2011 Emory University National College Health Assessment Summary

Office of Health Promotion
Emory University Student Health and Counseling Services
December 2012
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Suggested Citation


Customized analysis provided by Marc Cordon, MPH and Kirsten Bondalapati.
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Executive Summary

The American College Health Association (ACHA) works with institutions of higher education across the United States to collect uniform data on the health of college students. Additionally, it aggregates institutional data into a national respondent group. In fall 2011, ACHA’s National College Health Assessment (NCHA) was conducted on Emory University’s campus to gauge the current health habits, behaviors, and perceptions of the Emory student body. The purpose of the assessment was to provide surveillance data to identify issues affecting the health and well-being of current students and to track changes in student health over time. Baseline data were collected during the 2008 Emory NCHA. Thus the current report acts as the first follow-up assessment. While an initial NCHA was conducted in 2006, the instrument used during 2006 was modified nationally and cannot be used for comparisons. The 2011 Emory NCHA was conducted through the Office of Health Promotion (OHP), part of Emory University Student Health and Counseling Services (EUSHCS), in collaboration with the ACHA.

The 2011 Emory NCHA is a quantitative, online questionnaire covering topics such as chronic health conditions, substance use, sexual health, mental health, physical activity, nutrition, health service use, disability, sleep health, injury prevention, abuse and violence, stress and distress, and general health and well-being. A random, representative sample of 5,001 Emory students was selected by the Office of Institutional Research to participate in the 2011 Emory NCHA. In total, 1,574 students completed the survey, yielding a 31.5% response rate. The current report contains prevalence and comparison data on all health topics from the NCHA. For many health issues, 2011 Emory respondents are compared to 2008 Emory respondents, the 2011 national reference group and the 2008 national reference group. Most health concerns remained the same from 2008 to 2011 among Emory student respondents. Changes over time include an increase in emergency contraception use, HPV vaccinations and flu vaccinations, a decrease in females receiving gynecological exams (possibly due to a change in national screening recommendations), and an increase in stimulant prescription drug use.

Both positive and negative health issues were found among the 2011 Emory respondents. Ninety-one percent of respondents felt that Emory cares about their well-being and 85% percent believed the Tobacco-Free Emory campus policy would benefit their health. Furthermore, 96.2% of respondents reported their general health as “good,” “very good,” or “excellent.” Forty-five percent of all respondents reported academics as “traumatic” or “very difficult to handle” in the past year. A majority of graduate and undergraduate students reported having “tremendous” or “more than average stress” in the last 12 months, with graduate students reporting higher levels of stress. The top three impediments to academic success were stress, anxiety and sleep difficulties. Other areas of concern include elevated rates of high-risk drinking, especially among females, and using withdrawal as a common form of contraception.

The results from this report will be used to identify key areas of interest for future exploratory research utilizing additional, qualitative methods. While OHP will spearhead much of this research, organizations across Emory are encouraged to utilize this data to drive their own health and wellness initiatives tailored to their specific mission and population of interest. Additional data can be requested for special populations (e.g. first years, law students) or comparisons (e.g. gender differences in illicit substance use from 2008 to 2011) by contacting OHP.

Please see the end of the report for more information on obtaining additional data.
Introduction

During fall 2011, Emory University’s Office of Health Promotion (OHP) administered an online questionnaire capturing student health habits, behaviors and perceptions regarding a comprehensive list of health topics. This questionnaire, the National College Health Assessment (NCHA), is the third population-level NCHA conducted at Emory University. The first was administered in 2006, but a new baseline instrument (ACHA-NCHA II) was introduced in 2008. The NCHA is co-administered with the American College Health Association (ACHA), a national organization of college health professionals dedicated to the advancement of student and campus community health. The ACHA has been designing and implementing the NCHA for more than 550 higher education institutions around the country since the spring of 2000. The ACHA aggregates data from the Emory NCHA with other institutions’ data resulting in a national data source for U.S. college and university health statistics. Emory University uses its institutional NCHA data to track student health across time, compare student health to national averages, identify vulnerable populations, and inform health and wellness initiatives across the university. OHP is planning to administer its next NCHA in fall 2014.

The 2011 Emory NCHA was administered online from October 17th to November 5th, to a representative sample of all Emory undergraduate, graduate and professional students. The Emory NCHA 2011 response rate was 31.5%. In comparison, the national response rate was 19.0%.

Additionally, Emory partnered with the ACHA to develop the first survey of non-responders administered in conjunction with the NCHA. The pilot survey asked the 68.5% (n=3,426) who did not respond why they did not take the Emory NCHA. A total of 661 students responded to the non-responder survey, yielding a 19.3% response rate. Among this sample, 424 (64%) students reported that they were “busy with one or more of the following: school, extra-curricula, work, and volunteering;” 196 (29.7%) students reported that they “missed the deadline to complete the survey;” and 113 (17.1%) students reported that the “survey was too long.”

The current report contains a full description of the 2011 Emory NCHA implementation process, measures, analyses, results, strengths and limitations, and recommendations. Results are organized into sample statistics followed by individual briefs covering specific health topics, such as substance use or mental health. The sample statistics section includes demographic characteristics, knowledge of health resources at Emory University, impediments to academic success, sleep health, motivation for participation and non-response results.
Methods

Sample

Using student enrollment records, the Office of Institutional Research utilized a proportional allocation method to generate the sample population, which is representative of the Emory student population by school affiliation. A sample size of 5,000 was determined based on the size of the total source population (N=13,893), a 3% margin of error, a 95% confidence level, and an estimated response rate of 20%. Due to an error obtaining the correct mailing addresses of participants, the source population was re-sampled and contained an additional one student from the original sample population for a combined for a total of 5,001.

The data contained in this report comes from a final sample of 1,574 Emory students, those who were invited to participate and submitted an NCHA questionnaire. Five thousand and one students comprise the sample population and represent, by school, the Emory student body of 13,893 students, known as the source population. A minimum of 992 respondents was needed to ensure generalizability. At the assessment’s completion, the actual number of respondents was 1,574 students, yielding a 31.5% response rate with a 2.33% margin of error. Thus, the results from the final sample can be generalized to the source population. The sampling structure of the 2011 Emory National College Health Assessment (NCHA) is depicted in Figure 1.

Figure 1. Sampling Structure of the 2011 Emory NCHA
Procedure

Participant Communication and Incentives

The 5,001 Emory students randomly chosen for the 2011 NCHA were notified of their invitation to participate via mail and email in mid-October. The invitation letter described the purpose and content of the assessment, reminded participants to check their email on October 17th for the survey link, and informed that every tenth participant to submit a survey would receive a $20 Barnes & Noble gift card as well as be entered for the chance to win one of eight $250 Barnes & Noble gift cards. The letter sent to the participant’s address contained a pen, included as incentive. Because the survey was administered shortly after Fall Break, responses for certain topics may reflect behavior common during vacations, such as increased drinking and drug use or increased sleep.

The 2011 Emory NCHA was open for three weeks, from October 17 to November 5, 2012. Over the course of three weeks, three reminder emails were sent to participants who had not yet submitted a survey. The last of the three reminder emails was sent at the beginning of the day on November 5th, reminding participants this was the last day to complete the NCHA. Participants who submitted a survey were thanked at the end of the survey. A brief non-response survey was sent to all participants who did not submit a survey by the end of the three weeks. The non-response survey included two questions ascertaining a reason for not participating and questions gathering demographic information. The non-response survey was a pilot-test survey conducted in collaboration between Emory University and the ACHA. See Appendix A for a copy of the non-response survey.

The ACHA conducted the random selection of respondents for incentive drawings. This practice ensured confidentiality of identifying participant information. One hundred and fifty eight respondents were selected as $20 winners and eight were selected as $250 winners. All winners were sent an email one week after the survey closed, notifying them of their winning status along with times and location of pick up for gift cards. Quarter sheets were given with gift cards, including information on how to find results from the NCHA in the future, a link to the OHP website and 2011 Emory NCHA Facebook page, and an expression of thanks for participation.

Advertising campaign

In order to promote the survey, OHP staff developed a student photo and video advertising campaign. The campaign had multiple components, with the central theme being student empowerment. In addition to the name and date of the NCHA, each advertisement began with the text “Because…” and was followed by a reason students would want to take the NCHA (e.g. “it’s easy,” “my friends are doing it,” “it benefits the health of all students,” etc.). The “Because...” campaign included campus flyers, with pre-generated reasons for participation (see Appendix B) and a social media component. Through convenience and snowball sampling, OHP staff members recruited over 100 students to aid in the campaign. Each student was given a flyer and asked to write in their individual reason for participating in the NCHA. All students recruited were photographed and about half were captured on video, stating their name, school and reason for taking the NCHA. See Appendix C for a photographic example. The photos and final video were posted on the OHP website, the 2011 Emory NCHA Facebook page and within the Student Health Services building. In addition, the video was posted to the OHP YouTube website and the entire campaign process was tweeted live.
Measures

The 2011 Emory NCHA collects data using the ACHA-NCHA II survey instrument and a supplemental questionnaire specific to Emory University. The ACHA-NCHA II consists of 65 items on health status, substance use, nutrition, physical activity, weight, mental health service use, psychological distress, sexual health, sleep health, violence and abuse, injury prevention, knowledge of campus health resources, academic impediments, disability, and demographic characteristics. The 14-item supplement was developed by OHP staff at Emory University, based on input from various campus organizations. The supplement covers unhealthy consumption of energy products, sources of stress, perception of the Tobacco-Free Emory campus policy, knowledge of OHP resources, motivation for participation, and additional demographic characteristics. See Appendix D for a copy of the full instrument, including the supplemental questions.

As previously mentioned, the ACHA-NCHA II was redeveloped by the American College Health Association (ACHA) in late 2008 and was first administered at Emory in 2008. An earlier version of the instrument was administered at Emory in 2006; however the redesign limits comparison across versions. Thus, results from the 2006 Emory NCHA are not included in trend analyses.

Analyses

Completed surveys were submitted electronically and directly to the ACHA. The ACHA conducted frequencies of all categorical variables and means and standard deviations for all continuous variables. The data was given to Emory OHP in three forms: an executive summary report, a full institutional data report and an SPSS file containing all variables from the ACHA-NCHA II and the supplemental questionnaire. See Appendix D and E copies of the Executive Summary Report and Institutional Data Report, respectively. In addition, a second SPSS dataset was sent to OHP containing the non-response survey data. Please visit the OHP website or contact the authors in order to obtain copies of the ACHA documents.

SPSS 20.0 was used for all statistical analyses. Descriptive statistics are presented for every applicable question on the NCHA. This includes frequencies, percentages and standard errors for categorical variables and means and standard deviations for continuous variables. All percentages are rounded to the tenths place, thus totals for some categories will range around 100%, but may not sum perfectly to 100%. Chi square tests were conducted in certain cases order to determine potential statistically significant differences between demographic groups. The threshold for declaring a difference to be statistically significant was set at 0.05. While few qualitative questions were included in the 2011 Emory NCHA, items with fill-in-the-blank responses were coded and thematically analyzed by one OHP staff member. In some cases, WordClouds were utilized to demonstrate the weight of certain responses compared to others. While this is not an evidence-informed practice, it provides an easy-to-understand yet powerful visual component to a lengthy report.
Sample Statistics

Demographic Characteristics

A total of 13,893 students were enrolled in Emory University during the fall 2011 semester. The 5,001 students invited to participate in the 2011 Emory NCHA comprised 36.0% of all Emory students. With a response rate of 31.5%, 1,574 Emory students responded to the NCHA, constituting 11.3% of the entire Emory student population. The 1,574 student respondents are representative of the population because the actual number of respondents exceeded the minimum number of 992 respondents needed for generalizability.

Demographic characteristics of 2011 Emory NCHA respondents are shown in Table 1. Only sex and ethnicity information were available for the 13,983 enrolled students. Notably, while 55.2% of enrolled students were female, 68.9% of Emory NCHA respondents reported being female. Ethnicity comparisons are shown in Table 2. Whites and Asian or Pacific Islanders were overrepresented and those reporting “Other” were underrepresented.

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>2011 Emory Respondents (n=1,574)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>23.33 years</td>
</tr>
<tr>
<td>Female(^a)</td>
<td>68.9%</td>
</tr>
<tr>
<td>Heterosexual(^b)</td>
<td>92.1%</td>
</tr>
<tr>
<td>In a relationship</td>
<td>48.6%</td>
</tr>
<tr>
<td>Married</td>
<td>15.8%</td>
</tr>
<tr>
<td>Ever in U.S. Armed Forces</td>
<td>0.8%</td>
</tr>
<tr>
<td>Health Insurance</td>
<td></td>
</tr>
<tr>
<td>Emory Plan</td>
<td>40.1</td>
</tr>
<tr>
<td>Parent’s Plan</td>
<td>48.4</td>
</tr>
<tr>
<td>None / Don’t know</td>
<td>0.5</td>
</tr>
</tbody>
</table>

\(^a\) 0.1% (n=1) respondents reported being transgender. Due to the identifying nature of this data, this respondent has been excluded from all gender analyses.

\(^b\) Remaining categories included “Gay/Lesbian”, “Bisexual” or “Unsure”
Table 2. Ethnicity, 2011 Emory Respondents v. 2011 Emory Enrolled Students

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2011 NCHA Respondents (n=1,574)</th>
<th>2011 Emory Students (n=13,893)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>58.3%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>10.5%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>4.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>26.0%</td>
<td>16.8%</td>
</tr>
<tr>
<td>American Indian, Alaskan Native or Hawaiian Native</td>
<td>0.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>3.4%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Other/Not Specified</td>
<td>2.6%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

*Pacific Islanders are not included in this statistics, the 16.8% reflect Asian ethnicity only. Emory University distinguishes these ethnic groups as “Asian” and “American Indian, Alaskan Native, Hawaiian Native or Other Pacific Islander.”

b Figure includes summed percentages of ethnic groups “American Indian or Alaskan Native” and “Hawaiian Native or Other Pacific Islander”, which are distinguished by Emory University.

c The 2011 NCHA reports the “Other” category and Emory University reports the “Not Specified” category.

The sample is made up of 54.2% undergraduate and 45.8% graduate and professional students. Table 3 compares these proportions against 2011 enrolled Emory students along with other enrollment credentials. Full-time students were slightly overrepresented among compared to part-time.

Table 3. Enrollment Credentials, 2011 Emory Respondents v. 2011 Emory Enrolled Students

<table>
<thead>
<tr>
<th>Enrollment Characteristics</th>
<th>2011 NCHA Respondents % (n)</th>
<th>2011 Emory Students % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>54.2 (835)</td>
<td>53.6 (7,441)</td>
</tr>
<tr>
<td>1st year</td>
<td>15.7 (242)</td>
<td>N/A*</td>
</tr>
<tr>
<td>2nd year</td>
<td>13.7 (211)</td>
<td>N/A*</td>
</tr>
<tr>
<td>3rd year</td>
<td>13.5 (208)</td>
<td>N/A*</td>
</tr>
<tr>
<td>4th year or more</td>
<td>11.3 (174)</td>
<td>N/A*</td>
</tr>
<tr>
<td>Graduate / Professional</td>
<td>45.8 (705)</td>
<td>46.4 (6,452)</td>
</tr>
<tr>
<td>Full-time student</td>
<td>96.6 (1,501)</td>
<td>91.9 (12,773)</td>
</tr>
<tr>
<td>International</td>
<td>13.5 (208)</td>
<td>13.3 (1,848)</td>
</tr>
<tr>
<td>Transfer Student</td>
<td>6.3 (99)</td>
<td>N/A*</td>
</tr>
<tr>
<td>Oxford Continuee</td>
<td>8.0 (125)</td>
<td>N/A*</td>
</tr>
</tbody>
</table>

*Breakdown of year of undergraduate students was only publically available for Emory College and Oxford College (not Goizueta, Allied Health, or Nursing), thus totals are unavailable.

†Details of number of enrolled transfer and Oxford Continuee students were also not publically available.
Table 4 contains information regarding school affiliation for respondents. The largest proportion of respondents reported affiliation with Emory College, followed by Laney Graduate School and Rollins School of Public Health. It is important to note that Rollins School of Public Health and School of Medicine students are over-represented, and Goizueta School of Business and School of Law students are under-represented.

Three schools contain both undergraduate and graduate programs. Goizueta School of Business made up 7.0% of respondents, of which about half (3.6%) were in the graduate program as opposed to the undergraduate program. The Woodruff School of Nursing made up 4.4% of respondents, half being in the graduate program (2.0%). Allied Health made up 2.6% of respondents, of which the majority (2.3%) were in the graduate program.

<table>
<thead>
<tr>
<th>School Affiliation</th>
<th>Emory NCHA Respondents (n=1,574)</th>
<th>Enrolled Emory Students (n=13,893)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Health&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Candler School of Theology</td>
<td>2.6%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Emory College</td>
<td>41.2%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Goizueta School of Business&lt;sup&gt;b&lt;/sup&gt;</td>
<td>7.0%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Laney Graduate School</td>
<td>13.9%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Nell Hodgson Woodruff School of Nursing&lt;sup&gt;c&lt;/sup&gt;</td>
<td>4.4%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Oxford College</td>
<td>6.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Rollins School of Public Health</td>
<td>12.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>School of Law</td>
<td>3.1%</td>
<td>5.8%</td>
</tr>
<tr>
<td>School of Medicine (MD)</td>
<td>6.3%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

<sup>a</sup> 2.6% consists of 0.3% undergraduate and 2.3% graduate; 3.5% consists of 0.5% undergraduate and 3.0% graduate
<sup>b</sup> 7.0% consists of 3.4% undergraduate and 3.6% graduate; 10.4% consists of 4.9% undergraduate and 5.5% graduate
<sup>c</sup> 4.4% consists of 2.4% undergraduate and 2.0% graduate; 3.3% consists of 1.8% undergraduate and 1.5% graduate
Table 5 shows various academic credentials and campus life characteristics among 2011 Emory respondents. The majority of respondents report having an “A” or “B” average GPA, and about 7% reported “N/A”, most likely due to being in their first semester at Emory. About half of respondents work for pay during the week and half of respondents volunteer during the week. Comparing work verses volunteering, respondents reported more hours working for pay than volunteering. In addition, respondents spent an average of 2.0 (SD=5.7) hours per week participating in Emory activities/organizations.

Table 5. Academic Status and Campus Life Characteristics, 2011 Emory Respondents

<table>
<thead>
<tr>
<th>Status or Characteristics</th>
<th>Emory NCHA Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
</tr>
<tr>
<td>Average GPA</td>
<td></td>
</tr>
<tr>
<td>“A”</td>
<td>58.1 (901)</td>
</tr>
<tr>
<td>“B”</td>
<td>32.0 (496)</td>
</tr>
<tr>
<td>“C” or “D/F”</td>
<td>3.0 (47)</td>
</tr>
<tr>
<td>“N/A”</td>
<td>6.9 (107)</td>
</tr>
<tr>
<td>Greek member</td>
<td>14.1 (219)</td>
</tr>
<tr>
<td>Varsity athlete</td>
<td>4.2 (65)</td>
</tr>
<tr>
<td>Club sport athlete</td>
<td>14.5 (224)</td>
</tr>
<tr>
<td>Off-campus housing</td>
<td>52.8 (823)</td>
</tr>
<tr>
<td>Hours / week working for pay</td>
<td></td>
</tr>
<tr>
<td>0 hours</td>
<td>44.3 (687)</td>
</tr>
<tr>
<td>1 – 9 hours</td>
<td>19.0 (294)</td>
</tr>
<tr>
<td>10 – 19 hours</td>
<td>21.4 (332)</td>
</tr>
<tr>
<td>20+ hours</td>
<td>15.3 (237)</td>
</tr>
<tr>
<td>Hours / week volunteering</td>
<td></td>
</tr>
<tr>
<td>0 hours</td>
<td>49.4 (763)</td>
</tr>
<tr>
<td>1 – 9 hours</td>
<td>46.3 (715)</td>
</tr>
<tr>
<td>10+ hours</td>
<td>4.3 (67)</td>
</tr>
<tr>
<td>Holds office of student organization</td>
<td>29.0 (429)</td>
</tr>
</tbody>
</table>
Knowledge of Health Topics and Resources

2011 Emory respondents indicated whether they have received information and whether they are interested in receiving information from their university regarding various health topics. Figure 2 shows the juxtaposition of information received verses interest in receiving information. Topics in which the purple bar percentage are shown indicate health issues in which students are not yet receiving the amount or quality of information they desire. Respondents indicated wanting more information on problem use of the Internet and computer gaming, grief and loss, relationship difficulties, sleep difficulties and how to help others in distress.

**Figure 2. Proportion of 2011 Emory Respondents Who Have Received Information and Would Like to Receive Information Regarding Specific Health Topics**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Received Information</th>
<th>Interested Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem use of Internet/computer games</td>
<td>18%</td>
<td>23%</td>
</tr>
<tr>
<td>Grief and loss</td>
<td>32%</td>
<td>38%</td>
</tr>
<tr>
<td>Relationship difficulties</td>
<td>35%</td>
<td>41%</td>
</tr>
<tr>
<td>Injury and violence prevention</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Pregnancy prevention</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Violence prevention</td>
<td>41%</td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Sleep difficulties</td>
<td>44%</td>
<td>57%</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>How to help others in distress</td>
<td>49%</td>
<td>58%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>STD/I prevention</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>Sexual &amp; relationship violence prevention</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>66%</td>
<td></td>
</tr>
<tr>
<td>Cold/Flu/Sore throat</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Alcohol and other drugs</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td>Stress reduction</td>
<td>75%</td>
<td></td>
</tr>
</tbody>
</table>
Knowledge of 14 health resources offered by the Office of Health Promotion (OHP) was measured among 2011 Emory respondents, of which results are shown in Figure 3. Stress reduction resources were the most commonly known resource, with 54.9% of respondents reporting knowledge. On average, respondents knew about 6.04 (SD=4.71) OHP resources. Half of all respondents (50.6%) knew about 7 or more resources and 6% knew about all 14 resources. However, 19% of respondents were not aware of any OHP resources.

**Figure 3. Knowledge of Resources Offered Through the Office of Health Promotion, 2011 Emory Respondents**

* A fabricated resource, “student health retreat,” was added as a 15th resource in order to identify respondents who inappropriately selected every resource possible. A sizable proportion (24%) of respondents selected this fake resource, indicating potentially high response bias among the sample. However, this may not reflect bias across the entire instrument. Since Knowledge of OHP Resources was one of the last of 80 items, the respondents may have experienced survey fatigue. Figure 3 shows OHP resource knowledge after filtering out respondents selecting “student health retreat.”
Impediments to Academic Success

Respondents indicated factors that impeded their academic success in the last year. Criteria for impeding academic success were a lower grade in a class/exam, dropping or incompletion of a course or having a significant disruption in thesis, practicum, or research work. Table 6 shows the proportion of respondents who reported a given factor as an academic impediment, showing the top ten impediments across NCHA respondent groups. The top three academic impediments are stress, anxiety and sleep difficulties.

A greater number of 2011 Emory respondents reported academic impediments compared to 2008 Emory respondents; however a smaller number of 2011 Emory respondents reported impediments compared to 2011 national respondents.

Table 6. Top 10 Academic Impediments, Across NCHA Respondent Group

<table>
<thead>
<tr>
<th>Impediment to Academic Success</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
<th>2011 national respondents</th>
<th>2008 national respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stress</td>
<td>26.7%</td>
<td>21.6%</td>
<td>28.6%</td>
<td>27.2%</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>17.6%</td>
<td>14.8%</td>
<td>20.0%</td>
<td>18.3%</td>
</tr>
<tr>
<td>3. Sleep Difficulties</td>
<td>16.6%</td>
<td>13.4%</td>
<td>20.4%</td>
<td>19.2%</td>
</tr>
<tr>
<td>4. Cold/Flu/Sore Throat</td>
<td>12.9%</td>
<td>10.0%</td>
<td>14.7%</td>
<td>15.4%</td>
</tr>
<tr>
<td>5. Participation in extra-curricular activities</td>
<td>12.7%</td>
<td>8.7%</td>
<td>10.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>6. Work</td>
<td>11.6%</td>
<td>9.0%</td>
<td>13.5%</td>
<td>13.0%</td>
</tr>
<tr>
<td>7. Internet Use/Computer Games</td>
<td>11.1%</td>
<td>9.0%</td>
<td>11.9%</td>
<td>10.8%</td>
</tr>
<tr>
<td>8. Depression</td>
<td>10.8%</td>
<td>9.3%</td>
<td>12.0%</td>
<td>11.3%</td>
</tr>
<tr>
<td>9. Concern for troubled family member or friend</td>
<td>10.5%</td>
<td>8.1%</td>
<td>10.8%</td>
<td>11.2%</td>
</tr>
<tr>
<td>10. Relationship Difficulties</td>
<td>8.8%</td>
<td>8.7%</td>
<td>9.8%</td>
<td>10.7%</td>
</tr>
</tbody>
</table>
Sleep Health

After stress and anxiety, sleep difficulties was the number three impediment to academic success among 2011 Emory respondents. In addition, about 21.5% of respondents reported sleep difficulties being “traumatic” or “very difficult to handle” in the last 12 months. See the Mental Health Brief for a breakdown of all mental health challenges among the sample.

Table 7 shows the proportion of 2011 and 2008 Emory respondents who reported four or more days of various negative sleep symptoms within the last week. In addition days of negative symptoms, almost half (44.5%) of respondents reported having more than a little problem with sleepiness during daytime activities (either “more than a little problem,” “a big problem” or “a very big problem”). This is higher than 2008 Emory respondents, of whom 39.0% reported having “more than a little problem” with sleepiness during the day. Sleep problems among respondents tend to be related to sleepiness and feeling unrested, as opposed to trouble falling or staying asleep.

Table 7. Proportion of 2011 and 2008 Emory Respondents Experiencing 4+ Days of Negative Sleep Symptoms in the Past Week

<table>
<thead>
<tr>
<th>Sleep Problem</th>
<th>2011 Emory Respondents % (n)</th>
<th>2008 Emory Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt tired, dragged out, or sleepy during the day</td>
<td>44.5 (692)</td>
<td>40.0 (549)</td>
</tr>
<tr>
<td>Did not get enough sleep to feel rested</td>
<td>41.2 (640)</td>
<td>44.2 (611)</td>
</tr>
<tr>
<td>Gone to bed because you could not stay awake any longer</td>
<td>19.1 (297)</td>
<td>17.7 (245)</td>
</tr>
<tr>
<td>Had an extremely hard time falling asleep</td>
<td>12.2 (188)</td>
<td>12.4 (172)</td>
</tr>
<tr>
<td>Awakened too early in the morning and couldn’t get back to sleep</td>
<td>5.9 (93)</td>
<td>5.1 (71)</td>
</tr>
</tbody>
</table>
Motivation for Participation

2011 Emory respondents were asked to indicate the reason(s) they participated in the NCHA survey. Personal interest to help Emory was the number one motivator for participation in the 2011 NCHA, closely followed by the chance to win monetary incentives. Figure 4 shows the percentages of all motivations ascertained. A fill-in-the-blank option was included for “Other” reasons; results are shown in a WordCloud in Figure 5.

Results indicate that response bias may be present, as respondents may have a more vested interest in the Emory community than those who did not complete the NCHA. Furthermore, motivation by incentive may indicate that respondents have a greater need for financial support than non-responders.

Table 8 shows the differences in motivation to participate according to undergraduate verses graduate and professional student status. There was a difference in motivation for participation among graduate/professional students and undergraduate students in all motivations except personal interest and article in the Wheel. Differences in motivation were also tested across sex. The only category of motivation that showed any significant difference were flyers ($X^2=4.45$, $p=.035$), in which a greater proportion of females (6.6%) reported flyers as a motivation compared to males (3.9%). All other motivations showed no significant difference across sex.

**Figure 4: Motivation for Participation, 2011 Emory Respondents**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Percentage of 2011 Emory Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal interest to help Emory</td>
<td>61.8%</td>
</tr>
<tr>
<td>Chance to win $20 Barnes &amp; Noble gift card</td>
<td>60.2%</td>
</tr>
<tr>
<td>Chance to win $250 Barnes &amp; Noble gift card</td>
<td>57.1%</td>
</tr>
<tr>
<td>Received a pen</td>
<td>15.4%</td>
</tr>
<tr>
<td>Other</td>
<td>11.6%</td>
</tr>
<tr>
<td>Flyer(s)</td>
<td>5.7%</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>5.7%</td>
</tr>
<tr>
<td>Article in the Wheel</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
**Table 8: Motivation for Participation, 2011 Emory Undergraduate v. Graduate Respondents**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Undergraduate (n=841)</th>
<th>Graduate (n=721)</th>
<th>Significance (X^2, p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal interest to help Emory</td>
<td>60.5 (509)</td>
<td>64.2 (403)</td>
<td>.143</td>
</tr>
<tr>
<td>Article in the Wheel</td>
<td>1.4 (12)</td>
<td>0.6 (4)</td>
<td>.129</td>
</tr>
<tr>
<td>Receiving a pen</td>
<td>18.1 (152)</td>
<td>12.6 (91)</td>
<td>8.79, &lt;.003*</td>
</tr>
<tr>
<td>Flyer(s)</td>
<td>8.4 (71)</td>
<td>2.6 (19)</td>
<td>24.11, &lt;.001*</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>7.7 (65)</td>
<td>3.5 (25)</td>
<td>12.93, &lt;.001*</td>
</tr>
<tr>
<td>Chance at a $20 gift card</td>
<td>65.5 (551)</td>
<td>54.8 (395)</td>
<td>18.72, &lt;.001*</td>
</tr>
<tr>
<td>Chance at a $250 gift card</td>
<td>65.2 (548)</td>
<td>48.5 (350)</td>
<td>43.86, &lt;.001*</td>
</tr>
<tr>
<td>Other</td>
<td>10.1 (85)</td>
<td>13.5 (97)</td>
<td>4.22, .04*</td>
</tr>
</tbody>
</table>

*p < .05, thus difference is significant across groups*
Reasons for Non-Response

Among the 5,001 invited students asked to participate in the 2011 Emory NCHA, 68.5% (3,427) did not submit a questionnaire. A brief, follow-up questionnaire was emailed to non-responders to ascertain their reason for not submitting an NCHA questionnaire. Of the 3,427 non-responders, 661 submitted a non-response survey, yielding a 19.3% response rate. Table 9 shows the proportion of non-respondents who reported each reason for not participating in the 2011 Emory NCHA. Respondents could check multiple reasons for non-response.

Table 9. Reasons for Not Participating in the 2011 Emory NCHA

<table>
<thead>
<tr>
<th>Reason for Non-Response</th>
<th>Responders to the 2011 Emory Non-Respondent Survey (n=661)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Busy with school, extra-curricula, work or volunteering</td>
<td>64.1 (424)</td>
</tr>
<tr>
<td>Missed deadline to complete survey</td>
<td>29.7 (196)</td>
</tr>
<tr>
<td>Survey was too long</td>
<td>17.1 (113)</td>
</tr>
<tr>
<td>Incentives were not great enough</td>
<td>13.2 (87)</td>
</tr>
<tr>
<td>Generally don’t care about surveys</td>
<td>13.0 (80)</td>
</tr>
<tr>
<td>Felt my response did not matter</td>
<td>11.6 (77)</td>
</tr>
<tr>
<td>Opened email and deleted it because it was too long</td>
<td>9.7 (64)</td>
</tr>
<tr>
<td>Subject matter not interesting to me</td>
<td>9.4 (62)</td>
</tr>
<tr>
<td>Other</td>
<td>8.9 (59)</td>
</tr>
<tr>
<td>Never received an email regarding the survey</td>
<td>4.1 (27)</td>
</tr>
<tr>
<td>Too difficult to take on my smartphone</td>
<td>3.8 (25)</td>
</tr>
<tr>
<td>Survey asked questions I felt were too personal</td>
<td>3.8 (25)</td>
</tr>
<tr>
<td>Found the survey unhelpful</td>
<td>3.6 (24)</td>
</tr>
</tbody>
</table>

The #1 reason for not responding to the NCHA was being busy with school, extra-curricula work or volunteering.
2011 Emory NCHA respondents were similar to the 611 non-responders who submitted a non-response survey in demographic characteristics including ethnicity, age and year. However, they were not similar by sex. A minimal difference in demographic characteristics across non-respondents and respondents reduces responder bias, which would threaten the generalizability of results. Table 10 shows a comparison of demographic characteristics across 2011 Emory respondents and the 611 who submitted a non-response survey.

Table 10. Demographic Characteristics, 2011 Emory Non-Respondents v. Respondents

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Responders to the 2011 Emory Non-Response Survey (n=661)</th>
<th>2011 Emory Respondents (n=1,574)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (M /SD)</td>
<td>24.0 (6.6) years</td>
<td>23.33 years</td>
</tr>
<tr>
<td>Female</td>
<td>57.5%</td>
<td>68.9%</td>
</tr>
<tr>
<td>Year in School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Year</td>
<td>14.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td>2nd Year</td>
<td>14.7%</td>
<td>13.7%</td>
</tr>
<tr>
<td>3rd Year</td>
<td>13.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>4th Year or more</td>
<td>11.9%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Graduate / Professional</td>
<td>44.5%</td>
<td>45.7%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>52.3%</td>
<td>58.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>11.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Hispanic or Latino/a</td>
<td>5.0%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>24.4%</td>
<td>26.0%</td>
</tr>
<tr>
<td>American Indian, Alaskan or Hawaiian Native</td>
<td>0.8%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Biracial or Multiracial</td>
<td>3.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other/Not Specified</td>
<td>6.2%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Study Strengths & Limitations

Limitations

Selection bias is an effect of the sampling design that deals with the representativeness of the results. Two types of selection bias may be present, under coverage and non-response bias. Under coverage occurs when the sample population does not represent the characteristics of the source population. In this case, the 5,001 invited respondents were overrepresented in terms of ethnicity, sex, and school affiliation compared to the 13,893 enrolled Emory students. Non-response bias occurs when the respondents of the survey differ from the sample population. That is, those who responded do not represent those who were sampled. This was measured by comparing demographic characteristics between the 1,574 respondents and the 611 non-respondent participants. A greater proportion of respondents were female and White compared to those who submitted a non-response survey. Selection bias reduces the generalizability of the results; however, random sampling and a high response rate helps to decrease the affect.

All data was collected by self-report, which may be subject of recall bias. This bias occurs because survey questions inquire about past events, which may be difficult to remember. Different behaviors are more or less salient depending on the person and frequency and severity of behavior.

While not direct a limitation, we were not able to measure levels of respondent fatigue. This bias occurs because respondents are not at full cognitive capacity while taking the survey and thus do not answer questions accurately. Respondents were able to take the 2011 Emory NCHA anytime during a three week period, on any type of Internet-ready device, and in any environment they wish. A respondent may answer questions differently if she or he is taking the survey while watching television verses alone in a library, or whether they have had a full night of sleep verses an all-nighter. Future Emory NCHAs may want to ascertain when and where each respondent took the survey in order to gauge potential response bias.

Strengths

Selection bias was reduced through random sampling and successful recruitment of respondents. The 31.5% response rate was adequate enough to sustain the representativeness of the sampled population. In other words, the 1,574 respondents to the 2011 Emory NCHA are likely to be similar as the 5,001 Emory students sampled and invited to participate. This recruitment effort may be the result of a successful advertising campaign, the availability of the survey online over a three-week time period, or gift card incentives offered.

Another strength of the 2011 Emory NCHA is that it reduces social desirability response bias by using an online survey method. Social desirability occurs when a respondent answers a question in order to “please” the interviewer, research staff or institution who is conducting the assessment. It is most common in face-to-face interviews and has been shown to be significantly lower when using online methods. For example, sensitive behaviors such as substance use, condom use, and sexual activity are more accurately reported.

One of the main strengths of the 2011 Emory NCHA is the comprehensive coverage of health topics and collected among a large sample of Emory students. Information collected includes behaviors, diagnoses, attitudes and norms surrounding diet, exercise, alcohol use, prescription and other illicit drug use, mental health service use, mental disorders, disability, chronic health issues, sexual health, abuse and violence, challenges affecting mental health and academic ability, and more. Data is utilized to guide research, programs, initiatives and services across campus and specifically within Emory University Student Health and Counseling Services. The breadth of data available allows for more in-depth analyses among sub-populations, such as first-year undergraduates or student leaders.
Mental Health Brief

The 2011 NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory, administered fall 2011 to undergraduates, graduates and professional students (n=1,574). Emory is one of 44 institutions to collect NCHA data during fall 2011 in collaboration with the American College Health Association (ACHA). The 2011 national reference group comprises total respondents (n=27,774) from the 44 institutions. All materials were prepared by the Office of Health Promotion (OHP) within the Emory University Student Health and Counseling Services (EUSHCS).

The “2011 Mental Health Brief” contains self-reported alcohol use perceptions and behaviors of NCHA respondents at Emory University. Specifics include negative mental health symptoms, diagnosis and treatment of mental disorders, mental health service use, distress and stress. Data are presented on all respondents across demographic characteristics as well as compared to national NCHA data from institutions around the United States.
Negative Mental Health Symptoms

- Respondents answered 11 questions about having negative mental health symptoms in the last two weeks. See Table 11 for a list of symptoms and the proportion of 2011 and 2008 Emory respondents who reported each symptom.

  - 30.8% reported no symptoms in the last two weeks, 14.1% reported only one symptom, 22.9% reported two symptoms, 10.8% reported three symptoms, and the remainder (21.4%) reported four or more symptoms.

  - Feeling overwhelmed and feeling exhausted were the most common symptoms, each experienced by 55.4% of respondents.

- Within the last 12 months, 4.1% of respondents reported seriously considering suicide and 3.7% reported self-injury. This is similar to the 3.9% of 2008 Emory respondents who seriously considered suicide in the last 12 months; however only 2.1% of 2008 respondents reported self-injury in the last 12 months.

Table 11. Symptoms of Mental Illness in Last Two Weeks, 2011 Emory Respondents

<table>
<thead>
<tr>
<th>Mental Illness Symptom, in Last Two Weeks</th>
<th>2011 Emory Respondents % (n)</th>
<th>2008 Emory Respondents % (n)</th>
<th>2011 National Respondents % (n)</th>
<th>2008 National Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelmed by all you had to do</td>
<td>55.4 (863)</td>
<td>51.7 (715)</td>
<td>53.5 (14,728)</td>
<td>54.2 (14,273)</td>
</tr>
<tr>
<td>Exhausted, not from physical activity</td>
<td>55.4 (863)</td>
<td>49.2 (679)</td>
<td>51.2 (14,088)</td>
<td>50.4 (13,287)</td>
</tr>
<tr>
<td>Very lonely</td>
<td>23.7 (370)</td>
<td>21.5 (297)</td>
<td>23.9 (6,579)</td>
<td>25.5 (6,702)</td>
</tr>
<tr>
<td>Very sad</td>
<td>24.0 (374)</td>
<td>22.6 (311)</td>
<td>24.4 (6,712)</td>
<td>26.3 (6,912)</td>
</tr>
<tr>
<td>Overwhelming anxiety</td>
<td>20.7 (322)</td>
<td>16.7 (230)</td>
<td>20.4 (5,623)</td>
<td>19.4 (5,107)</td>
</tr>
<tr>
<td>Felt things were hopeless</td>
<td>14.1 (218)</td>
<td>13.2 (182)</td>
<td>16.4 (4,499)</td>
<td>16.9 (4,446)</td>
</tr>
<tr>
<td>Overwhelming anger</td>
<td>8.4 (130)</td>
<td>8.7 (119)</td>
<td>11.0 (3,006)</td>
<td>12.0 (3,135)</td>
</tr>
<tr>
<td>Depressed to point of difficulty to function</td>
<td>7.8 (122)</td>
<td>7.3 (101)</td>
<td>10.0 (2,744)</td>
<td>10.0 (2,637)</td>
</tr>
<tr>
<td>Intentionally cut, bruised or injured self</td>
<td>1.4 (22)</td>
<td>1.1 (15)</td>
<td>1.4 (390)</td>
<td>1.4 (370)</td>
</tr>
<tr>
<td>Seriously considered suicide</td>
<td>1.0 (16)</td>
<td>0.9 (12)</td>
<td>1.3 (365)</td>
<td>1.3 (349)</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>0.3 (4)</td>
<td>0.1 (2)</td>
<td>0.2 (52)</td>
<td>0.3 (78)</td>
</tr>
</tbody>
</table>
Lifetime Depression

- **17.6% of respondents report having ever been diagnosed with depression.** This figure is slightly lower than national respondents, of which 19.0% reported a depression diagnosis. Both Emory and national rates are similar to those in 2008; 18.6% of Emory respondents and 18.2% of national respondents reported a depression diagnosis in 2008.

- **Females, non-international students and graduate students were more likely to be diagnosed with depression** than males, international students and undergraduate students, respectively. Oxford Continuee status had no association with history of depression diagnosis. See **Table 12** for frequency differences and statistical values for each demographic group.

**Table 12. History of depression by Demographic, 2011 Emory Respondents**

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Ever been diagnosed with depression % (n)</th>
<th>$X^2$</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19.2 (203)</td>
<td>6.13</td>
<td>.013*</td>
</tr>
<tr>
<td>Male</td>
<td>13.9 (65)</td>
<td>(n=1574)</td>
<td></td>
</tr>
<tr>
<td>International student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11.4 (23)</td>
<td>6.01</td>
<td>.014*</td>
</tr>
<tr>
<td>No</td>
<td>18.4 (241)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxford continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18.7 (23)</td>
<td>0.11</td>
<td>.740</td>
</tr>
<tr>
<td>No</td>
<td>17.5 (246)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergrad.</td>
<td>13.9 (115)</td>
<td>16.96</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>Grad./Prof.</td>
<td>21.9 (154)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, thus difference is significant across groups*
Diagnosis and Treatment

- Respondents were asked to indicate whether they have been diagnosed or treated for various mental disorders within the last 12 months. Table 13 contains percentages and frequencies of respondents who have been diagnosed or treated, comparing 2011 Emory, 2008 Emory and 2011 national respondents.

- 3.8% of 2011 national respondents reported diagnosis or treatment of insomnia, the only mental disorder that is higher among Emory respondents than national respondents.

**Table 13. Diagnosis or Treatment of Mental Disorders in Last 12 Months, Across NCHA Respondent Groups**

<table>
<thead>
<tr>
<th>Mental Disorder</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
<th>2011 National Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>11.3 (177)</td>
<td>11.4 (158)</td>
<td>11.9 (3,284)</td>
</tr>
<tr>
<td>Depression</td>
<td>10.6 (163)</td>
<td>11.3 (156)</td>
<td>11.1 (3,044)</td>
</tr>
<tr>
<td>Insomnia</td>
<td>4.3 (66)</td>
<td>4.0 (56)</td>
<td>3.8 (771)</td>
</tr>
<tr>
<td>ADHD</td>
<td>3.8 (59)</td>
<td>2.8 (39)</td>
<td>4.6 (1,272)</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>2.6 (57)</td>
<td>3.7 (26)</td>
<td>5.5 (1,530)</td>
</tr>
<tr>
<td>OCD</td>
<td>2.0 (31)</td>
<td>1.9 (26)</td>
<td>2.1 (562)</td>
</tr>
<tr>
<td>Other sleep disorder</td>
<td>1.9 (29)</td>
<td>1.2 (18)</td>
<td>2.3 (618)</td>
</tr>
<tr>
<td>Other mental disorder</td>
<td>2.3 (35)</td>
<td>2.2 (30)</td>
<td>2.3 (612)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>1.0 (14)</td>
<td>1.3 (17)</td>
<td>1.5 (402)</td>
</tr>
<tr>
<td>Anorexia, bulimia, phobias, schizophrenia, substance use addictions and other addictions</td>
<td>All &lt;1.0%</td>
<td>All ≤1.2%</td>
<td>All ≤1.0%</td>
</tr>
</tbody>
</table>

**Anxiety and depression are the most common mental disorders, affecting at least 10% of respondents.**
Service Use

- Respondents were asked if they have ever received mental health services from various providers. Table 14 shows the proportion of respondents who reported receiving mental health services from each provider.

### Table 14. Mental Health Services Received, Across NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>2011 Emory Respondents % (n)</th>
<th>2008 Emory Respondents % (n)</th>
<th>2011 National Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor/Therapist/Psychologist</td>
<td>37.5 (583)</td>
<td>39.1 (538)</td>
<td>35.2 (9,674)</td>
</tr>
<tr>
<td>University Health/Counseling Services</td>
<td>20.4 (315)</td>
<td>17.2 (237)</td>
<td>13.3 (3,638)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>18.0 (278)</td>
<td>17.7 (242)</td>
<td>14.6 (4,005)</td>
</tr>
<tr>
<td>Other medical provider</td>
<td>12.4 (191)</td>
<td>12.2 (168)</td>
<td>7.3 (1,993)</td>
</tr>
<tr>
<td>Clergy</td>
<td>8.7 (134)</td>
<td>8.8 (121)</td>
<td>13.1 (27,428)</td>
</tr>
</tbody>
</table>

Seventy-nine percent of respondents would consider seeking help from a mental health professional, if they were having a personal problem in the future. This is consistent with 2008 Emory respondents (79.9%). Among 2011 national respondents, 71.0% would consider seeking help.

- Females, non-Oxford Continuee students and graduate/professional students were more likely to consider seeking help from a mental health professional compared to males, Oxford Continuee students and undergraduate students, respectively. International student status had no association with health help-seeking intentions. See Table 15 for frequencies and statistical values among 2011 Emory respondents by demographic.

### Table 15. Mental Health Help-Seeking By Demographic, 2011 Emory Respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Would consider seeking help % (n)</th>
<th>X²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>82.6 (880)</td>
<td>26.36</td>
<td>&lt;.001 *</td>
</tr>
<tr>
<td>Male</td>
<td>71.1 (340)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>74.6 (153)</td>
<td>6.01</td>
<td>.102</td>
</tr>
<tr>
<td>No</td>
<td>79.6 (1,052)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxford continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>67.2 (82)</td>
<td>11.33</td>
<td>&lt;.001 *</td>
</tr>
<tr>
<td>No</td>
<td><strong>80.1 (1,137)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergrad.</td>
<td>73.9 (616)</td>
<td>28.42</td>
<td>&lt;.001 *</td>
</tr>
<tr>
<td>Grad./Prof.</td>
<td><strong>85.0 (607)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p<.05, thus difference is significant across groups
Distress

- Students were asked to indicate whether or not a given problem was “traumatic” or “very difficult to handle” in the last 12 months. Figure 6 compares mental health challenges across NCHA respondent groups.

**Figure 6. Mental Health Challenges, Across NCHA Respondent Group**

![Mental Health Challenges Across NCHA Respondent Group](image-url)
Stress

- Emory respondents reported higher levels of stress within the last 12 months compared to national respondents. Sixty-one percent of Emory respondents reported “tremendous” or “more than average stress” in the last 12 months compared to 52.9% of national respondents.

- Emory graduate respondents reported significantly higher levels of stress compared to undergraduate respondents ($X^2=14.65, p=.001$). See Figure 7 for the distribution of stress levels among these groups.

Figure 7. Stress Levels, 2011 Emory Graduate v. Undergraduate Respondents

Well-Being

- A majority of respondents (91.2%) strongly agreed or agreed that Emory cares about their well-being. See Figure 8 for percentages of all response categories.

Figure 8. “Emory Cares About My Well-Being”, 2011 Emory Respondents (n=1,484)
Substance Use Brief

The 2011 NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory, administered fall 2011 to undergraduates, graduates, and professional students (n=1,574). Emory is one of 44 institutions to collect NCHA data during fall 2011 in collaboration with the American College Health Association (ACHA). The 2011 national reference group comprises total respondents (n=27,774) from the 44 institutions. All materials were prepared by the Office of Health Promotion (OHP) within the Emory University Student Health and Counseling Services (EUSHCS).

The “2011 Substance Use Brief” contains self-reported substance use perceptions and behaviors of NCHA respondents at Emory University. Specifics include actual use, perceived peer use and service knowledge relating to alcohol, tobacco, marijuana and other illicit substances. Data are presented on all respondents, across demographic characteristics as well as compared to national NCHA data from institutions around the United States.
Alcohol Use

- **19.8% of 2011 Emory respondents report they have never used alcohol.**

- **The proportion of respondents who reported they have never used alcohol decreases as year in school increases.** Below shows how many respondents reported never drinking alcohol by school year:
  
<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First year undergraduates</td>
<td>42.1%</td>
</tr>
<tr>
<td>Second year undergraduates</td>
<td>34.2%</td>
</tr>
<tr>
<td>Third year undergraduates</td>
<td>19.5%</td>
</tr>
<tr>
<td>Fourth year or more undergraduates</td>
<td>12.5%</td>
</tr>
<tr>
<td>Graduate / Professional</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

- **70.7% of respondents have used alcohol in the last 30 days.** See Figure 9 for alcohol use by amount of days used over the last 30 days. Notably, 18.1% of respondents reported using alcohol on 10 to 30 days within the last month.

![Figure 9. Frequency of Alcohol Use in Last 30 Days, 2011 Emory Respondents (n=1,551)](image)

- **Heavy episodic drinking** (or **high-risk drinking**) is defined differently by gender, constituting 3-4 or more drinks in one sitting for females and 5+ drinks in one sitting for males. Heavy episodic drinking was measured by how often respondents consumed five or more drinks in one sitting in the last two weeks. See Figure 10A for heavy episodic drinking frequencies among 2011 Emory respondents.
• Over the past two weeks, 32.0% of respondents reported having 5+ drinks in one sitting at least once.

**Figure 10a. Frequency of Heavy Episodic Drinking in the Last Two Weeks, 2011 Emory Respondents**
(n=1,567)

Looking at more risky behavior, 16.7% of respondents reported having 5+ drinks two or more times in the past two weeks. See **Figure 10b** for heavy episodic drinking frequencies only among those who drink alcohol.

**Figure 10b. Frequency of Heavy Episodic Drinking in the Last Two Weeks, 2011 Emory Respondents who Drink**
(n=1,254)

Of those who drink, 40% have consumed 5+ drinks at least once in the past two weeks.
Most recent alcohol consumption was measured by the number of drinks consumed when the respondent last partied or socialized. Number of hours respondents spent drinking on this occasion was also measured.

- About one quarter of respondents did not drink any alcohol the last time they partied/socialized, while another one quarter (24%) consumed 5+ drinks the last time they partied/socialized.

- Among respondents who consumed any alcohol the last time they partied/socialized, the mean number of drinks consumed was 4.04 (SD=2.72) and the mean number of hours drinking was 3.70 (SD=1.84).

  - A significant positive association was found between number of drinks consumed and the hours spent drinking at last time partied/socialized ($r=0.408$, $p<0.001$). However, only 16% of the variance in drinks consumed is explained by the hours spent drinking.

- Figure 11 shows of alcohol consumption across 2011 and 2008 Emory respondents who reported drinking any alcohol. Number of drinks consumed is comparable across group.

**Figure 11. Number of Drinks Consumed When Last Partied/Socialized, 2011 v. 2008 Emory Respondents**
• Alcohol use rates were compared across various demographic groups. Table 16 shows the proportion of each group that engaged and did not engage in heavy episodic drinking last time they partied/socialized, and whether or not the difference is statistically significant. Figure 12 shows high-risk drinking by sex.

  o International student respondents were significantly less likely to report consuming 5+ alcoholic drinks the last time they partied/socialized, compared to non-international students.

  o Undergraduate respondents were significantly more likely than graduate/professional student respondents to report consuming 5+ drinks the last time they partied/socialized; officers or captains of student organizations were significantly more likely than other respondents to report consuming 5+ drinks the last time they partied/socialized.

  o ADHD status, transfer student status, Oxford continue status, psychiatric conditions and chronic illness were not associated with heavy episodic drinking behavior (p=.232; p=.094; p=.978, respectively).

**Table 16. Consumption of 5+ Drinks Last Time Partied/Socialized By Demographics, 2011 Emory Respondents Who Drink**

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>5+ drinks last time partied/socialized % (n)</th>
<th>X²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33.78 (25)</td>
<td>1.27</td>
<td>.737</td>
</tr>
<tr>
<td>No</td>
<td>32.34 (348)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International student</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>27.47 (39)</td>
<td>10.44</td>
<td>.015*</td>
</tr>
<tr>
<td>No</td>
<td>33.03 (327)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxford continue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>33.8 (27)</td>
<td>3.15</td>
<td>.369</td>
</tr>
<tr>
<td>No</td>
<td>32.2 (344)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undergrad.</td>
<td>41.36 (235)</td>
<td>43.45</td>
<td>&lt;.001***</td>
</tr>
<tr>
<td>Grad./Prof.</td>
<td>24.42 (148)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Officer of student org.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40.50 (130)</td>
<td>16.61</td>
<td>.001**</td>
</tr>
<tr>
<td>No</td>
<td>29.59 (229)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.05, thus difference is significant across groups

**International student respondents were less likely to engage in high-risk drinking compared to non-international respondents**

**Undergraduates and student organization officers were more likely to engage in high-risk drinking than graduate and non-student officers**
**Figure 12: Sex Comparison of High-Risk Drinking During Last Time Partied/Socialized, 2011 Emory Respondents**

- Drinking and driving behaviors was reported by respondents. **Table 17** shows comparisons of drinking and driving behavior across NCHA respondent groups. Drinking and driving has lowered slightly from 2008 to 2011 among Emory respondents.

**Table 17. Drinking and Driving Behavior, Across NCHA Respondent Groups**

<table>
<thead>
<tr>
<th>Drinking and Driving Behavior</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
<th>2011 National Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td>Drove after drinking any alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>26.6 (416)</td>
<td>30.7 (426)</td>
<td>16.2 (4,471)</td>
</tr>
<tr>
<td>No or N/A*</td>
<td>73.4 (1,145)</td>
<td>69.3 (962)</td>
<td>83.8 (23,093)</td>
</tr>
<tr>
<td>Drove after having 5+ drinks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.5 (23)</td>
<td>2.1 (29)</td>
<td>1.7 (463)</td>
</tr>
<tr>
<td>No or N/A*</td>
<td>98.5 (1,533)</td>
<td>97.9 (1,351)</td>
<td>98.3 (27,035)</td>
</tr>
</tbody>
</table>

*N/A includes respondents who reported “N/A – don’t drive” or “N/A – don’t drink”
Consequences of Alcohol Use

- Respondents reported consequences resulting from drinking by answering, “Within the last 12 months, have you experienced any of the following when drinking alcohol...” followed by nine options. Figure 13 shows the top four most commonly reported consequences, comparing 2011 and 2008 Emory respondents.

- 61.7% of respondents have not experienced negative consequences as a result of drinking during the last 12 months. See Figure 14 for additional information on number of experienced consequences.

**Figure 13. Most Common Consequences as a Result of Drinking in Last 12 Months, 2011 v. 2008 Emory Respondents**

**Figure 14: Number of Consequences Experienced as a Result of Drinking in Last 12 Months, 2011 Emory Respondents**

(number=1,545)
Alcohol Risk Reduction Behavior

- Eleven different factors were assessed that measured engagement in reducing risks of negative consequences from drinking. Figure 15 shows the most common risk reduction behaviors among those who drink, compared with 2008 respondents. Engagement is considered common if respondents reported doing the behavior “always” or “most of the time”.

**Figure 15: Most Common Risk Reduction Behaviors Relating to Drinking, 2011 v. 2008 Emory Respondents**

- Stay with same group of friends: 85.1% 86.3%
- Use a designated driver: 83.1% 82.1%
- Eat before and/or during drinking: 81.2% 81.4%
- Keep track of number of drinks: 74.3% 75.5%
- Stick with one type of alcohol: 50.0% 55.8%
- Avoid drinking games: 47.0% 56.6%
Tobacco Use

- Figure 16 shows the number of days using various forms of tobacco in the last 30 days. Current findings mirror 2008 data, indicating no change in type of tobacco usage between 2011 and 2008 respondents. The only difference in tobacco use between respondent groups, is a greater proportion of 2011 respondents reported never having used cigarettes (73.4%) compared to 2008 respondents (69.4%).

- 73.4% of 2011 Emory respondents reported they never used cigarettes and 15.7% have used cigarettes, but not in the last 30 days. Eleven percent of respondents reported they have used cigarettes in the last 30 days, of which only 1.8% reported daily use of cigarettes. This is similar to 2008 Emory respondents, of whom 1.9% reported daily use.

**Figure 16. Tobacco Use in the Last 30 Days, 2011 Emory Respondents**

![Bar chart showing tobacco use in the last 30 days for 2011 Emory respondents.](chart)
Smoking across demographics and behaviors

- **Frequency of smoking was found to be significantly greater among males**, with 14.3% (n=69) of males and 9.4% (n=100) of females reporting use in the last 30 day ($X^2=10.65$, $p=.005$).

- Using independent t-tests, there was no significant difference in frequency of smoking among undergraduate and graduate students ($p=.931$), among Oxford continues and all other respondents ($p=.192$) or among transfer students and all other respondents ($p=.410$).

- In order to determine if there is an association between frequency of alcohol use and frequency of smoking, a correlation test was conducted. There was a significant **positive association between frequency of alcohol use and frequency of smoking** over the last 30 days ($r=.121$, $p=.014$).

- No significant association was found between frequency of cigarette use and disability.

---

A greater proportion of male respondents reported frequently smoking compared to female respondents.

Smoking frequency was not associated with undergraduate/graduate, Oxford Continuee, transfer student or disability status.
Tobacco Knowledge and Services

- Respondents were asked to indicate if they have ever received general information on tobacco use from Emory. More than half (55.1%) of 2011 Emory respondents reported receiving information on tobacco use.

- A significantly greater proportion of undergraduates reported receiving information on tobacco use compared to graduate students ($X^2=58.53, p<.001$), as almost 63.3% of undergrads have received information on tobacco use compared to only 36.7% of graduate students.

- Figure 17 shows respondent awareness of smoking cessation resources offered through the Office of Health Promotion (OHP).

**Figure 17: Awareness of Smoking Cessation Resources Offered at the Office of Health Promotion, 2011 Emory Respondents (N=1,471)**

- Females were significantly more likely to be aware of smoking cessation resources than males ($X^2=9.42, p=.002$), as 63.8% of females and 55.3% males reported being aware of smoking cessation resources.

- Undergraduates were significantly more likely to be aware of smoking cessation resources than graduate students ($X^2=15.04, p<.001$), as 57.8% of undergraduates were aware of this resource, while 42.2% of graduate students were aware of this resource.
Tobacco-Free Emory

- Respondents were asked to indicate if they “believe the Tobacco-Free Emory initiative (effective January 2012) will positively impact my health”, on a 4-point scale of strongly agree to strongly disagree. 85.1% of respondents strongly agreed or agreed that the Tobacco-Free Emory initiative will positively impact their health. See Figure 18 for sex differences regarding Tobacco-Free Emory, in which strongly agree and agree are grouped as “Yes” and disagree and strongly disagree are grouped as “No”.

Figure 18: “The Tobacco-Free Emory Initiative will Positively Impact My Health”, Gender Differences Among 2011 Emory Respondents.

- A significantly greater proportion of males disagreed that Emory’s Tobacco-Free policy will positively impact their health compared to females ($X^2=50.70, p<.001$).

- Respondents who reported using tobacco products before coming to Emory (6.1%, n=94), disagreed significantly more than respondents who did not use tobacco products before coming to Emory that the Tobacco-Free Emory Initiative will positively impacting their health ($X^2= 80.23, p>.001$), as 46.8% (n=44) of those who had used tobacco before Emory disagreed while only 12.8% (n=186) of those who had not used tobacco before Emory disagreed.
Marijuana Use

- **66%** of respondents reported *never* using marijuana and **22%** reported using marijuana, but not in the last 30 days. Figure 19 shows the comparison of marijuana use across 2008 to 2011 respondents.

- Frequency of marijuana use has remained stable from **2008 to 2011**, with only a slight decrease (-2.6%) in the proportion of respondents who reported using marijuana, but not in the last 30 days.

**Figure 19: Marijuana Use in the Last 30 Days, 2011 v. 2008 Emory Respondents**

<table>
<thead>
<tr>
<th>Number of Days Used Marijuana</th>
<th>Emory NCHA Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Used</td>
<td>66.0% 64.5%</td>
</tr>
<tr>
<td>Used, but not in last 30 days</td>
<td>21.5% 24.1%</td>
</tr>
<tr>
<td>1 - 9 days</td>
<td>9.3% 9.1%</td>
</tr>
<tr>
<td>10 - 29 days</td>
<td>1.7% 2.1%</td>
</tr>
<tr>
<td>Daily</td>
<td>1.0% 0%</td>
</tr>
</tbody>
</table>

**12% of respondents have used marijuana in the last 30 days.**
Other Illicit Substance Use

Eleven categories of other illicit substances include: cocaine, methamphetamines, other amphetamines, sedatives, hallucinogens, steroids, opiates, inhalants, MDMA, other club drugs, and other illegal drugs.

Other illicit substance refers to the eleven categories above, thus marijuana is not included.

- **Table 18** shows illicit substance use in the last 30 days, broken down by type of substance and comparing results from 2011 and 2008 respondents. Respondents were asked to report how many days they had used each substance in the last 30 days. Some substances included are available for treatment of various medical conditions; however purpose of use (recreational v. treatment) was not indicated thus it is unknown whether percentages reflect abuse or prescriptions.

### Table 18: Other Illicit Substance Use, 2011 v. 2008 Emory Respondents

<table>
<thead>
<tr>
<th>Substance</th>
<th>Have ever used 2011 %</th>
<th>2008 %</th>
<th>Used in last 30 days 2011 %</th>
<th>2008 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinogens</td>
<td>5.4</td>
<td>6.8</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>4.8</td>
<td>5.5</td>
<td>1.0</td>
<td>0.2</td>
</tr>
<tr>
<td>Sedatives</td>
<td>4.8</td>
<td>5.4</td>
<td>1.7</td>
<td>1.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5.3</td>
<td>5.1</td>
<td>0.9</td>
<td>0.8</td>
</tr>
<tr>
<td>Opiates</td>
<td>1.7</td>
<td>2.0</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>1.2</td>
<td>1.7</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Other Amphetamines</td>
<td>5.4</td>
<td>4.2</td>
<td>2.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Anabolic Steroids</td>
<td>0.6</td>
<td>0.5</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.2</td>
<td>1.9</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Other Club Drugs</td>
<td>1.3</td>
<td>2.0</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>4.4</td>
<td>4.3</td>
<td>0.7</td>
<td>0.7</td>
</tr>
</tbody>
</table>

- I illicit substance use across substances remains relatively stable from 2008 to 2011.
  - Hallucinogens and other amphetamines are the only substances to change more than 1% in use. From 2008 to 2011, ever using hallucinogens decreased by 1.4%, every using other amphetamines increased by 1.2% and use of other amphetamines in last 30 days increased by 1.1%.

- Computing the frequency of using any illicit substance in the last 30 days found that **5.4% of 2011 respondents have used an illicit substance in the last 30 days.**
• **Table 19** shows the frequency of prescription drug abuse in last 12 months, comparing Emory respondents and national respondents from 2008 and 2011. Respondents were asked whether or not they had taken a prescription drug that was not prescribed to them in the last 12 months by answering yes or no. Each drug was listed as a separate item and included examples of common drug names, for example “Sedatives (e.g., Xanax, Valium)?”

• **Prescription stimulant use without a prescription has increased in frequency from 2008 to 2011**, while all other prescription drug use has decreased. This is true for both Emory and national respondents. An increase in stimulant use without a prescription may point to an increase in self-medication for ADHD, greater access to stimulant medications, an increase in stimulants as party drugs, or a combination of factors.

**Table 19: Prescription Drug Use Without a Prescription in Last 12 Months, Across NCHA Respondent Group**

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>Emory respondents 2011 %</th>
<th>Emory respondents 2008 %</th>
<th>National respondents 2011 %</th>
<th>National respondents 2008 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stimulants</td>
<td>5.7</td>
<td>4.5</td>
<td>6.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Pain Killers</td>
<td>4.4</td>
<td>5.2</td>
<td>7.1</td>
<td>8.6</td>
</tr>
<tr>
<td>Sedatives</td>
<td>3.1</td>
<td>4.0</td>
<td>3.5</td>
<td>4.4</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>1.9</td>
<td>2.5</td>
<td>3.1</td>
<td>3.1</td>
</tr>
<tr>
<td>Erectile Dysfunction Drugs</td>
<td>0.5</td>
<td>0.9</td>
<td>0.9</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Perceptions of Substance Use

There is much literature showing that college students perceive other students use substances more often than they do in reality. This discrepancy between perceptions of peer use and actual use is found across substances, including alcohol, marijuana, tobacco products and other illicit substances.

**Alcohol Use**

- Respondents were asked to indicate how many days a typical Emory student drank alcohol in the last 30 days. They also reported how many days they drank alcohol in the last 30 days. **Figure 6** show perceptions of peer alcohol use compared to actual alcohol use among 2011 Emory respondents.

- Comparing perceptions of others’ use to actual use, **95.1% of respondents believe a typical Emory student consumed alcohol in the past 30 days**, while **70.7% of respondents actually did consume alcohol** during this time period.

**Figure 6: Actual vs. Perceived Alcohol Use, 2011 Emory Respondents**

(n\text{actual}=1,551; n\text{perceived}=1,540)

<table>
<thead>
<tr>
<th>Number of Days Consuming Alcohol</th>
<th>Actual Use</th>
<th>Perceived Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Used</td>
<td>19.8%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Used, but not in last 30 days</td>
<td>41.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>1-9 days</td>
<td>52.0%</td>
<td>17.7%</td>
</tr>
<tr>
<td>10-29 days</td>
<td>17.7%</td>
<td>46.0%</td>
</tr>
<tr>
<td>Daily</td>
<td>7.3%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
Marijuana Use

- Perceptions of peer marijuana use were measured by asking respondents how many days they think a typical Emory student has used marijuana in the last 30 days. **Figure 7** shows a comparison of actual and perceived use of marijuana among respondents. **Respondents perceived their peers use marijuana more frequently than they actually do.** This is consistent with national findings, in which perceived use percentages are 9.8% never used, 11.2% used, but not in last 30 days, 46.6% 1-9 days, 23.9% 10-29 days, and 8.5% daily.

**Figure 7. Actual v. Perceived Marijuana Use in Last 30 Days, 2011 Emory Respondents**

(n\textsubscript{actual}=1,556; n\textsubscript{perceived}=1,535)

<table>
<thead>
<tr>
<th>Number of Days Used Marijuana</th>
<th>Actual Use</th>
<th>Perceived Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Used</td>
<td>66.0%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Used, but not in last 30 days</td>
<td>21.5%</td>
<td>13.8%</td>
</tr>
<tr>
<td>1 - 9 days</td>
<td>9.3%</td>
<td>15.8%</td>
</tr>
<tr>
<td>10 - 29 days</td>
<td>1.7%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Daily</td>
<td>3.8%</td>
<td></td>
</tr>
</tbody>
</table>

- Only 12.0% respondents have actually used marijuana in the last 30 days, yet respondents think that 74.9% of Emory students have used marijuana in the last 30 days, indicating a 62.9% discrepancy in actual v. perceived use of marijuana.
All Substance Use

- Respondents were asked how often they used substances in the last 30 days and how often they believe a typical Emory student used substances in the last 30 days. Figure 20 shows the comparison of actual and perceived substance use among 2011 and 2008 respondents.

**Figure 20. Actual v. Perceived Use of Various Substances in Last 30 Days, 2011 v. 2008 Emory Respondents**

- Respondent’s perceptions of how often their peers use substances are far higher than how frequently their peers actually use substances.

- Alcohol is the only substance that respondents’ perceptions of peer use are remotely close to actual frequency of peer use. However, a 22-25% discrepancy between perceptions of use and actual use remains stable from the 2008 baseline.
The 2011 NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory, administered fall 2011 to undergraduates, graduates, and professional students (n=1,574). Emory is one of 44 institutions to collect NCHA data during fall 2011 in collaboration with the American College Health Association (ACHA). The 2011 national reference group comprises total respondents (n=27,774) from the 44 institutions. All materials were prepared by the Office of Health Promotion (OHP) within the Emory University Student Health and Counseling Services (EUSHCS).

The “2011 Violence and Abuse Brief” contains self-reported encounters of sexual, relationship and physical abuse and violence experiences by NCHA respondents at Emory University. Specifics include prevalence of violence and abuse, academic impact of assault, and safety on campus. Data are presented on all respondents, across demographic characteristics as well as compared to national NCHA data from institutions around the United States.
Prevalence of Violence and Abuse

- Respondents reported their experiences of physical, sexual and relationship violence and abuse within the last 12 months. **Table 20** shows the prevalence of these experiences among 2011 Emory male and female respondents, total 2011 Emory respondents and 2008 Emory respondents.

**Table 20. Violence and Abuse Experiences within the Last 12 Months, 2011 v. 2008 Emory Respondents**

<table>
<thead>
<tr>
<th>Violence or Abusive Act</th>
<th>2011 Emory Respondents</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male (n=484)</td>
<td>Female (n=1089)</td>
<td>Male (n=1574)</td>
</tr>
<tr>
<td>A physical fight</td>
<td>6.4%</td>
<td>2.0%</td>
<td>3.4%</td>
</tr>
<tr>
<td>A physical assault (not sexual)</td>
<td>3.3%</td>
<td>2.0%</td>
<td>2.4%</td>
</tr>
<tr>
<td>A verbal threat</td>
<td>19.4%</td>
<td>11.1%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Sexual touching without their consent</td>
<td>2.1%</td>
<td>7.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Sexual penetration attempt without their consent</td>
<td>0.6%</td>
<td>3.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Sexual penetration without their consent</td>
<td>0.2%</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Stalking</td>
<td>3.7%</td>
<td>4.2%</td>
<td>4.1%</td>
</tr>
<tr>
<td>An emotionally abusive intimate relationship</td>
<td>3.8%</td>
<td>7.9%</td>
<td>6.7%</td>
</tr>
<tr>
<td>A physically abusive intimate relationship</td>
<td>0.2%</td>
<td>1.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>A sexually abusive intimate relationship</td>
<td>0%</td>
<td>2.0%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

*Male respondents experienced more physical violence and verbal threats compared to females.*

*Female respondents experienced more sexual violence, stalking and intimate relationship abuse compared to males.*
Safety on Campus

- Respondents were asked to report how safe they felt on campus and in their surrounding community during the daytime and nighttime, on a four-point scale from “very safe” to “not safe at all”. Table 21 shows the proportion of respondents who reporting feeling “very safe”, comparing by gender and to 2008 baseline data.

**Table 21. Feeling “Very Safe” on Campus and in the Surrounding Community**

<table>
<thead>
<tr>
<th>Location</th>
<th>2011 Emory Respondents Male %</th>
<th>Female % (n=484)</th>
<th>2011 Emory Respondents (n=1,574)</th>
<th>2008 Emory Respondents (n=1,394)</th>
</tr>
</thead>
<tbody>
<tr>
<td>On campus (daytime)</td>
<td>94.8%</td>
<td>95.7%</td>
<td>95.7%</td>
<td>93.7%</td>
</tr>
<tr>
<td>On campus (nighttime)</td>
<td>59.3%</td>
<td>30.2%</td>
<td>39.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>In their community surrounding school (daytime)</td>
<td>69.8%</td>
<td>65.2%</td>
<td>66.5%</td>
<td>66.4%</td>
</tr>
<tr>
<td>In their community surrounding school (nighttime)</td>
<td>31.6%</td>
<td>14.5%</td>
<td>19.9%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

- The majority of respondents reported feeling safe on campus during the day, however **only 39.2% of respondents feel very safe on campus during the night**. Figure 21 shows rates of feeling safe on campus during the nighttime between 2011 Emory and 2011 national respondents.

**Figure 21. Feeling of Safety on Campus During the Nighttime, 2011 Emory v. National Respondents**

- 2011 Emory Respondents (n=1,568) and 2011 National Respondents (n=27,248)
Sexual Health Brief

The 2011 NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory, administered fall 2011 to undergraduates, graduates, and professional students (n=1,574). Emory is one of 44 institutions to collect NCHA data during fall 2011 in collaboration with the American College Health Association (ACHA). The 2011 national reference group comprises total respondents (n=27,774) from the 44 institutions. All materials were prepared by the Office of Health Promotion (OHP) within the Emory University Student Health and Counseling Services (EUSHCS).

The “2011 Sexual Health Brief” contains self-reported sexual health behaviors and infections of NCHA respondents at Emory University. Specifics include sexual activity and protection, contraception, pregnancy, and sexually transmitted diseases. Data are presented on all respondents, across demographic characteristics as well as compared to national NCHA data from institutions around the United States.
Sexual Activity and Protection

- The majority of 2011 Emory respondents (67.1%, 1,041) had at least 1 sexual partner in the last 12 months.

- Among those who are sexually active, 67.7% (704) reported having only 1 partner in the last 12 months. See Figure 22 for the number of sexual partners reported among sexually active respondents.

**Figure 22. Sexual Activity in the Last 12 Months, 2011 Emory Respondents**

A. Proportion of Sexual Active Respondents (n=1,551)

B. Number of Partners among Sexually Active Respondents (n=1,041)

- Respondents reported the type of sexual activity they engaged in during the last 30 days and whether or not they used a condom or protective barrier during said activity. Figure 23 shows a comparison of how often respondents engaged in a specific sexual activity verses how often they used protection.

**Figure 23. Sexual Activity and Use of Protection in the Last 30 Days, 2011 Emory Respondents**
Contraception and Pregnancy

- Excluding respondents who reported not having sexual intercourse that could result in pregnancy, Table 22 shows contraception use among 2011 Emory respondents. Rates of contraception use at last vaginal intercourse are relatively the same across 2011 and 2008 Emory and national respondents.

8.3% of respondents did not use any form of birth control the last time they had vaginal intercourse.

Table 22. Use of Contraception During Last Vaginal Intercourse, Among Sexually Active NCHA Respondent Groups

<table>
<thead>
<tr>
<th>“Used contraception?”</th>
<th>Emory respondents</th>
<th>National respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011 %</td>
<td>2008 %</td>
</tr>
<tr>
<td>Yes, used contraception</td>
<td>85.6</td>
<td>87.5</td>
</tr>
<tr>
<td>No, did not use contraception</td>
<td>8.3</td>
<td>7.4</td>
</tr>
<tr>
<td>No, did not want to prevent pregnancy</td>
<td>3.1</td>
<td>3.4</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3.1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

- Among 2011 Emory respondents who reported using birth control during last time having vaginal intercourse, male condoms, birth control pills and withdrawal were the most commonly reported forms of birth control. See Figure 24 for all birth control methods.

Figure 24. Birth Control Method at Last Vaginal Intercourse (n=835)

Withdrawal was the #3 most commonly used method of birth control.
• Among 2011 Emory respondents who reported having vaginal intercourse in the last 12 months, 15.48% (n=152) used emergency contraception. **Figure 25** shows emergency contraception rates among 2011 and 2008 Emory and national respondents.

**Figure 25. Emergency Contraception Use in Last 12 Months, Across NCHA Respondent Groups**

- Pregnancy in the last 12 months was measured among those who have had vaginal intercourse in the last 12 months. **Table 23** shows percentages and frequencies of pregnancy comparing 2008 and 2011 Emory and national respondents.

- While 2.4% of 2011 Emory respondents reported pregnancy in the last 12 months, only 0.8% (13) reported pregnancy (theirs or their partner’s) as negatively affecting academic performance.

- Only 39.8% all 2011 Emory respondents have received information on pregnancy prevention from Emory, while 31.7% are interested in receiving information about pregnancy prevention.

**Table 23. Pregnancy in the Last 12 Months, Among Respondents Who Have Engaged in Vaginal Intercourse**

<table>
<thead>
<tr>
<th>Context of pregnancy</th>
<th>Emory respondents</th>
<th>National respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011 % (n)</td>
<td>2008 % (n)</td>
</tr>
<tr>
<td>Experienced unintentional pregnancy</td>
<td>1.3 (13)</td>
<td>1.5 (14)</td>
</tr>
<tr>
<td>Experienced intentional pregnancy</td>
<td>2.1 (20)</td>
<td>2.9 (26)</td>
</tr>
<tr>
<td>Total</td>
<td>2.4 (23)</td>
<td>4.4 (40)</td>
</tr>
</tbody>
</table>
Sexually Transmitted Infections

Prevalence

- Prevalence of sexually transmitted infections (STIs) was measured by asking respondents whether they had been diagnosed or treated for various STIs in the last 12 months. Table 24 shows prevalence of STIs among 2008 and 2011 Emory respondents and 2011 national respondents.

- Only 0.2% (2) reported STI as negatively impacting their academic performance.

Table 24. Diagnoses or treatment of Sexually Transmitted Infections in the Last 12 Months, 2011 Emory, 2008 Emory, and 2011 National Respondents

<table>
<thead>
<tr>
<th>STI</th>
<th>2011 Emory Respondents % (n)</th>
<th>2008 Emory Respondents % (n)</th>
<th>2011 National Respondents % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>0.6 (9)</td>
<td>0.9 (12)</td>
<td>1.0 (275)</td>
</tr>
<tr>
<td>Genital herpes</td>
<td>0.9 (14)</td>
<td>1.3 (18)</td>
<td>0.6 (170)</td>
</tr>
<tr>
<td>Genital warts / HPV</td>
<td>2.0 (31)</td>
<td>2.7 (37)</td>
<td>1.4 (375)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>0.3 (4)</td>
<td>0.3 (4)</td>
<td>0.3 (83)</td>
</tr>
<tr>
<td>Hepatitis B or C</td>
<td>0.3 (5)</td>
<td>0.4 (5)</td>
<td>0.3 (83)</td>
</tr>
<tr>
<td>HIV</td>
<td>0.2 (3)</td>
<td>0.3 (4)</td>
<td>0.2 (58)</td>
</tr>
<tr>
<td>Pelvic Inflammatory Disease (PID)</td>
<td>0.2 (3)</td>
<td>0.3 (4)</td>
<td>0.3 (70)</td>
</tr>
</tbody>
</table>

Prevention

- Respondents reported whether or not they have ever had the HPV vaccine, the Hepatitis B vaccine or HIV testing. Figure 26 shows preventive behaviors across NCHA respondent groups.

Less than 1/3 of respondents have ever been tested for HIV.

Figure 26. History of Sexual Health Preventative Behaviors, 2011 Emory, 2008 Emory, and 2011 National Respondents
Figure 27 shows the trend in testicular self-exams among males, breast self-exams among females and gynecological exams among females from 2008 to 2011 Emory respondents. From 2008 to 2011, testicular and breast self-exams have remained relatively stable, while gynecological exams have decreased more than 10% among Emory respondents. The drop in gynecological exams may be due to new guidelines issued on cervical cancer screening in 2009. These new guidelines from the American College of Obstetricians and Gynecologists posit that most women do not need cervical cancer screening more frequently than every 3 to 5 years rather than annually.

All three preventive behaviors remain higher than those reported by national respondents.

- **Testicular self-exams**
  - 2011 Emory: 37.4%
  - 2011 national: 35.6%

- **Breast self-exams**
  - 2011 Emory: 38.2%
  - 2011 national: 37.0%

- **Gynecological exams**
  - 2011 Emory: 52.9%
  - 2011 national: 49.1%

Figure 27. Testicular, Breast and Gynecological Exams, 2011 v. 2008 Emory Respondents
The 2011 NCHA Briefs consist of summary reports of data collected from the National College Health Assessment (NCHA) at Emory, administered fall 2011 to undergraduates, graduates, and professional students (n=1,574). Emory is one of 44 institutions to collect NCHA data during fall 2011 in collaboration with the American College Health Association (ACHA). The 2011 national reference group comprises total respondents (n=27,774) from the 44 institutions. All materials were prepared by the Office of Health Promotion (OHP) within the Emory University Student Health and Counseling Services (EUSHCS).

The “2011 Physical Health Brief” contains self-reported illness and disability of NCHA respondents at Emory University. Specifics include general health, chronic illness, disability, prevention behaviors, exercise, weight and nutrition. Data are presented on all respondents, across demographic characteristics as well as compared to national NCHA respondents from institutions around the United States.
General Health

- An majority of 2011 Emory respondents reported their general health as excellent, very good or good, indicating positive health status. See Figure 28 for specific responses among 2011 Emory respondents. See Figure 29 for comparison between 2011 Emory, 2008 Emory and 2011 national respondent.

Figure 28. General Health Status Perceptions, 2011 Emory Respondents
(n=1,564)

Figure 29. General Health Status Perceptions, Among NCHA Respondent Groups

Emory respondents rated their health more positively when compared to national respondents.

96.2% of respondents report a positive health status.
Physical Illness

- Table 25 shows the self-reported prevalence of diagnosis and/or treatment of 18 physical health issues within the last 12 months. The mean number of illnesses reported by respondents was 1.05 (SD=1.50). Almost half (48.8%, n=738) of Emory respondents reported zero illnesses, 24.7% (n=374) reported only one illness, 13.0% (n=197) reported two illnesses, and the remainder (13.5%, n=204) reported 3+ illnesses.

- From 2008 to 2011, illness prevalence has remained relatively stable. Asthma is the only illness that increased more than 1.0%; allergies, sinus infections, back pain and IBS decreased more than 1.0%.

- 2011 Emory respondents reported lower prevalence of physical health issues compared to 2011 national respondents, except for high cholesterol, mononucleosis, repetitive stress injury and tuberculosis.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
<th>2011 National Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Sinus infection*</td>
<td>14.1 (219)</td>
<td>15.8 (218)</td>
<td>17.7 (4,866)</td>
</tr>
<tr>
<td>3. Urinary tract infection</td>
<td>8.9 (138)</td>
<td>8.9 (123)</td>
<td>9.4 (2,564)</td>
</tr>
<tr>
<td>4. Back pain*</td>
<td>8.6 (133)</td>
<td>10.4 (143)</td>
<td>12.9 (3,545)</td>
</tr>
<tr>
<td>5. Strep throat</td>
<td>7.9 (123)</td>
<td>8.3 (114)</td>
<td>11.5 (3,159)</td>
</tr>
<tr>
<td>6. Migraine headache</td>
<td>7.2 (112)</td>
<td>6.4 (88)</td>
<td>8.2 (2,246)</td>
</tr>
<tr>
<td>7. Asthma*</td>
<td>7.5 (117)</td>
<td>6.1 (84)</td>
<td>9.0 (2,471)</td>
</tr>
<tr>
<td>8. Broken bone/Fracture/Sprain</td>
<td>6.8 (106)</td>
<td>6.5 (90)</td>
<td>7.7 (2,129)</td>
</tr>
<tr>
<td>9. Ear Infection</td>
<td>5.2 (81)</td>
<td>5.8 (80)</td>
<td>7.2 (1,975)</td>
</tr>
<tr>
<td>10. Bronchitis</td>
<td>4.6 (72)</td>
<td>4.5 (62)</td>
<td>6.2 (1,713)</td>
</tr>
<tr>
<td>11. High cholesterol</td>
<td>3.5 (54)</td>
<td>4.1 (57)</td>
<td>3.0 (812)</td>
</tr>
<tr>
<td>12. Irritable Bowel Syndrome (IBS)*</td>
<td>2.7 (42)</td>
<td>3.9 (54)</td>
<td>2.9 (789)</td>
</tr>
<tr>
<td>13. High blood pressure</td>
<td>2.6 (41)</td>
<td>2.8 (38)</td>
<td>3.3 (912)</td>
</tr>
<tr>
<td>14. Repetitive stress injury</td>
<td>2.3 (36)</td>
<td>1.8 (25)</td>
<td>1.8 (494)</td>
</tr>
<tr>
<td>15. Mononucleosis</td>
<td>1.9 (29)</td>
<td>2.0 (27)</td>
<td>1.8 (491)</td>
</tr>
<tr>
<td>16. Endometriosis</td>
<td>0.8 (13)</td>
<td>1.0 (14)</td>
<td>0.8 (232)</td>
</tr>
<tr>
<td>17. Diabetes</td>
<td>0.6 (10)</td>
<td>1.3 (18)</td>
<td>1.3 (360)</td>
</tr>
<tr>
<td>18. Tuberculosis</td>
<td>0.5 (8)</td>
<td>0.4 (6)</td>
<td>0.4 (99)</td>
</tr>
</tbody>
</table>

*Arrow designates a 1.0% or greater decrease (gray) or increase (pink) in prevalence from 2008 to 2011.
Disability

- Among nine categories of disability, the majority (81.1%) of 2011 Emory respondents reported having no disability, while 14.9% reported only one disability, 2.6% reported two disabilities and the remainder (1.4%) reported three+ disabilities. Table 65 shows disability among 2011 Emory, 2081 Emory, and 2011 national respondents.

Table 26. Prevalence of Disability, Among NCHA Respondent Groups

<table>
<thead>
<tr>
<th>Disability</th>
<th>2011 Emory Respondents</th>
<th>2008 Emory Respondents</th>
<th>2011 National Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychiatric Condition*</td>
<td>7.0 (109)</td>
<td>5.6 (77)</td>
<td>5.6 (1,518)</td>
</tr>
<tr>
<td>2. Chronic Illness</td>
<td>5.3 (82)</td>
<td>5.5 (75)</td>
<td>4.9 (1,334)</td>
</tr>
<tr>
<td>3. ADHD</td>
<td>4.6 (72)</td>
<td>4.2 (57)</td>
<td>6.7 (1,825)</td>
</tr>
<tr>
<td>4. Partial Sightedness/Blindness*</td>
<td>2.6 (40)</td>
<td>0.9 (13)</td>
<td>2.6 (721)</td>
</tr>
<tr>
<td>5. Learning Disability</td>
<td>2.3 (36)</td>
<td>2.0 (27)</td>
<td>4.3 (1,271)</td>
</tr>
<tr>
<td>6. Other</td>
<td>1.4 (22)</td>
<td>1.3 (18)</td>
<td>2.1 (573)</td>
</tr>
<tr>
<td>7. Deafness/Hearing Loss</td>
<td>1.0 (15)</td>
<td>0.9 (12)</td>
<td>2.3 (622)</td>
</tr>
<tr>
<td>8. Mobility/Dexterity Disability</td>
<td>0.6 (10)</td>
<td>0.9 (13)</td>
<td>1.1 (304)</td>
</tr>
<tr>
<td>9. Speech or Language Disorder</td>
<td>0.6 (9)</td>
<td>0.7 (9)</td>
<td>0.9 (264)</td>
</tr>
</tbody>
</table>

*Arrows designate a 1.0% or greater decrease (gray) or increase (pink) in prevalence from 2008 to 2011.

- From 2008 to 2011, there has been a greater than 1.0% increase in partial sightedness/blindness and psychiatric conditions among Emory respondents.

- A greater proportion of Emory respondents reported psychiatric conditions and chronic illness compared to national respondents. For the remaining seven categories, fewer Emory respondents reported disability compared to national respondents.

The top 3 disabilities among respondents are psychiatric conditions, chronic illness and ADHD.
Disease and Injury Prevention

Injury prevention behaviors

- Respondents were asked about their seatbelt and helmet use during the last 12 months. Table 27 shows those who always used a seatbelt or wore a helmet, given they had engaged in the activity in the last 12 months.

Only 47% of respondents who ride a bicycle wear a helmet every time.

<table>
<thead>
<tr>
<th>Injury Prevention Behavior</th>
<th>2011 Emory Respondent % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seatbelt when riding in a car</td>
<td>86.3% (1,345)</td>
</tr>
<tr>
<td>Helmet when riding motorcycle</td>
<td>85.4% (134)</td>
</tr>
<tr>
<td>Helmet when riding a bicycle</td>
<td>47.2% (762)</td>
</tr>
<tr>
<td>Helmet when inline skating</td>
<td>39.3% (48)</td>
</tr>
</tbody>
</table>

Sunscreen

- The percentage of respondents reporting regular use of sunscreen during sun exposure has decreased by 5% from 2008 to 2011. See Figure 30 for proportions of sunscreen users for 2011 and 2008 Emory respondents.

- A greater proportion of females compared to males (64.1% v. 45.4%) and graduate students compared to undergraduate students (65.3% v. 52.35) were found to use sunscreen regularly with sun exposure ($X^2=46.70$, $p<.001$; $X^2=26.21$, $p<.001$).

- Among 2011 national respondents, 53.0% reported regular use of sunscreen during sun exposure, fewer than both 2011 and 2008 Emory respondents.

Dental exams

- 73.2% of 2011 Emory respondents reported having a dental exam and cleaning in the last 12 months, which is comparative to both 2008 Emory (73.0%) and 2011 national (72.7%) respondents.
**Vaccinations**

- History of vaccinations was measured among 6 types of vaccines. **Figure 31** shows the proportion of respondents who have received each vaccine among 2011 Emory, 2008 Emory and 2011 national respondents.

- The proportion of Emory respondents who have received vaccines has increased from 2008 to 2011, with the exception of Hepatitis B and Measles, Mumps and Rubella.

**Figure 31. History of Vaccinations, Among NCHA Respondent Groups**

- From 2008 to 2011, the percent of Emory respondents receiving vaccines for HPV, Influenza, Meningitis and Varicella increased.

- For all six vaccines, a greater proportion of Emory respondents have received vaccines compared to national respondents.

*From 2008 to 2011, there was a 16% increase in Emory respondents receiving the HPV vaccine and a 14% increase in having the influenza vaccine.*
Physical Activity and Nutrition

Exercise

- Recent exercise was measured by asking respondents how often they engaged in moderate exercise, vigorous exercise or strength training in the last seven days.* Means and standard deviations for number of days engaging in exercise in the last seven days are shown in Table 28.

- 50.1% of 2011 Emory respondents are meeting the recommended guidelines for physical activity, comparative to the 50.0% of 2008 Emory respondents and 47.4% of national respondents who are meeting recommended guidelines. Gender breakdown by NCHA respondent group, is shown in Table 29.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Days Engaged in Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate exercise for at least 30 minutes</td>
<td>3.53 (2.06) days</td>
</tr>
<tr>
<td>Vigorous exercise for at least 20 minutes</td>
<td>2.84 (1.91) days</td>
</tr>
<tr>
<td>Strength training at least 8-12 repetitions</td>
<td>2.15 (1.63) days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NCHA Respondent Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 Emory</td>
<td>52.1%</td>
<td>49.4%</td>
</tr>
<tr>
<td>2008 Emory</td>
<td>52.8%</td>
<td>48.4%</td>
</tr>
<tr>
<td>2011 National</td>
<td>52.2%</td>
<td>45.1%</td>
</tr>
</tbody>
</table>

* The American College of Sports Medicine and the American Heart Association (2007) recommends moderate-intensity cardio or aerobic exercise for at least 30 minutes on 5 or more days a week or vigorous-intensity cardio or aerobic exercise for at least 20 minutes on 3 or more days per week (ACHA, 2012). In calculating whether guidelines are met or not, two moderate exercise sessions equals one vigorous exercise session.
Weight

- Respondents were asked to describe their weight on a scale from “very underweight” to “very overweight”, with “about right” as the middle choice. The majority of respondents described their weight as about right, while a little under a third described their weight as slightly or very overweight. Table 30 shows weight descriptions for 2011 Emory, 2008 Emory and 2011 National respondent groups.

<table>
<thead>
<tr>
<th>Description of own weight</th>
<th>2011 Emory Respondents (n=1,563) % (n)</th>
<th>2008 Emory Respondents (n=1,390) % (n)</th>
<th>2011 National Respondents (n=27,637) % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very or slightly underweight</td>
<td>11.0 (172)</td>
<td>9.5 (133)</td>
<td>9.9 (2,732)</td>
</tr>
<tr>
<td>About right</td>
<td>58.6 (912)</td>
<td>57.7 (802)</td>
<td>54.3 (15,015)</td>
</tr>
<tr>
<td>Very or slightly overweight</td>
<td>30.3 (475)</td>
<td>32.7 (455)</td>
<td>35.8 (9,890)</td>
</tr>
</tbody>
</table>

- Respondents reported whether or not they engaged in specific weight-loss strategies in the last 30 days. Below shows the percentages of 2011 Emory respondents who engaged in each behavior:

  - Exercised to lose weight........................................53.0%
  - Dieted to lose weight............................................36.3%
  - Vomited took laxatives to lose weight.......................2.2%
  - Took diet pills to lose weight.................................2.1%

- Respondents also indicated what they have been doing about their weight. Below shows the percentages of 2011 Emory respondents according to their weight goals:

  - Trying to lose weight..................................................48.8%
  - Trying to stay the same weight.................................28.8%
  - Not trying to do anything about their weight...............14.9%
  - Trying to gain weight................................................7.2%

**Half of all Emory respondents are trying to lose weight.**
**Fruit and Vegetable Intake**

- **Figure 32** shows the reported usual intake of fruits and vegetables per day.

- 2011 and 2008 Emory respondents reported similar fruit and vegetable intake, varying less than 1.0% for each serving category.

- A greater proportion of national respondents reported consuming zero servings (6.6%) and 1-2 servings (59.8%) of fruit and vegetables per day, compared to Emory respondents. Among national respondents, 33.6% reported 3+ servings of fruits and vegetables per day, compared to 44.0% of Emory respondents. **Overall, Emory respondents reported consuming more servings of fruit per day than national respondents.**

**Figure 32. Usual Servings of Fruits and Vegetables per Day, 2011 Emory Respondents**

(n=1,565)

Only 1/3 of Emory respondents eat three or more servings of fruits and vegetables every day.
Additional Data

Due to the comprehensive nature of the 2011 Emory NCHA, additional data can be ascertained regarding specific populations or comparisons across groups. Common requests include data on Oxford students, first year students, student leaders, men who have sex with men (MSM), School of Medicine students, and more. In addition, the current report contains a sampling of comparisons across demographic groups, such as stress levels among graduate verses undergraduate students. Additional comparative data can be requested for any health topic covered in the report. If you are unsure if a specific health topic or population can be analyzed further, please see the contact information below in order to discuss options.

If you would like to request additional data or have questions regarding additional data, please contact the Office of Health Promotion (OHP) or Marc Cordon, at marc.cordon@emory.edu. Please allow one to two weeks for results, as time is needed for data processing.
Glossary

Chi-square test ($X^2$)
Inferential statistical test used to measure whether or not the difference between two independent samples is significant regarding the variables of interest. Used with categorical variables only.

Correlation ($r$)
Measures the strength, or magnitude, of a linear relationship between two variables. A test of correlation can also be called a test of association. Used with continuous variables only. $-1 \leq r \leq +1$; where $r=0$ is no relationship, $r=.2$ is a weak relationship, $r=.4$ is an adequate relationship and $r>.5$ is a strong relationship. Positive and negative values of $r$ indicate the direction of the association.

External Population
The larger population that is under study. (E.g. All college students)

Independent t-test (t)
Inferential statistical test used to measure whether or not the difference between two independent samples is significant regarding the variables of interest. Used with continuous variables only.

Non-Response Bias
Bias that results when respondents who were invited to participate (sample population) and respondents who actually did participate (sample) differ in meaningful ways.

Recall Bias
Systematic bias that occurs when respondents inaccurately report retrospective information because of difficulty with recollection.

Sample
Respondents who were invited to and participated in the assessment; the end sample of whom results are generated from. (E.g. All 1,574 Emory students who submitted a 2011 Emory NCHA survey)

Sample Population
Respondents who were invited to participate in the assessment. (E.g. All 5,001 randomly selected Emory students)

Selection Bias
Systematic bias that arises from differences between the sampling population and the sample itself; generalizability is compromised by selection bias and random sampling can protect against selection bias.

Social Desirability
Bias that occurs when respondents inaccurately report information due to pressure from their perceived social norms regarding a specific topic. E.g. A respondent reports less prescription drug abuse because she or he perceives Emory University does not condone prescription drug abuse.

Source Population
Specific population in which respondents are sampled from. (E.g. All students enrolled at Emory University)
References


http://www.oirpe.emory.edu/institutional_research/CDS%20Profile%20IPEDS.html.


Appendix A
Non-Response Survey

1. Please check your reason(s) for not participating in the NCHA:

- Never received an email regarding the survey
- Opened the email and deleted it because it was long
- Found the survey unhelpful
- Felt my response did not matter
- Subject matter was not interesting to me
- Survey was too long
- Survey was too difficult to take on my smartphone
- Generally don’t care about surveys
- Incentives were not great enough
- Survey asked questions that I felt were too personal
- Busy with one or more of the following: school, extra-curricula, work, volunteering
- Missed the deadline to complete the survey
- Other _______________________________

2. Why did you not complete the NCHA?
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

3. What is your age? _________

4. Please indicate your gender

a. Female
b. Male

5. Please indicate your year in school

a. First year
d. Fourth year
e. Fifth year or more
b. Second year
f. Graduate / Professional
c. Third year
g. Other

6. Please indicate your ethnicity

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Biracial/Multiracial
- Other
Appendix B
“Because” Campaign Flyer Example

Because it's your voice.

___

October 17 - November 7

please take the acha-ncha

check your email to see if you've been selected
Appendix C

“Because” Campaign Student Photo Example

“because... you can impact health care!”

- Kirsten Bondalapati
Appendix D
2011 Emory NCHA: Full Instrument, with Supplemental Questions

ACHA Questions (66)

1. How would you describe your general health?
   a. Excellent
   b. Very good
   c. Good
   d. Fair
   e. Poor
   f. Don’t know

2. Have you received information on the following topics from your college or university?
   - 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
   - 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

   For each:
   a. No
   b. Yes

3. Are you interested in receiving information on the following topics from your college or university?
   - 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
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

For each:

a. No
b. Yes

4. Within the last 12 months, how often did you:

Wear a seatbelt when you rode in 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?

For each:

a. N/A, didn’t do activity in past 12 months
b. Never
c. Rarely
d. Sometimes
e. Most of the time
f. Always

5. Within the last 12 months:

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 hall, or office, repeated emails/phone calls)?

For each:

a. No
b. Yes

6. Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was:

   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 an unwanted sexual act on you)

For each:

a. No
b. Yes

7. Do you feel safe...

   ... on this campus (daytime)?
   ... on this campus (nighttime)?
   ... in the community surrounding this school (daytime)?
   ... in the community surrounding this school (nighttime)?

For each:

a. Not safe at all
b. Somewhat unsafe
c. Somewhat safe
d. Very safe

8. Within the last thirty days, on how many days did you use:

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)?
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?

For each:

a. Never used
b. Have used, but not in last 30 days
c. 1-2 days
d. 3-5 days
e. 6-9 days
f. 10-19 days
g. 20-29 days
h. Daily

9. Within the last thirty days, how often do you think the typical student at your school used:

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)?
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?

For each:

a. Never used
b. Have used, but not in last 30 days
c. 1-2 days
d. 3-5 days
e. 6-9 days
f. 10-19 days
g. 20-29 days
h. Daily
10. The last time you "partied"/socialized, how many alcoholic drinks did you have?
_________________________________________________________________

11. The last time you "partied"/socialized, how many hours did you drink alcohol?
_________________________________________________________________

12. How many drinks of alcohol do you think the typical student at your school had the last time he/she "partied"/socialized?
_________________________________________________________________

13. Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting?
   a. N/A, don’t drink
   b. None
   c. 1 time
   d. 2 times
   e. 3 times
   f. 4 times
   g. 5 times
   h. 6 times
   i. 7 times
   j. 8 times
   k. 9 times
   l. 10 or more times

14. Within the last thirty days, did you

   Drive after drinking any alcohol at all?
   Drive after having 5 or more drinks?

   For each:
   a. N/A, don’t drink
   b. N/A, don’t drink
   c. No
   d. Yes

15. During the last 12 months, when you "partied"/socialized, how often did you:

   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’ve 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?

For each:

a. N/A, don’t drink
b. Never
c. Rarely
d. Sometimes
e. Most of the time
f. Always

16. Within the last 12 months, have you experienced any of the following when drinking alcohol:

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?

For each:

a. N/A, don’t drink
b. No
c. Yes

17. Within the last 30 days, what percent of students at your school used:

Cigarettes? State your best estimate.
Alcohol? State your best estimate.
Marijuana? State your best estimate.

For each:

_________________________________________________________________

18. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you:

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)?

For each:
  a. No
  b. Yes

19. Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse or anal intercourse?

__________________________________________________________

20. Within the last 12 months, did you have sexual partner(s) who were:

Female?
Male?
Transgender?

For each:
  a. No
  b. Yes

21. Within the last 30 days, did you have:

Oral sex?
Vaginal Intercourse?
Anal Intercourse?

For each:
  a. No, never done activity
  b. Have done, but not in last 30 days
  c. Yes

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:

Oral sex?
Vaginal Intercourse?
Anal Intercourse?

For each:
  a. N/A, never did activity
  b. Have not done activity in past 30 days
  c. Never
  d. Rarely
  e. Sometimes
23. Did you or your partner(s) use a method to prevent pregnancy the last time you had vaginal intercourse?
   a. Yes
   b. N/A, have not had vaginal intercourse
   c. No, have not had vaginal intercourse that could result in pregnancy
   d. No, did not want to prevent pregnancy
   e. No, did not use any birth control method
   f. Don’t know

23B. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse:

   Birth control pills (monthly or extended cycle)?
   Birth control shots?
   Birth control implants?
   Birth control patch?
   Cervical 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?

   For each:
   a. No
   b. Yes

24. Within the last 12 months, have you or your partner(s) used emergency contraception ("morning after pill")?
   a. N/A, didn’t have vaginal intercourse in last 12 months
   b. No
   c. Yes
   d. Don’t know

25. Within the last 12 months, have you or your partner become pregnant?
   a. N/A, didn’t have vaginal intercourse in last 12 months
   b. No
   c. Yes, unintentionally
26. How would you describe your weight?
   a. Very underweight
   b. Slightly underweight
   c. About the right weight
   d. Slightly overweight
   e. Very overweight

27. Are you trying to do any of the following about your weight?
   a. I am not trying to do anything
   b. Stay the same weight
   c. Lose weight
   d. Gain weight

28. How many servings of fruits and vegetables do you usually have per day?
   a. 0 servings per day
   b. 1-2 servings per day
   c. 3-4 servings per day
   d. 5 or more servings per day

29. On how many of the past 7 days did you:
   - Do moderate intensity cardio or aerobic exercise for at least 30 minutes?
   - Do vigorous intensity cardio or aerobic exercise for at least 20 minutes?
   - Do 8-10 strength training exercises for 8-12 repetitions each?

   For each:
   a. 0 days
   b. 1 day
   c. 2 days
   d. 3 days
   e. 4 days
   f. 5 days
   g. 6 days
   h. 7 days

30. Have you ever...
   - 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?

For each:

a. No, never
b. No, not in the last 12 months
c. Yes, in the last 2 weeks
d. Yes, in the last 30 days
e. Yes, in the last 12 months

31. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:

Anorexia?
Anxiety?
Attention Deficit and Hyperactivity Disorder (ADHD)?:
Bipolar Disorder?
Bulimia?
Depression?
Insomnia?
Other Sleep Disorder
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?

For each:

a. No
b. Yes, diagnosed but not treated
c. Yes, treated with medication
d. Yes, treated with psychotherapy
e. Yes, treated with medication and psychotherapy
f. Yes, other treatment

32. Have you ever been diagnosed with depression?

a. No
b. Yes
33. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:

- Academics?
- Career related issue?
- Death of a family member or friend?
- Family problems?
- Intimate relationships?
- Other relationships?
- Finances?
- Health problem of a family member or partner?
- Personal appearance?
- Personal health issue?
- Sleep difficulties?
- Other?

*For each:*

a. No
b. Yes

34. Have you ever received psychological or mental health services from any of the following:

- Counselor/Therapist/Psychologist?
- Psychiatrist?
- Other medical provider (e.g., physician, nurse practitioner)?
- Minister/Priest/Rabbi/Other clergy?

*For each:*

a. No
b. Yes

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

a. No
b. 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?

a. No
b. Yes

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

a. No stress
b. Less than average stress

c. Average stress

d. More than average stress

e. Tremendous stress

38. Within the last 30 days, did you do any of the following:

Exercise to lose weight?
Diet to lose weight?
Vomit or take laxatives to lose weight?
Take diet pills to lose weight?

For each:

a. No

b. Yes

39. Have you...

... had a dental exam and cleaning in the last 12 months?
... (males) performed testicular self-exam in the last 30 days?
... (females) performed 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?

For each:

a. No

b. Yes

c. Don’t know

40. Have you received the following vaccinations (shots or series of shots):

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)?

For each:

a. No

b. Yes

c. Don’t know
41. Within the last 12 months, have you been diagnosed or treated by a professional for the following:

- 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?
- High blood pressure?
- High cholesterol?
- Human Immunodeficiency Virus (HIV)?
- Irritable Bowel Syndrome?
- Migraine headache?
- Mononucleosis?
- Pelvic Inflammatory Disease (PID)?
- Repetitive stress injury (e.g., carpal tunnel syndrome)?
- Sinus infection?
- Strep throat?
- Tuberculosis?
- Urinary tract infection?

For each:

a. No
b. Yes

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?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days
43. In the past 7 days, how much of a problem have you had with sleepiness during your daytime activities?

   a. No problem at all
   b. A little problem
   c. More than a little problem
   d. A big problem
   e. A very big problem

44. In the past 7 days, how often have you...

   ... 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 could not stay awake any longer?
   ... had an extremely hard time falling asleep?

   For each:

   a. 0 days
   b. 1 day
   c. 2 days
   d. 3 days
   e. 4 days
   f. 5 days
   g. 6 days
   h. 7 days

45. Within the last 12 months, have any of the following affected your academic performance:

   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?
   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?
   Gambling?
   Homesickness?
   Injury (e.g., 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?
Roommate difficulties?
Sexually transmitted disease/infection (STD/I)?
Sinus infection/Ear infection/Bronchitis/Strep throat?
Sleep difficulties?
Stress?
Work?
Other?

For each:

a. N/A, has not happened to me
b. Experienced, but academics were not negatively affects
c. Lower grade on exam / project
d. Lower grade in course
e. Incomplete or dropped course
f. Significant disruption in thesis, dissertation, research, or practicum

46. How old are you?

________________________________________________________________________________________

47. What is your gender?

   a. Female
   b. Male
   c. Transgender

48. What is your sexual orientation?

   a. Heterosexual
   b. Gay / Lesbian
   c. Bisexual
   d. Unsure

49. Height in inches?

________________________________________________________________________________________

50. What is your weight in pounds?

________________________________________________________________________________________
51. What is your year in school?
   a. 1st year undergraduate
   b. 2nd year undergraduate
   c. 3rd year undergraduate
   d. 4th year undergraduate
   e. 5th year undergraduate or more
   f. Graduate / Professional
   g. Not seeking a degree
   h. Other

52. What is your enrollment status?
   a. Full-time
   b. Part-time
   c. Other

53. Have you transferred to this college or university within the last 12 months?
   a. No
   b. Yes

54. How do you usually describe yourself?
   □ White
   □ Black or African American
   □ Hispanic or Latino/a
   □ Asian or Pacific Islander
   □ American Indian, Alaskan Native or Hawaiian Native
   □ Biracial or Multiracial
   □ Other

55. Are you an international student?
   a. No
   b. Yes

56. What is your relationship status?
   a. Not in a relationship
   b. In a relationship, not living together
   c. In a relationship, living together

57. What is your marital status?
   a. Single
   b. Married / Partnered
   c. Separated
d. Divorced
e. Other

58. Where do you currently live?
   a. Campus residence hall
   b. Fraternity / Sorority house
   c. Other campus housing
   d. Parent / Guardian’s home
   e. Other off-campus housing
   f. Other

59. Are you a member of a social fraternity or sorority?
   a. No
   b. Yes

60. How many hours a week do you work for pay?
   a. 0 hours
   b. 1-9 hours
   c. 10-19 hours
   d. 20-29 hours
   e. 30-39 hours
   f. 40 hours
   g. More than 40 hours

61. How many hours a week do you volunteer?
   a. 0 hours
   b. 1-9 hours
   c. 10-19 hours
   d. 20-29 hours
   e. 30-39 hours
   f. 40 hours
   g. More than 40 hours

62. What is your primary source of health insurance?
   a. College / University plan
   b. Parent’s plan
   c. Another plan
   d. Don’t have health insurance
   e. Not sure if I have health insurance

63. What is your approximate cumulative grade point average?
   a. A
b.  B
   c.  C
   d.  D / F
   e.  N/A

64. In the last 12 months, have you participated in organized college athletics at any of the following levels:

   Varsity?
   Club sports?
   Intramurals?

   For each:
   a.  No
   b.  Yes

65. Do you have any of the following:

   Attention Deficit and Hyperactivity Disorder (ADHD)?
   Chronic illness (e.g., cancer, diabetes, auto-immune disorders)?
   Deafness/Hearing loss?
   Learning disability?
   Mobility/Dexterity disability?
   Partially sightedness/Blindness?
   Psychiatric condition?
   Speech or language disorder?
   Other disability?

   For each:
   a.  No
   b.  Yes

66. Are you currently or have been a member of the United States Armed Services (Active Duty, Reserve, or National Guard)?

   a.  No
   b.  Yes

**Supplemental Questions (15)**

1. In what School are you a student?

   a.  Allied Health - Graduate
   b.  Allied Health – Undergraduate
   c.  Candler School of Theology
   d.  Emory College
2. Are you a transfer student?
   a. Yes
   b. No

3. Are you an Oxford Continuee?
   a. Yes
   b. No

4. Did you regularly use tobacco products before attending Emory?
   a. Yes
   b. No

5. I believe that the Tobacco-Free Emory Initiative (effective January 1, 2012) will positively impact my health.
   a. Strongly Agree
   b. Agree
   c. Disagree
   d. Strongly Disagree

6. During your time at Emory, indicate your top three sources of stress.
   1) _________________________________________________
   2) _________________________________________________
   3) _________________________________________________

7. What are the three strategies you most often use to relieve stress.
   1) _________________________________________________
   2) _________________________________________________
   3) _________________________________________________

8. How many hours a week do you participate in Emory activities/organizations?
   ____________________________________________________________________________
9. Are you an elected or appointed officer or captain of a student organization?
   a. Yes
   b. No

10. In the past 30 days, have you substituted a meal with an energy-related product?
   a. Yes
   b. No

11. If you answered “Yes” to the previous question, what product(s) have you used?
    ___________________________________________________________________

12. Please indicate which of following service offered through Office of Health Promotion you are aware of:

   □ Resources on improving sleep
   □ Substance abuse consultations (alcohol and other drugs)
   □ Smoking cessation resources
   □ Free condom distribution
   □ Counseling for disordered eating
   □ Counseling for weight management
   □ Sports nutrition
   □ Confidential HIV testing
   □ Student health retreat
   □ Sexual health consultation
   □ Stress reduction resources
   □ Nutrition counseling
   □ Sexual and relationship violence prevention education
   □ Consultation and resources for survivors of violence
   □ Student Health 101 Online Magazine

13. Emory cares about my well-being.
   a. Strongly agree
   b. Agree
   c. Disagree
   d. Strongly disagree

14. I completed this survey because:

   □ Personal interest to help Emory
   □ Received a pen
   □ Article in the Wheel
   □ Flyer(s)
☐ Word of mouth
☐ One in ten chance to win $20 Barnes & Noble gift card
☐ Opportunity to win $250 Barnes & Noble gift card
☐ Other: ________________________________