1. How would you describe your general health?

2A1. Have you received information on the following topics from your college or university? Alcohol and other drug use.

2A2. Have you received information on the following topics from your college or university? Cold/Flu/Sore Throat

2A3. Have you received information on the following topics from your college or university? Depression/Anxiety

2A4. Have you received information on the following topics from your college or university? Eating disorders

2A5. Have you received information on the following topics from your college or university? Grief and loss

2A6. Have you received information on the following topics from your college or university? How to help others in distress

2A7. Have you received information on the following topics from your college or university? Injury prevention

2A8. Have you received information on the following topics from your college or university? Nutrition

2A9. Have you received information on the following topics from your college or university? Physical activity

2A10. Have you received information on the following topics from your college or university? Pregnancy prevention

2B1. Have you received information on the following topics from your college or university? Problem use of internet/computer games

2B2. Have you received information on the following topics from your college or university? Relationship difficulties

2B3. Have you received information on the following topics from your college or university? Sexual assault/Relationship violence prevention

2B4. Have you received information on the following topics from your college or university? Sexually transmitted disease/Infection (STD/I) prevention

2B5. Have you received information on the following topics from your college or university? Sleep difficulties

2B6. Have you received information on the following topics from your college or university?
Stress reduction

2B7. Have you received information on the following topics from your college or university?
Suicide prevention

2B8. Have you received information on the following topics from your college or university?
Tobacco use

2B9. Have you received information on the following topics from your college or university?
Violence prevention

3A1. Are you interested in receiving information on the following topics from your college or university?
Alcohol and other drug use

3A2. Are you interested in receiving information on the following topics from your college or university?
Cold/Flu/Sore throat

3A3. Are you interested in receiving information on the following topics from your college or university?
Depression/Anxiety

3A4. Are you interested in receiving information on the following topics from your college or university?
Eating disorders

3A5. Are you interested in receiving information on the following topics from your college or university?
Grief and loss

3A6. Are you interested in receiving information on the following topics from your college or university?
How to help others in distress

3A7. Are you interested in receiving information on the following topics from your college or university?
Injury prevention

3A8. Are you interested in receiving information on the following topics from your college or university?
Nutrition

3A9. Are you interested in receiving information on the following topics from your college or university?
Physical activity

3A10. Are you interested in receiving information on the following topics from your college or university?
Pregnancy prevention

3B1. Are you interested in receiving information on the following topics from your college or university?
Problem use of Internet/computer games

3B2. Are you interested in receiving information on the following topics from your college or university?
Relationship difficulties
3B3. Are you interested in receiving information on the following topics from your college or university? 
Sexual assault/Relationship violence prevention

3B4. Are you interested in receiving information on the following topics from your college or university? 
Sexually transmitted disease/Infection (STD/I) prevention

3B5. Are you interested in receiving information on the following topics from your college or university? 
Sleep difficulties

3B6. Are you interested in receiving information on the following topics from your college or university? 
Stress reduction

3B7. Are you interested in receiving information on the following topics from your college or university? 
Suicide prevention

3B8. Are you interested in receiving information on the following topics from your college or university? 
Tobacco use

3B9. Are you interested in receiving information on the following topics from your college or university? 
Violence prevention

4A. Within the last 12 months, how often did you: 
Wear a seatbelt when you rode in car?

4B. Within the last 12 months, how often did you: 
Wear a helmet when you rode a bicycle?

4C. Within the last 12 months, how often did you: 
Wear a helmet when you rode a motorcycle?

4D. Within the last 12 months, how often did you: 
Wear a helmet when you were inline skating?

5A. Within the last 12 months: 
Were you in a physical fight?

5B. Within the last 12 months: 
Were you physically assaulted (do not include sexual assault)?

5C. Within the last 12 months: 
Were you verbally threatened?

5D. Within the last 12 months: 
Were you sexually touched without your consent?

5E. Within the last 12 months: 
Was sexual penetration attempted (vaginal, anal, oral) without your consent?
5F. Within the last 12 months:
Were you sexually penetrated (vaginal, anal, oral) without your consent?

5G. Within the last 12 months:
Were you a victim of stalking (e.g., waiting for you outside your classroom, residence hall, or office, repeated emails/phone calls)?

6A. 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)

6B. Within the last 12 months, have you been in an intimate (coupled / partnered) relationship that was:
Physically abusive? (e.g., kicked, slapped, punched)

6C. Within the last 12 months, have you been in an intimate (coupled / partnered) relationship that was:
Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform an unwanted sexual act on you)

7A. Do you feel safe on this campus (daytime)?

7B. Do you feel safe on this campus (nighttime)?

7C. Do you feel safe in the community surrounding this school (daytime)?

7D. Do you feel safe in the community surrounding this school (nighttime)?

8A1. Within the last thirty days, on how many days did you use: Cigarettes?

8A2. Within the last thirty days, on how many days did you use: Tobacco from a water pipe (hookah)?

8A3. Within the last thirty days, on how many days did you use: Cigars, little cigars, clove cigarettes?

8A4. Within the last thirty days, on how many days did you use: Smokeless tobacco?

8A5. Within the last thirty days, on how many days did you use: Alcohol (beer, wine, liquor)?

8A6. Within the last thirty days, on how many days did you use: Marijuana (pot, weed, hashish, hash oil)?

8A7. Within the last thirty days, on how many days did you use: Cocaine (crack, rock, freebase)?

8A8. Within the last thirty days, on how many days did you use: Methamphetamine (crystal, meth, ice, crank)?

8A9. Within the last thirty days, on how many days did you use: Other amphetamines (diet pills, bennies)?

8B1. Within the last thirty days, on how many days did you use: Sedatives (downers, ludes)?
8B2. Within the last thirty days, on how many days did you use: Hallucinogens (LSD, PCP)?

8B3. Within the last thirty days, on how many days did you use: Anabolic steroids (Testosterone)?

8B4. Within the last thirty days, on how many days did you use: Opiates (heroin, smack)?

8B5. Within the last thirty days, on how many days did you use: Inhalants (glue, solvents, gas)?

8B6. Within the last thirty days, on how many days did you use: MDMA (Ecstasy)?

8B7. Within the last thirty days, on how many days did you use: Other club drugs (GHB, Ketamine, Rohypnol)?

8B8. Within the last thirty days, on how many days did you use: Other illegal drugs?

9A1. Within the last thirty days, how often do you think the typical student at your school used: Cigarettes?

9A2. Within the last thirty days, how often do you think the typical student at your school used: Tobacco from a water pipe (hookah)?

9A3. Within the last thirty days, how often do you think the typical student at your school used: Cigars, little cigars, clove cigarettes?

9A4. Within the last thirty days, how often do you think the typical student at your school used: Smokeless tobacco?

9A5. Within the last thirty days, how often do you think the typical student at your school used: Alcohol (beer, wine, liquor)?

9A6. Within the last thirty days, how often do you think the typical student at your school used: Marijuana (pot, weed, hashish, hash oil)?

9A7. Within the last thirty days, how often do you think the typical student at your school used: Cocaine (crack, rock, freebase)?

9A8. Within the last thirty days, how often do you think the typical student at your school used: Methamphetamine (crystal meth, ice, crank)?

9A9. Within the last thirty days, how often do you think the typical student at your school used: Other amphetamine (diet pills, bennies)?

9B1. Within the last thirty days, how often do you think the typical student at your school used: Sedatives (downers, ludes)?

9B2. Within the last thirty days, how often do you think the typical student at your school used: Hallucinogens (LSD, PCP)?
9B3. Within the last thirty days, how often do you think the typical student at your school used: Anabolic steroids (Testosterone)?

9B4. Within the last thirty days, how often do you think the typical student at your school used: Opiates (heroin, smack)?

9B5. Within the last thirty days, how often do you think the typical student at your school used: Inhalants (glue, solvents, gas)?

9B6. Within the last thirty days, how often do you think the typical student at your school used: MDMA (Ecstasy)?

9B7. Within the last thirty days, how often do you think the typical student at your school used: Other club drugs (GHB, Ketamine, Rohypnol)?

9B8. Within the last thirty days, how often do you think the typical student at your school used: Other illegal drugs?

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?

14A. Within the last thirty days, did you: Drive after drinking any alcohol at all?

14B. Within the last thirty days, did you: Drive after having 5 or more drinks?

15A. During the last 12 months, when you "partied"/socialized, how often did you: Alternate non-alcoholic with alcoholic beverages?

15B. During the last 12 months, when you "partied"/socialized, how often did you: Avoid drinking games?

15C. During the last 12 months, when you "partied"/socialized, how often did you: Choose not to drink alcohol?

15D. During the last 12 months, when you "partied"/socialized, how often did you: Determine, in advance, not to exceed a set number of drinks?

15E. During the last 12 months, when you "partied"/socialized, how often did you: Eat before and/or during drinking?

15F. During the last 12 months, when you "partied"/socialized, how often did you: Have a friend let you know when you've had enough?
15G. During the last 12 months, when you "partied"/socialized, how often did you: Keep track of how many drinks you were having?

15H. During the last 12 months, when you "partied"/socialized, how often did you: Pace your drinks to 1 or fewer per hour?

15I. During the last 12 months, when you "partied"/socialized, how often did you: Stay with the same group of friends the entire time you were drinking?

15J. During the last 12 months, when you "partied"/socialized, how often did you: Stick with only one kind of alcohol when drinking?

15K. During the last 12 months, when you "partied"/socialized, how often did you: Use a designated driver?

16A. Within the last 12 months, have you experienced any of the following when drinking alcohol: Did something you later regretted?

16B. Within the last 12 months, have you experienced any of the following when drinking alcohol: Forgot where you were or what you did?

16C. Within the last 12 months, have you experienced any of the following when drinking alcohol: Got in trouble with the police?

16D. Within the last 12 months, have you experienced any of the following when drinking alcohol: Someone had sex with me without my consent?

16E. Within the last 12 months, have you experienced any of the following when drinking alcohol: Had sex with someone without their consent?

16F. Within the last 12 months, have you experienced any of the following when drinking alcohol: Had unprotected sex?

16G. Within the last 12 months, have you experienced any of the following when drinking alcohol: Physically injured yourself?

16H. Within the last 12 months, have you experienced any of the following when drinking alcohol: Physically injured another person?

16i. Within the last 12 months, have you experienced any of the following when drinking alcohol: Seriously considered suicide?

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

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

18A. 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)?

18B. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you: Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)?

18C. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you: Pain killers (e.g., OxyContin, Vicodin, Codeine)?

18D. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you: Sedatives (e.g., Xanax, Valium)?

18E. Within the last 12 months, have you taken any of the following prescription drugs that were not prescribed to you: Stimulants (e.g., Ritalin, Adderall)?

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

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

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

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

21A. Within the last 30 days, did you have: Oral sex?

21B. Within the last 30 days, did you have: Vaginal Intercourse?

21C. Within the last 30 days, did you have: Anal Intercourse?

22A. 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?

22B. 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: Vaginal Intercourse?

22C. 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: Anal Intercourse?
23A. Did you or your partner(s) use a method to prevent pregnancy the last time you had vaginal intercourse?

23B1. 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)?

23B2. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control shots?

23B3. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control implants?

23B4. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Birth control patch?

23B5. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Cervical ring?

23B6. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Intrauterine device (IUD)?

23B7. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Male condom?

23B8. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Female condom?

23B9. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Diaphragm or cervical cap?

23B10. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Contraceptive sponge?

23B11. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse: Spermicide (e.g., foam, jelly, cream)?
23B12. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse:  
Fertility awareness (e.g., calendar, mucous, basal body temperature)?

23B13. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse:  
Withdrawal?

23B14. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse:  
Sterilization (e.g., hysterectomy, tubes tied, or vasectomy)?

23B15. What method of birth control did you or your partner use to prevent pregnancy the last time you had vaginal intercourse:  
Other method?

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

25. Within the last 12 months, have you or your partner become pregnant?

26. How would you describe your weight?

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

28. How many servings of fruits and vegetables do you usually have per day?

29A. On how many of the past 7 days did you:  
Do moderate intensity cardio or aerobic exercise for at least 30 minutes?

29B. On how many of the past 7 days did you:  
Do vigorous intensity cardio or aerobic exercise for at least 20 minutes?

29C. On how many of the past 7 days did you:  
Do 8-10 strength training exercises for 8-12 repetitions each?

30A. Have you ever felt things were hopeless?

30B. Have you ever felt overwhelmed by all you had to do?

30C. Have you ever felt exhausted (not from physical activity)?

30D. Have you ever felt very lonely?
30E. Have you ever felt very sad?

30F. Have you ever felt so depressed that it was difficult to function?

30G. Have you ever felt overwhelming anxiety?

30H. Have you ever felt overwhelming anger?

30I. Have you ever intentionally cut, burned, bruised, or otherwise injured yourself?

30J. Have you ever seriously considered suicide?

30K. Have you ever attempted suicide?

31A1. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Anorexia?

31A2. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Anxiety?

31A3. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Attention Deficit and Hyperactivity Disorder (ADHD)?

31A4. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Bipolar Disorder?

31A5. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Bulimia?

31A6. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Depression?

31A7. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Insomnia?

31A8. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Other Sleep Disorder

31B1. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
Obsessive Compulsive Disorder (OCD)?

31B2. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Panic Attacks?

31B3. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Phobia?

31B4. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Schizophrenia?

31B5. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Substance abuse or addiction (alcohol or other drugs)?

31B6. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Other addiction (e.g., gambling, internet, sexual)?

31B7. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following:
   Other mental health condition?

32. Have you ever been diagnosed with depression?

33A. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
   Academics?

33B. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
   Career related issue?

33C. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
   Death of a family member or friend?

33D. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
   Family problems?

33E. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
   Intimate relationships?
33F. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Other relationships?

33G. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Finances?

33H. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Health problem of a family member or partner?

33I. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Personal appearance?

33J. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Personal health issue?

33K. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Sleep difficulties?

33L. Within the last 12 months, has any of the following been traumatic or very difficult for you to handle:
Other?

34A. Have you ever received psychological or mental health services from any of the following:
Counselor/Therapist/Psychologist?

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

34C. Have you ever received psychological or mental health services from any of the following:
Other medical provider (e.g., physician, nurse practitioner)?

34D. Have you ever received psychological or mental health services from any of the following:
Minister/Priest/Rabbi/Other clergy?

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

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?

37. Within the last 12 months, how would you rate the overall level of stress you have experienced?
38A. Within the last 30 days, did you do any of the following:
Exercise to lose weight?

38B. Within the last 30 days, did you do any of the following:
Diet to lose weight?

38C. Within the last 30 days, did you do any of the following:
Vomit or take laxatives to lose weight?

38D. Within the last 30 days, did you do any of the following:
Take diet pills to lose weight?

39A. Have you had a dental exam and cleaning in the last 12 months?

39B. Have you (Males) performed testicular self-exam in the last 30 days?

39C. Have you (Females) performed breast self-exam in the last 30 days?

39D. Have you (Females) had a routine gynecological exam in the last 12 months?

39E. Have you used sunscreen regularly with sun exposure?

39F. Have you ever been tested for Human Immunodeficiency Virus (HIV) infection?

40A. Have you received the following vaccinations (shots or series of shots):
Hepatitis B?

40B. Have you received the following vaccinations (shots series of shots)):
Human Papillomavirus/HPV (cervical cancer vaccine)?

40C. Have you received the following vaccinations (shots series of shots)):
Influenza (the flu) in the last 12 months (shot or nasal mist)?

40D. Have you received the following vaccinations (shots series of shots)):
Measles, Mumps, Rubella?

40E. Have you received the following vaccinations (shots):
Meningococcal disease (meningococcal meningitis)?

40F. Have you received the following vaccinations (shots):
Varicella (chicken pox)?

41A1. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Allergies?

41A2. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Asthma?

41A3. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Back pain?

41A4. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Broken bone/Fracture/Sprain?

41A5. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Bronchitis?

41A6. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Chlamydia?

41A7. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Diabetes?

41A8. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Ear infection?

41A9. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Endometriosis?

41A10. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Genital Herpes?

41A11. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Genital warts/Human Papillomavirus (HPV)?

41A12. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Gonorrhea?

41A13. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Hepatitis B or C?

41B1. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
High blood pressure?

41B2. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
High cholesterol?

41B3. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Human Immunodeficiency Virus (HIV)?

41B4. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Irritable Bowel Syndrome?

41B5. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Migraine headache?

41B6. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Mononucleosis?

41B7. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Pelvic Inflammatory Disease (PID)?

41B8. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Repetitive stress injury (e.g., carpal tunnel syndrome)?

41B9. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Sinus infection?

41B10. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Strep throat?

41B11. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Tuberculosis?

41B12. Within the last 12 months, have you been diagnosed or treated by a professional for the following:
Urinary tract infection?

42. On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?
43. In the past 7 days, how much of a problem have you had with sleepiness during your daytime activities?

44A. In the past 7 days, how often have you awaken too early in the morning and couldn't get back to sleep?

44B. In the past 7 days, how often have you felt tired, dragged out, or sleepy during the day?

44C. In the past 7 days, how often have you gone to bed because you could not stay awake any longer?

44D. In the past 7 days, how often have you had an extremely hard time falling asleep?

45A1. Within the last 12 months, have any of the following affected your academic performance: Alcohol use?

45A2. Within the last 12 months, have any of the following affected your academic performance: Allergies?

45A3. Within the last 12 months, have any of the following affected your academic performance: Anxiety?

45A4. Within the last 12 months, have any of the following affected your academic performance: Assault (physical)?

45A5. Within the last 12 months, have any of the following affected your academic performance: Assault (sexual)?

45A6. Within the last 12 months, have any of the following affected your academic performance: Attention Deficit and Hyperactivity Disorder (ADHD)?

45A7. Within the last 12 months, have any of the following affected your academic performance: Cold/Flu/Sore throat?

45A8. Within the last 12 months, have any of the following affected your academic performance: Concern for a troubled friend or family member?

45B1. Within the last 12 months, have any of the following affected your academic performance: Chronic health problem or serious illness (e.g. diabetes, asthma, cancer)?

45B2. Within the last 12 months, have any of the following affected your academic performance: Chronic pain?

45B3. Within the last 12 months, have any of the following affected your academic performance: Death of a friend or family member?

45B4. Within the last 12 months, have any of the following affected your academic performance: Depression?
45B5. Within the last 12 months, have any of the following affected your academic performance: Discrimination (e.g., homophobia, racism, sexism)?

45B6. Within the last 12 months, have any of the following affected your academic performance: Drug use?

45B7. Within the last 12 months, have any of the following affected your academic performance: Eating disorder/problem?

45B8. Within the last 12 months, have any of the following affected your academic performance: Finances?

45C1. Within the last 12 months, have any of the following affected your academic performance: Gambling?

45C2. Within the last 12 months, have any of the following affected your academic performance: Homesickness?

45C3. Within the last 12 months, have any of the following affected your academic performance: Injury (e.g., fracture, sprain, strain, cut)?

45C4. Within the last 12 months, have any of the following affected your academic performance: Internet use/computer games?

45C5. Within the last 12 months, have any of the following affected your academic performance: Learning disability?

45C6. Within the last 12 months, have any of the following affected your academic performance: Participation in extracurricular activities (e.g., campus clubs, organizations, athletics)?

45C7. Within the last 12 months, have any of the following affected your academic performance: Pregnancy (yours or your partner's)?

45C8. Within the last 12 months, have any of the following affected your academic performance: Relationship difficulties?

45D1. Within the last 12 months, have any of the following affected your academic performance: Roommate difficulties?

45D2. Within the last 12 months, have any of the following affected your academic performance: Sexually transmitted disease/infection (STD/I)?

45D3. Within the last 12 months, have any of the following affected your academic performance: Sinus infection/Ear infection/Bronchitis/Strep throat?

45D4. Within the last 12 months, have any of the following affected your academic performance: Sleep difficulties?
45D5. Within the last 12 months, have any of the following affected your academic performance: Stress?

45D6. Within the last 12 months, have any of the following affected your academic performance: Work?

45D7. Within the last 12 months, have any of the following affected your academic performance: Other?

46. How old are you?

47. What is your gender?

48. What is your sexual orientation?

49. Height in inches?

50. What is your weight in pounds?

51. What is your year in school?

52. What is your enrollment status?

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

54. How do you usually describe yourself?

55. Are you an international student?

56. What is your relationship status?

57. What is your marital status?

58. Where do you currently live?

59. Are you a member of a social fraternity or sorority?

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

61. How many hours a week do you volunteer?

62. What is your primary source of health insurance?

63. What is your approximate cumulative grade point average?

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

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

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

65A. Do you have any of the following:
   Attention Deficit and Hyperactivity Disorder (ADHD)?

65B. Do you have any of the following:
   Chronic illness (e.g., cancer, diabetes, auto-immune disorders)?

65C. Do you have any of the following:
   Deafness/Hearing loss?

65D. Do you have any of the following:
   Learning disability?

65E. Do you have any of the following:
   Mobility/Dexterity disability?

65F. Do you have any of the following:
   Partially sightedness/Blindness?

65G. Do you have any of the following:
   Psychiatric condition?

65H. Do you have any of the following:
   Speech or language disorder?

65I. Do you have any of the following:
   Other disability?

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