10=None of the above (mutually exclusive)	Display if "how often do you wear a mask" is not = to "never"

		How much do you agree with the following statement?:  At times, I am nervous or uncomfortable in social settings because of COVID-19	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly Agree	
		Did you experience virtual learning or a hybrid approach (some in-person, some virtual) to school as a result of COVID-19?	1=Yes 2=No	
		How much do you agree with the following statement?:  I am more comfortable in a virtual learning environment than in person.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly Agree	Display if "yes" to experiencing virtual or hybrid learning as a result of COVID-19
		How much do you agree with the following statement?:  I did better in school in a virtual learning environment than in person.	1=Strongly disagree 2=Disagree 3=Neither agree nor disagree 4=Agree 5=Strongly Agree	Display if "yes" to experiencing virtual or hybrid learning as a result of COVID-19
		Have you received a COVID-19 vaccine?	1=Yes 2=No 3=Prefer not to say	
		Have you had conversations with your parent(s) or guardian(s) about receiving the COVID-19 vaccine?	1=Yes 2=No	
		Do you intend to get a COVID-19 vaccine?	1=Yes 2=No 3=I'm not sure	Display if "no" to receipt of COVID-19 vaccine

		How supportive have the following groups been for you <b>during the COVID-19 pandemic?</b>  <ul style="list-style-type: none"> <li>• Your school's administration (such as principal, assistant principal, etc.)</li> <li>• Your teachers</li> <li>• Your school's mental health services</li> <li>• Your school's medical services</li> </ul>	1=Very unsupportive 2=Unsupportive 3=Neither supportive nor unsupportive 4=Supportive 5=Very supportive 6=I don't think about this group for support 7=Not applicable	Adapted from HMS to fit secondary school audience  Presented as matrix
		How long the COVID-19 pandemic will last	1=Not concerned at all 2=Slightly concerned 3=Moderately concerned 4=Very concerned 5=Extremely concerned	Over <b>the past two weeks</b> , on average, how much have you been concerned with the following?

		How many more people will become infected with COVID-19	1=Not concerned at all 2=Slightly concerned 3=Moderately concerned 4=Very concerned 5=Extremely concerned	
		Your personal sense of safety and security	1=Not concerned at all 2=Slightly concerned 3=Moderately concerned 4=Very concerned 5=Extremely concerned	
		Personally becoming sick with COVID-19	1=Not concerned at all 2=Slightly concerned 3=Moderately concerned 4=Very concerned 5=Extremely concerned	
		People you care about becoming sick with COVID-19	1=Not concerned at all 2=Slightly concerned 3=Moderately concerned 4=Very concerned 5=Extremely concerned	
		I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus.	1=Not at all 2=Rare, less than a day or two 3= Several days 4=More than 7 days 5=Nearly every day over the last 2 weeks	How often have you experienced the following activities over the last 2 weeks?  Lee, S. A. (2020). Coronavirus Anxiety Scale: A brief mental health screener for COVID-19 related anxiety. Death Studies.
		I had trouble falling or staying asleep because I was thinking about the coronavirus.	1=Not at all 2=Rare, less than a day or two 3= Several days 4=More than 7 days 5=Nearly every day over the last 2 weeks	Lee, S. A. (2020).
		I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.	1=Not at all 2=Rare, less than a day or two 3= Several days 4=More than 7 days 5=Nearly every day over the last 2 weeks	Lee, S. A. (2020).
		I lost interest in eating when I thought about or was exposed to information about the coronavirus.	1=Not at all 2=Rare, less than a day or two 3= Several days 4=More than 7 days 5=Nearly every day over the last 2 weeks	Lee, S. A. (2020).

		I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus.	1=Not at all 2=Rare, less than a day or two 3= Several days 4=More than 7 days 5=Nearly every day over the last 2 weeks	Lee, S. A. (2020).
Discrimination		As a result of the COVID-19 pandemic, have you <b>experienced</b> any discriminatory or hostile behavior due to your race/ethnicity (or what someone thought was your race/ethnicity)?	1= Yes 2 = No	HMS
		As a result of the COVID-19 pandemic, have you <b>witnessed</b> (online exchanges or in-person) any discriminatory or hostile behavior or exchanges towards others due to their race/ethnicity (or what someone thought was their race/ethnicity)?	1 = Yes 2 = No	HMS
		What do you believe was the race/ethnicity of the victim(s) of the behavior or exchanges you witnessed? (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 = Other (please specify)	HMS Display if “As a result of the COVID-19 pandemic have you witnessed racially or ethnically driven discrimination or hostility (online or in person) = “Yes”
		How much do you agree or disagree with the following statement?: Asian Americans are respected by the broader American society.	1 = Strongly Agree 2 = Agree 3 = Neither Agree or Disagree 4 = Disagree 5 = Strongly Disagree	HMS