Spring 2013 Canadian National College Health Assessment

The following questions ask about various aspects of your health. This survey is completely voluntary. You may choose not to participate or not to answer any specific questions. You may skip any question you are not comfortable answering. The survey is confidential. E-mail contact information is destroyed before data are compiled to protect confidentiality. Composite data will then be shared with your campus for use in health promotion activities.

NAVIGATE WITH THE MOUSE OR PRESS THE TAB KEY AFTER EACH ENTRY
DO NOT USE THE ENTER KEY

Health, Health Education, and Safety

1) How would you describe your general health?

- ❍ Excellent
- ❍ Very good
- ❍ Good
- ❍ Fair
- ❍ Poor
- ❍ Don't know

2A) Have you received information on the following topics from your college or university? (Please mark the appropriate column for each row)

	No	Yes
Alcohol and other drug use	❍	❍
Cold/Flu/Sore throat	❍	❍
Depression/Anxiety	❍	❍
Eating disorders	❍	❍
Grief and loss	❍	❍
How to help others in distress	❍	❍
Injury prevention	❍	❍
Nutrition	❍	❍
Physical activity	❍	❍
Pregnancy prevention	❍	❍

2B) Have you received information on the following topics from your college or university? (Please mark the appropriate column for each row)

	No	Yes
Problem use of Internet/computer games	❍	❍
Relationship difficulties	❍	❍
Sexual assault/Relationship violence prevention	❍	❍
Sexually transmitted disease/infection (STD/I) prevention	❍	❍
Sleep difficulties	❍	❍
Stress reduction	❍	❍
Suicide prevention	❍	❍
Tobacco use	❍	❍
Violence prevention	❍	❍

3A) Are you interested in receiving information on the following topics from your college or university? (Please mark the appropriate column for each row)

	No	Yes
Alcohol and other drug use	❍	❍
Cold/Flu/Sore throat	❍	❍
Depression/Anxiety	❍	❍
Eating disorders	❍	❍
Grief and loss	❍	❍
How to help others in distress	❍	❍
Injury prevention	❍	❍
Nutrition	❍	❍
Physical activity	❍	❍
Pregnancy prevention	❍	❍

3B) Are you interested in receiving information on the following topics from your college or university? (Please mark the appropriate column for each row)

	No	Yes
Problem use of Internet/computer games	❍	❍
Relationship difficulties	❍	❍
Sexual assault/Relationship violence prevention	❍	❍
Sexually transmitted disease/infection (STD/I) prevention	❍	❍
Sleep difficulties	❍	❍
Stress reduction	❍	❍
Suicide prevention	❍	❍
Tobacco use	❍	❍
Violence prevention	❍	❍

4) Within the last 12 months, how often did you: (Please mark the appropriate column for each row)

	N/A, did not do this activity within the **last 12 months**	Never	Rarely	Sometimes	Most of the time	Always
Wear a seatbelt when you rode in a car?	❍	❍	❍	❍	❍	❍
Wear a helmet when you rode a bicycle?	❍	❍	❍	❍	❍	❍
Wear a helmet when you rode a motorcycle?	❍	❍	❍	❍	❍	❍
Wear a helmet when you were inline skating?	❍	❍	❍	❍	❍	❍

5) Within the last 12 months: (Please mark the appropriate column for each row)

	No	Yes
Were you in a physical fight?	❍	❍
Were you physically assaulted (do not include sexual assault)?	❍	❍
Were you verbally threatened?	❍	❍
Were you sexually touched without your consent?	❍	❍
Was sexual penetration attempted (vaginal, anal, oral) without your consent?	❍	❍
Were you sexually penetrated (vaginal, anal, oral) without your consent?	❍	❍
Were you a victim of stalking (e.g., waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?	❍	❍

6) Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was: (Please mark the appropriate column for each row)

	No	Yes
Emotionally abusive? (e.g., called derogatory names, yelled at, ridiculed)	❍	❍
Physically abusive? (e.g., kicked, slapped, punched)	❍	❍
Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform or have an unwanted sexual act performed on you)	❍	❍

7) How safe do you feel: (Please mark the appropriate column for each row)

	Not safe at all	Somewhat unsafe	Somewhat safe	Very safe
On this campus (daytime)?	❍	❍	❍	❍
On this campus (nighttime)?	❍	❍	❍	❍
In the community surrounding this school (daytime)?	❍	❍	❍	❍
In the community surrounding this school (nighttime)?	❍	❍	❍	❍

Alcohol, Tobacco, and Drugs

8A) Within the last 30 days, on how many days did you use: (Please mark the appropriate column for each row)

	Never used	Have used, but not in **last 30 days**	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
Cigarettes	❍	❍	❍	❍	❍	❍	❍	❍
Tobacco from a water pipe (hookah)	❍	❍	❍	❍	❍	❍	❍	❍
Cigars, little cigars, clove cigarettes	❍	❍	❍	❍	❍	❍	❍	❍
Smokeless tobacco	❍	❍	❍	❍	❍	❍	❍	❍
Alcohol (beer, wine, liquor)	❍	❍	❍	❍	❍	❍	❍	❍
Marijuana (pot, weed, hashish, hash oil)	❍	❍	❍	❍	❍	❍	❍	❍
Cocaine (crack, rock, freebase)	❍	❍	❍	❍	❍	❍	❍	❍
Methamphetamine (crystal meth, ice, crank)	❍	❍	❍	❍	❍	❍	❍	❍
Other amphetamines (diet pills, bennies)	❍	❍	❍	❍	❍	❍	❍	❍

8B) Within the last 30 days, on how many days did you use: (Please mark the appropriate column for each row)

	Never used	Have used, but not in **last 30 days**	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
Sedatives (downers, ludes)	❍	❍	❍	❍	❍	❍	❍	❍
Hallucinogens (LSD, PCP)	❍	❍	❍	❍	❍	❍	❍	❍
Anabolic steroids (Testosterone)	❍	❍	❍	❍	❍	❍	❍	❍
Opiates (heroin, smack)	❍	❍	❍	❍	❍	❍	❍	❍
Inhalants (glue, solvents, gas)	❍	❍	❍	❍	❍	❍	❍	❍
MDMA (Ecstasy)	❍	❍	❍	❍	❍	❍	❍	❍
Other club drugs (GHB, Ketamine, Rohypnol)	❍	❍	❍	❍	❍	❍	❍	❍
Other illegal drugs	❍	❍	❍	❍	❍	❍	❍	❍

9A) Within the last 30 days, how often do you think the typical student at your school used: (State your best estimate; Please mark the appropriate column for each row)

	Never used	Have used, but not in **last 30 days**	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
Cigarettes	❍	❍	❍	❍	❍	❍	❍	❍
Tobacco from a water pipe (hookah)	❍	❍	❍	❍	❍	❍	❍	❍
Cigars, little cigars, clove cigarettes	❍	❍	❍	❍	❍	❍	❍	❍
Smokeless tobacco	❍	❍	❍	❍	❍	❍	❍	❍
Alcohol (beer, wine, liquor)	❍	❍	❍	❍	❍	❍	❍	❍
Marijuana (pot, weed, hashish, hash oil)	❍	❍	❍	❍	❍	❍	❍	❍
Cocaine (crack, rock, freebase)	❍	❍	❍	❍	❍	❍	❍	❍
Methamphetamine (crystal meth, ice, crank)	❍	❍	❍	❍	❍	❍	❍	❍
Other amphetamines (diet pills, bennies)	❍	❍	❍	❍	❍	❍	❍	❍

9B) Within the last 30 days, how often do you think the typical student at your school used: (State your best estimate; Please mark the appropriate column for each row)

	Never used	Have used, but not in **last 30 days**	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
Sedatives (downers, ludes)	❍	❍	❍	❍	❍	❍	❍	❍
Hallucinogens (LSD, PCP)	❍	❍	❍	❍	❍	❍	❍	❍
Anabolic steroids (Testosterone)	❍	❍	❍	❍	❍	❍	❍	❍
Opiates (heroin, smack)	❍	❍	❍	❍	❍	❍	❍	❍
Inhalants (glue, solvents, gas)	❍	❍	❍	❍	❍	❍	❍	❍
MDMA (Ecstasy)	❍	❍	❍	❍	❍	❍	❍	❍
Other club drugs (GHB, Ketamine, Rohypnol)	❍	❍	❍	❍	❍	❍	❍	❍
Other illegal drugs	❍	❍	❍	❍	❍	❍	❍	❍

One drink of alcohol is defined as a 12 oz. can or bottle of beer or wine cooler, a 4 oz. glass of wine, or a shot of liquor straight or in a mixed drink.

10) The last time you "partied"/socialized how many drinks of alcohol did you have? (If you did not drink alcohol, please enter 0)

_____Drinks

11) The last time you "partied"/socialized, over how many hours did you drink alcohol? (If you did not drink alcohol, please enter 0)

_____Hours

12) How many drinks of alcohol do you think the typical student at your school had the last time he/she "partied"/socialized? (If you think the typical student at your school does not drink alcohol, please enter 0)

_____Drinks

13) Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting?

- ❍ N/A, don't drink
- ❍ None
- ❍ 1 time
- ❍ 2 times
- ❍ 3 times
- ❍ 4 times
- ❍ 5 times
- ❍ 6 times
- ❍ 7 times
- ❍ 8 times
- ❍ 9 times
- ❍ 10 or more times

14) Within the last 30 days, did you: (Please mark the appropriate column for each row)

	N/A, don't drive	N/A, don't drink	No	Yes
Drive after drinking any alcohol at all	❍	❍	❍	❍
Drive after drinking five or more drinks of alcohol	❍	❍	❍	❍

15) During the last 12 months, when you "partied"/socialized, how often did you: (Please mark the appropriate column for each row)

	N/A, don't drink	Never	Rarely	Sometimes	Most of the time	Always
Alternate non-alcoholic with alcoholic beverages	❍	❍	❍	❍	❍	❍
Avoid drinking games	❍	❍	❍	❍	❍	❍
Choose not to drink alcohol	❍	❍	❍	❍	❍	❍
Determine, in advance, not to exceed a set number of drinks	❍	❍	❍	❍	❍	❍
Eat before and/or during drinking	❍	❍	❍	❍	❍	❍
Have a friend let you know when you have had enough	❍	❍	❍	❍	❍	❍
Keep track of how many drinks you were having	❍	❍	❍	❍	❍	❍
Pace your drinks to 1 or fewer per hour	❍	❍	❍	❍	❍	❍
Stay with the same group of friends the entire time you were drinking	❍	❍	❍	❍	❍	❍
Stick with only one kind of alcohol when drinking	❍	❍	❍	❍	❍	❍
Use a designated driver	❍	❍	❍	❍	❍	❍

16) Within the last 12 months, have you experienced any of the following when drinking alcohol? (Please mark the appropriate column for each row)

	N/A, don't drink	No	Yes
Did something you later regretted	❍	❍	❍
Forgot where you were or what you did	❍	❍	❍
Got in trouble with the police	❍	❍	❍
Someone had sex with me **without my** consent	❍	❍	❍
Had sex with someone **without their** consent	❍	❍	❍
Had unprotected sex	❍	❍	❍
Physically injured yourself	❍	❍	❍
Physically injured another person	❍	❍	❍
Seriously considered suicide	❍	❍	❍

17A) Within the last 30 days, what percent of students at your school used cigarettes? State your best estimate.

_____Percent

17B) Within the last 30 days, what percent of students at your school used alcohol? State your best estimate.

_____Percent

17C) Within the last 30 days, what percent of students at your school used marijuana? State your best estimate.

_____Percent

18) In the last 12 months, have you taken any of the following prescriptions drugs that were not prescribed to you? (Please mark the appropriate column for each row)

	No	Yes
Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft)	❍	❍
Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)	❍	❍
Pain killers (e.g., OxyContin, Vicodin, Codeine)	❍	❍
Sedatives (e.g., Xanax, Valium)	❍	❍
Stimulants (e.g., Ritalin, Adderall)	❍	❍

Sex Behavior and Contraception

19) Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 0)

_____Number of Partners

20) Within last 12 months, did you have sexual partner(s) who were: (Please mark the appropriate column for each row)

	No	Yes
Female	❍	❍
Male	❍	❍
Transgender	❍	❍

21) Within the last 30 days, did you have: (Please mark the appropriate column for each row)

	No, have never done this sexual activity	No, have done this sexual activity in the past but not in the **last 30 days**	Yes
Oral sex?	❍	❍	❍
Vaginal intercourse?	❍	❍	❍
Anal intercourse?	❍	❍	❍

22) Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during: (Please mark the appropriate column for each row)

	N/A, never did this sexual activity	Have not done this sexual activity during the **last 30 days**	Never	Rarely	Sometimes	Most of the time	Always
Oral sex?	❍	❍	❍	❍	❍	❍	❍
Vaginal intercourse?	❍	❍	❍	❍	❍	❍	❍
Anal intercourse?	❍	❍	❍	❍	❍	❍	❍

23A) Did you or your partner use a method of birth control to prevent pregnancy the last time you had vaginal intercourse?

❍ Yes
❍ N/A, have not had vaginal intercourse
❍ No, have not had vaginal intercourse that could result in a pregnancy
❍ No, did not want to prevent pregnancy
❍ No, did not use any birth control method
❍ Don't know

23B) Please indicate whether or not you or your partner used each of the following methods of birth control to prevent pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each row)

	No	Yes
Birth control pills (monthly or extended cycle)	❍	❍
Birth control shots	❍	❍
Birth control implants	❍	❍
Birth control patch	❍	❍
Vaginal ring	❍	❍
Intrauterine device (IUD)	❍	❍
Male condom	❍	❍
Female condom	❍	❍
Diaphragm or cervical cap	❍	❍
Contraceptive sponge	❍	❍
Spermicide (e.g., foam, jelly, cream)	❍	❍
Fertility awareness (e.g., calendar, mucous, basal body temperature)	❍	❍
Withdrawal	❍	❍
Sterilization (e.g., hysterectomy, tubes tied, or vasectomy)	❍	❍
Other method	❍	❍

24) Within the last 12 months, have you or your partner(s) used emergency contraception ("morning after pill")?

- ❍ N/A, have not had vaginal intercourse in the **last 12 months**
- ❍ No
- ❍ Yes
- ❍ Don't know

25) Within the last 12 months, have you or your partner(s) become pregnant?

- ❍ N/A, have not had vaginal intercourse in the **last 12 months**
- ❍ No
- ❍ Yes, unintentionally
- ❍ Yes, intentionally
- ❍ Don't know

Weight, Nutrition, and Exercise

26) How do you describe your weight?

- ❍ Very underweight
- ❍ Slightly underweight
- ❍ About the right weight
- ❍ Slightly overweight
- ❍ Very overweight

27) Are you trying to do any of the following about your weight?

- ❍ I am not trying to do anything about my weight
- ❍ Stay the same weight
- ❍ Lose weight
- ❍ Gain weight

28) How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; ½ cup fresh, frozen, or canned fruits/vegetables; ¾ cup fruit/vegetable juice; 1 cup salad greens; or ¼ cup dried fruit)

- ❍ 0 servings per day
- ❍ 1-2 servings per day
- ❍ 3-4 servings per day
- ❍ 5 or more servings per day

29) On how many of the past 7 days did you: (Please mark the appropriate column for each row)

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Do **moderate-intensity** cardio or aerobic exercise (caused a noticeable increase in heart rate, such as a brisk walk) for at least **30 minutes**?	❍	❍	❍	❍	❍	❍	❍	❍
Do **vigorous-intensity** cardio or aerobic exercise (caused large increases in breathing or heart rate, such as jogging) for at least **20 minutes**?	❍	❍	❍	❍	❍	❍	❍	❍
Do 8-10 strength training exercises (such as resistance weight machines) for 8-12 repetitions each?	❍	❍	❍	❍	❍	❍	❍	❍

Mental Health

30) Have you ever: (Please mark the appropriate column for each row)

	No, never	No, not in the **last 12 months**	Yes. in the **last 2 weeks**	Yes, in the **last 30 days**	Yes, in the **last 12 months**
Felt things were hopeless	❍	❍	❍	❍	❍
Felt overwhelmed by all you had to do	❍	❍	❍	❍	❍
Felt exhausted (not from physical activity)	❍	❍	❍	❍	❍
Felt very lonely	❍	❍	❍	❍	❍
Felt very sad	❍	❍	❍	❍	❍
Felt so depressed that it was difficult to function	❍	❍	❍	❍	❍
Felt overwhelming anxiety	❍	❍	❍	❍	❍
Felt overwhelming anger	❍	❍	❍	❍	❍
Intentionally cut, burned, bruised, or otherwise injured yourself	❍	❍	❍	❍	❍
Seriously considered suicide	❍	❍	❍	❍	❍
Attempted suicide	❍	❍	❍	❍	❍

31A) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row)

	No	Yes, diagnosed but not treated	Yes, treated with medication	Yes, treated with psychotherapy	Yes, treated with medication and psychotherapy	Yes, other treatment
Anorexia	❍	❍	❍	❍	❍	❍
Anxiety	❍	❍	❍	❍	❍	❍
Attention Deficit and Hyperactivity Disorder (ADHD)	❍	❍	❍	❍	❍	❍
Bipolar Disorder	❍	❍	❍	❍	❍	❍
Bulimia	❍	❍	❍	❍	❍	❍
Depression	❍	❍	❍	❍	❍	❍
Insomnia	❍	❍	❍	❍	❍	❍
Other sleep disorder	❍	❍	❍	❍	❍	❍

31B) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row)

	No	Yes, diagnosed but not treated	Yes, treated with medication	Yes, treated with psychotherapy	Yes, treated with medication and psychotherapy	Yes, other treatment
Obsessive Compulsive Disorder (OCD)	❍	❍	❍	❍	❍	❍
Panic attacks	❍	❍	❍	❍	❍	❍
Phobia	❍	❍	❍	❍	❍	❍
Schizophrenia	❍	❍	❍	❍	❍	❍
Substance abuse or addiction (alcohol or other drugs)	❍	❍	❍	❍	❍	❍
Other addiction (e.g., gambling, internet, sexual)	❍	❍	❍	❍	❍	❍
Other mental health condition	❍	❍	❍	❍	❍	❍

32) Have you ever been diagnosed with depression?

- ❍ No
- ❍ Yes

33) Within the last 12 months, have any of the following been traumatic or very difficult for you to handle? (Please mark the appropriate column for each row)

	No	Yes
Academics	❍	❍
Career-related issue	❍	❍
Death of a family member or friend	❍	❍
Family problems	❍	❍
Intimate relationships	❍	❍
Other social relationships	❍	❍
Finances	❍	❍
Health problem of a family member or partner	❍	❍
Personal appearance	❍	❍
Personal health issue	❍	❍
Sleep difficulties	❍	❍
Other	❍	❍

34) Have you ever received psychological or mental health services from any of the following? (Please mark the appropriate column for each row)

	No	Yes
Counselor/Therapist/Psychologist	❍	❍
Psychiatrist	❍	❍
Other medical provider (e.g., physician, nurse practitioner)	❍	❍
Minister/Priest/Rabbi/Other clergy	❍	❍

35) Have you ever received psychological or mental health services from your current college/university's Counseling or Health Service?

- ❍ No
- ❍ Yes

36) If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

- ❍ No
- ❍ Yes

37) Within the last 12 months, how would you rate the overall level of stress you have experienced?

- ❍ No stress
- ❍ Less than average stress
- ❍ Average stress
- ❍ More than average stress
- ❍ Tremendous stress

Physical Health

38) Within the last 30 days, did you do any of the following? (Please mark the appropriate column for each row)

	No	Yes
Exercise to lose weight	❍	❍
Diet to lose weight	❍	❍
Vomit or take laxatives to lose weight	❍	❍
Take diet pills to lose weight	❍	❍

39) Have you: (Please mark the appropriate column for each row)

	No	Yes	Don't know
Had a dental exam and cleaning in the **last 12 months**?	❍	❍	❍
(Males) Performed a testicular self exam in the **last 30 days**?	❍	❍	❍
(Females) Performed a breast self exam in the **last 30 days**?	❍	❍	❍
(Females) Had a routine gynecological exam in the **last 12 months**?	❍	❍	❍
Used sunscreen regularly with sun exposure?	❍	❍	❍
Ever been tested for Human Immunodeficiency Virus (HIV) infection?	❍	❍	❍

40) Have you received the following vaccinations (shots)? (Please mark the appropriate column for each row)

	No	Yes	Don't know
Hepatitis B	❍	❍	❍
Human Papillomavirus/HPV (cervical cancer vaccine)	❍	❍	❍
Influenza (the flu) in the **last 12 months** (shot or nasal mist)	❍	❍	❍
Measles, Mumps, Rubella	❍	❍	❍
Meningococcal disease (meningococcal meningitis)	❍	❍	❍
Varicella (chicken pox)	❍	❍	❍

41A) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row)

	No	Yes
Allergies	❍	❍
Asthma	❍	❍
Back pain	❍	❍
Broken bone/Fracture/Sprain	❍	❍
Bronchitis	❍	❍
Chlamydia	❍	❍
Diabetes	❍	❍
Ear infection	❍	❍
Endometriosis	❍	❍
Genital herpes	❍	❍
Genital warts/Human Papillomavirus (HPV)	❍	❍
Gonorrhea	❍	❍
Hepatitis B or C	❍	❍

41B) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row)

	No	Yes
High blood pressure	❍	❍
High cholesterol	❍	❍
Human Immunodeficiency Virus (HIV)	❍	❍
Irritable Bowel Syndrome (IBS)	❍	❍
Migraine headache	❍	❍
Mononucleosis	❍	❍
Pelvic Inflammatory Disease (PID)	❍	❍
Repetitive stress injury (e.g., carpal tunnel syndrome)	❍	❍
Sinus infection	❍	❍
Strep throat	❍	❍
Tuberculosis	❍	❍
Urinary tract infection	❍	❍

42) On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

- ❍ 0 days
- ❍ 1 day
- ❍ 2 days
- ❍ 3 days
- ❍ 4 days
- ❍ 5 days
- ❍ 6 days
- ❍ 7 days

43) People sometimes feel sleepy during the daytime. In the past 7 days, how much of a problem have you had with sleepiness (feeling sleepy, struggling to stay awake) during your daytime activities?

- ❍ No problem at all
- ❍ A little problem
- ❍ More than a little problem
- ❍ A big problem
- ❍ A very big problem

44) In the past 7 days, how often have you: (Please mark the appropriate column for each row)

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Awakened too early in the morning and couldn't get back to sleep?	❍	❍	❍	❍	❍	❍	❍	❍
Felt tired, dragged out, or sleepy during the day?	❍	❍	❍	❍	❍	❍	❍	❍
Gone to bed because you just could not stay awake any longer?	❍	❍	❍	❍	❍	❍	❍	❍
Had an extremely hard time falling asleep?	❍	❍	❍	❍	❍	❍	❍	❍

Impediments to Academic Performance

45A) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
Alcohol use	❍	❍	❍	❍	❍	❍
Allergies	❍	❍	❍	❍	❍	❍
Anxiety	❍	❍	❍	❍	❍	❍
Assault (physical)	❍	❍	❍	❍	❍	❍
Assault (sexual)	❍	❍	❍	❍	❍	❍
Attention Deficit and Hyperactivity Disorder (ADHD)	❍	❍	❍	❍	❍	❍
Cold/Flu/Sore throat	❍	❍	❍	❍	❍	❍
Concern for a troubled friend or family member	❍	❍	❍	❍	❍	❍

45B) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
Chronic health problem or serious illness (e.g., diabetes, asthma, cancer)	❍	❍	❍	❍	❍	❍
Chronic pain	❍	❍	❍	❍	❍	❍
Death of a friend or family member	❍	❍	❍	❍	❍	❍
Depression	❍	❍	❍	❍	❍	❍
Discrimination (e.g., homophobia, racism, sexism)	❍	❍	❍	❍	❍	❍
Drug use	❍	❍	❍	❍	❍	❍
Eating disorder/problem	❍	❍	❍	❍	❍	❍
Finances	❍	❍	❍	❍	❍	❍

45C) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
Gambling	❍	❍	❍	❍	❍	❍
Homesickness	❍	❍	❍	❍	❍	❍
Injury (fracture, sprain, strain, cut)	❍	❍	❍	❍	❍	❍
Internet use/computer games	❍	❍	❍	❍	❍	❍
Learning disability	❍	❍	❍	❍	❍	❍
Participation in extracurricular activities (e.g., campus clubs, organizations, athletics)	❍	❍	❍	❍	❍	❍
Pregnancy (yours or your partner's)	❍	❍	❍	❍	❍	❍
Relationship difficulties	❍	❍	❍	❍	❍	❍

45D) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
Roommate difficulties	❍	❍	❍	❍	❍	❍
Sexually transmitted disease/infection (STD/I)	❍	❍	❍	❍	❍	❍
Sinus infection/Ear infection/Bronchitis/Strep throat	❍	❍	❍	❍	❍	❍
Sleep difficulties	❍	❍	❍	❍	❍	❍
Stress	❍	❍	❍	❍	❍	❍
Work	❍	❍	❍	❍	❍	❍
Other (please specify in "Additional Comments" box below)	❍	❍	❍	❍	❍	❍

Demographic Characteristics

46) How old are you?

_____Years

47) What is your gender?

- ❍ Female
- ❍ Male
- ❍ Transgender

48) What is your sexual orientation?

- ❍ Heterosexual
- ❍ Gay/Lesbian
- ❍ Bisexual
- ❍ Unsure

The next two questions ask about your height. For example if your height is 5 foot, 7 inches, please indicate "5" in question 49A and "7" in question 49B.

49A) What is your height in feet?

_____Feet

49B) and inches?

_____Inches

50) What is your weight in pounds?

_____Pounds

51) What is your year in school?

- ❍ 1st year undergraduate
- ❍ 2nd year undergraduate
- ❍ 3rd year undergraduate
- ❍ 4th year undergraduate
- ❍ 5th year or more undergraduate
- ❍ Graduate or professional
- ❍ Not seeking a degree
- ❍ Other

52) What is your enrollment status?

- ❍ Full-time
- ❍ Part-time
- ❍ Other

53) Have you transferred to this college or university within the last 12 months?

- ❍ No
- ❍ Yes

54) What is your racial or ethnic identification? (select all that apply)

- ❑ Aboriginal (Inuit, Metis, North American Indian, etc.; status or non-status)
- ❑ Arab
- ❑ Black
- ❑ Chinese
- ❑ Filipino
- ❑ Japanese
- ❑ Korean
- ❑ Latin American
- ❑ South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
- ❑ Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- ❑ West Asian (e.g., Iranian, Afghan, etc.)
- ❑ White
- ❑ Multiracial
- ❑ Other

55) Are you an international student?

- ❍ No
- ❍ Yes

56) What is your relationship status?

- ❍ Not in a relationship
- ❍ In a relationship but not living together
- ❍ In a relationship and living together

57) What is your marital status?

- ❍ Single
- ❍ Married/Partnered
- ❍ Separated
- ❍ Divorced
- ❍ Other

58) Where do you currently live?

- ❍ Campus residence hall
- ❍ Fraternity or sorority house
- ❍ Other college/university housing
- ❍ Parent/guardian's home
- ❍ Other off-campus housing
- ❍ Other

59) Are you a member of a social fraternity or sorority? (e.g., National Interfraternity Conference, National Panhellenic Conference, National Pan-Hellenic Council, National Association of Latino Fraternal Organizations)

- ❍ No
- ❍ Yes

60) How many hours a week do you work for pay?

- ❍ 0 hours
- ❍ 1-9 hours
- ❍ 10-19 hours
- ❍ 20-29 hours
- ❍ 30-39 hours
- ❍ 40 hours
- ❍ More than 40 hours

61) How many hours a week do you volunteer?

- ❍ 0 hours
- ❍ 1-9 hours
- ❍ 10-19 hours
- ❍ 20-29 hours
- ❍ 30-39 hours
- ❍ 40 hours
- ❍ More than 40 hours

62) What is your approximate cumulative grade average?

- ❍ A
- ❍ B
- ❍ C
- ❍ D/F
- ❍ N/A

63) Within the last 12 months, have your participated in organized college athletics at any of the following levels? (Please mark the appropriate column for each row)

	No	Yes
Varsity	❍	❍
Club sports	❍	❍
Intramurals	❍	❍

64) Do you have any of the following? (Please mark the appropriate column for each row)

	No	Yes
Attention Deficit and Hyperactivity Disorder (ADHD)	❍	❍
Chronic illness (e.g., cancer, diabetes, auto-immune disorders)	❍	❍
Deafness/Hearing loss	❍	❍
Learning disability	❍	❍
Mobility/Dexterity disability	❍	❍
Partial sightedness/Blindness	❍	❍
Psychiatric condition	❍	❍
Speech or language disorder	❍	❍
Other disability	❍	❍

65) Are you currently or have you been a member of the Canadian Forces (Regular Force or Reserve)?

- ❍ No
- ❍ Yes and I **have** deployed to an area of hazardous duty
- ❍ Yes and I **have not** deployed to an area of hazardous duty

Thank you for taking the time and thought to complete this survey. We appreciate your participation!