

## National College Health Assessment – Codebook

**(variable names and value labels are highlighted in yellow)**

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

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

### Health, Health Education, and Safety

**1) How would you describe your general health? (NQ1)**

- ☐ Excellent **(1)**
- ☐ Very good **(2)**
- ☐ Good **(3)**
- ☐ Fair **(4)**
- ☐ Poor **(5)**
- ☐ Don't know **(6)**

**2A) Have you received information on the following topics from your college or university? (Please mark the appropriate column for each row) (NQ2A)**

**(1) (2)**

	No	Yes
<b>(1)</b> Alcohol and other drug use	<input type="radio"/>	<input type="radio"/>
<b>(2)</b> Cold/Flu/Sore throat	<input type="radio"/>	<input type="radio"/>
<b>(3)</b> Depression/Anxiety	<input type="radio"/>	<input type="radio"/>
<b>(4)</b> Eating disorders	<input type="radio"/>	<input type="radio"/>
<b>(5)</b> Grief and loss	<input type="radio"/>	<input type="radio"/>
<b>(6)</b> How to help others in distress	<input type="radio"/>	<input type="radio"/>
<b>(7)</b> Injury prevention	<input type="radio"/>	<input type="radio"/>
<b>(8)</b> Nutrition	<input type="radio"/>	<input type="radio"/>
<b>(9)</b> Physical activity	<input type="radio"/>	<input type="radio"/>
<b>(10)</b> Pregnancy prevention	<input type="radio"/>	<input type="radio"/>

**2B) Have you received information on the following topics from your college or university? (Please mark the appropriate column for each row) (NQ2B)**

	(1)	(2)
	No	Yes
(1) Problem use of Internet/computer games	<input type="radio"/>	<input type="radio"/>
(2) Relationship difficulties	<input type="radio"/>	<input type="radio"/>
(3) Sexual assault/Relationship violence prevention	<input type="radio"/>	<input type="radio"/>
(4) Sexually transmitted disease/infection (STD/I) prevention	<input type="radio"/>	<input type="radio"/>
(5) Sleep difficulties	<input type="radio"/>	<input type="radio"/>
(6) Stress reduction	<input type="radio"/>	<input type="radio"/>
(7) Suicide prevention	<input type="radio"/>	<input type="radio"/>
(8) Tobacco use	<input type="radio"/>	<input type="radio"/>
(9) Violence prevention	<input type="radio"/>	<input type="radio"/>

**3A) Are you interested in receiving information on the following topics from your college or university? (Please mark the appropriate column for each row) (NQ3A)**

	(1)	(2)
	No	Yes
(1) Alcohol and other drug use	<input type="radio"/>	<input type="radio"/>
(2) Cold/Flu/Sore throat	<input type="radio"/>	<input type="radio"/>
(3) Depression/Anxiety	<input type="radio"/>	<input type="radio"/>
(4) Eating disorders	<input type="radio"/>	<input type="radio"/>
(5) Grief and loss	<input type="radio"/>	<input type="radio"/>
(6) How to help others in distress	<input type="radio"/>	<input type="radio"/>
(7) Injury prevention	<input type="radio"/>	<input type="radio"/>
(8) Nutrition	<input type="radio"/>	<input type="radio"/>
(9) Physical activity	<input type="radio"/>	<input type="radio"/>
(10) Pregnancy prevention	<input type="radio"/>	<input type="radio"/>

**3B) Are you interested in receiving information on the following topics from your college or university? (Please mark the appropriate column for each row) (NQ3B)**

	(1)	(2)
	No	Yes
(1) Problem use of Internet/computer games	<input type="radio"/>	<input type="radio"/>
(2) Relationship difficulties	<input type="radio"/>	<input type="radio"/>
(3) Sexual assault/Relationship violence prevention	<input type="radio"/>	<input type="radio"/>
(4) Sexually transmitted disease/infection (STD/I) prevention	<input type="radio"/>	<input type="radio"/>
(5) Sleep difficulties	<input type="radio"/>	<input type="radio"/>
(6) Stress reduction	<input type="radio"/>	<input type="radio"/>
(7) Suicide prevention	<input type="radio"/>	<input type="radio"/>
(8) Tobacco use	<input type="radio"/>	<input type="radio"/>
(9) Violence prevention	<input type="radio"/>	<input type="radio"/>

**4) Within the last 12 months, how often did you: (Please mark the appropriate column for each row) (NQ4)**

	(1)	(2)	(3)	(4)	(5)	(6)
	N/A, did not do this activity within the last 12 months	Never	Rarely	Sometimes	Most of the time	Always
(A) Wear a seatbelt when you rode in a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Wear a helmet when you rode a bicycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Wear a helmet when you rode a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Wear a helmet when you were inline skating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5) Within the last 12 months: (Please mark the appropriate column for each row) (NQ5)**

	(1)	(2)
	No	Yes
(A) Were you in a physical fight?	<input type="radio"/>	<input type="radio"/>
(B) Were you physically assaulted (do not include sexual assault)?	<input type="radio"/>	<input type="radio"/>
(C) Were you verbally threatened?	<input type="radio"/>	<input type="radio"/>
(D) Were you sexually touched without your consent?	<input type="radio"/>	<input type="radio"/>
(E) Was sexual penetration attempted (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
(F) Were you sexually penetrated (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
(G) Were you a victim of stalking (e.g., waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?	<input type="radio"/>	<input type="radio"/>

**6) Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was: (Please mark the appropriate column for each row) (NQ6)**

	(1)	(2)
	No	Yes
(A) Emotionally abusive? (e.g., called derogatory names, yelled at, ridiculed)	<input type="radio"/>	<input type="radio"/>
(B) Physically abusive? (e.g., kicked, slapped, punched)	<input type="radio"/>	<input type="radio"/>
(C) Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform or have an unwanted sexual act performed on you)	<input type="radio"/>	<input type="radio"/>

**7) How safe do you feel: (Please mark the appropriate column for each row) (NQ7)**

	(1)	(2)	(3)	(4)
	Not safe at all	Somewhat unsafe	Somewhat safe	Very safe
(A) On this campus (daytime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) On this campus (nighttime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) In the community surrounding this school (daytime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) In the community surrounding this school (nighttime)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Alcohol, Tobacco, and Drugs

**8A) Within the last 30 days, on how many days did you use: (Please mark the appropriate column for each row) (NQ8A)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in <b>last 30 days</b>	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
(1) Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Tobacco from a water pipe (hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Cigars, little cigars, clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Marijuana (pot, weed, hashish, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Methamphetamine (crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9) Other amphetamines (diet pills, bennies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8B) Within the last 30 days, on how many days did you use: (Please mark the appropriate column for each row) (NQ8B)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in <b>last 30 days</b>	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
(1) Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Anabolic steroids (Testosterone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Opiates (heroin, smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) MDMA (Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Other club drugs (GHB, Ketamine, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9A) Within the last 30 days, how often do you think the typical student at your school used: (State your best estimate; Please mark the appropriate column for each row) (NQ9A)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in <b>last 30 days</b>	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
(1) Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Tobacco from a water pipe (hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Cigars, little cigars, clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Marijuana (pot, weed, hashish, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Methamphetamine (crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9) Other amphetamines (diet pills, bennies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9B) Within the last 30 days, how often do you think the typical student at your school used: (State your best estimate; Please mark the appropriate column for each row) (NQ9B)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Never used	Have used, but not in <b>last 30 days</b>	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	Used daily
(1) Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Anabolic steroids (Testosterone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Opiates (heroin, smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) MDMA (Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Other club drugs (GHB, Ketamine, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**10) The last time you "partied"/socialized how many drinks of alcohol did you have? (If you did not drink alcohol, please enter 0) (NQ10)**

\_\_\_\_\_ Drinks

**11) The last time you "partied"/socialized, over how many hours did you drink alcohol? (If you did not drink alcohol, please enter 0) (NQ11)**

\_\_\_\_\_ Hours

**12) How many drinks of alcohol do you think the typical student at your school had the last time he/she "partied"/socialized? (If you think the typical student at your school does not drink alcohol, please enter 0) (NQ12)**

\_\_\_\_\_ Drinks

**13) Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting? (NQ13)**

- ☐ N/A, don't drink (1)
- ☐ None (2)
- ☐ 1 time (3)
- ☐ 2 times (4)
- ☐ 3 times (5)
- ☐ 4 times (6)
- ☐ 5 times (7)
- ☐ 6 times (8)
- ☐ 7 times (9)
- ☐ 8 times (10)
- ☐ 9 times (11)
- ☐ 10 or more times (12)

**14) Within the last 30 days, did you: (Please mark the appropriate column for each row) (NQ14)**

	(1)	(2)	(3)	(4)
	N/A, don't drive	N/A, don't drink	No	Yes
(A) Drive after drinking any alcohol at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Drive after drinking five or more drinks of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15) During the last 12 months, when you "partied"/socialized, how often did you: (Please mark the appropriate column for each row) (NQ15)**

	(1)	(2)	(3)	(4)	(5)	(6)
	N/A, don't drink	Never	Rarely	Sometimes	Most of the time	Always
(A) Alternate non-alcoholic with alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Avoid drinking games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Choose not to drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Determine, in advance, not to exceed a set number of drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Eat before and/or during drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Have a friend let you know when you have had enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Keep track of how many drinks you were having	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Pace your drinks to 1 or fewer per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Stay with the same group of friends the entire time you were drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Stick with only one kind of alcohol when drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(K) Use a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16) Within the last 12 months, have you experienced any of the following when drinking alcohol? (Please mark the appropriate column for each row) (NQ16)**

	(1)	(2)	(3)
	N/A, don't drink	No	Yes
(A) Did something you later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Forgot where you were or what you did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Got in trouble with the police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Someone had sex with me <b>without my</b> consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Had sex with someone <b>without their</b> consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Had unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Physically injured yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Physically injured another person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Seriously considered suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17A) Within the last 30 days, what percent of students at your school used cigarettes? State your best estimate. (NQ17A)**

\_\_\_\_\_ Percent

**17B) Within the last 30 days, what percent of students at your school used alcohol? State your best estimate. (NQ17B)**

\_\_\_\_\_ Percent

**17C) Within the last 30 days, what percent of students at your school used marijuana? State your best estimate. (NQ17C)**

\_\_\_\_\_ Percent

**18) In the last 12 months, have you taken any of the following prescriptions drugs that were not prescribed to you? (Please mark the appropriate column for each row) (NQ18)**

	(1)	(2)
	No	Yes
(A) Antidepressants (e.g., Celexa, Lexapro, Prozac, Wellbutrin, Zoloft)	<input type="radio"/>	<input type="radio"/>
(B) Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)	<input type="radio"/>	<input type="radio"/>
(C) Pain killers (e.g., OxyContin, Vicodin, Codeine)	<input type="radio"/>	<input type="radio"/>
(D) Sedatives (e.g., Xanax, Valium)	<input type="radio"/>	<input type="radio"/>
(E) Stimulants (e.g., Ritalin, Adderall)	<input type="radio"/>	<input type="radio"/>



## Sex Behavior and Contraception

**19) Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 0) (NQ19)**

Partners \_\_\_\_\_ Number of

**20) Within last 12 months, did you have sexual partner(s) who were: (Please mark the appropriate column for each row) (NQ20)**

	(1)	(2)
	No	Yes
(A) Female	<input type="radio"/>	<input type="radio"/>
(B) Male	<input type="radio"/>	<input type="radio"/>
(C) Transgender	<input type="radio"/>	<input type="radio"/>

**21) Within the last 30 days, did you have: (Please mark the appropriate column for each row) (NQ21)**

	(1)	(2)	(3)
	No, have never done this sexual activity	No, have done this sexual activity in the past but not in the <b>last 30 days</b>	Yes
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**22) Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during: (Please mark the appropriate column for each row) (NQ22)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	N/A, never did this sexual activity	Have not done this sexual activity during the <b>last 30 days</b>	Never	Rarely	Sometimes	Most of the time	Always
(A) Oral sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Vaginal intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Anal intercourse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23A) Did you or your partner use a method of birth control to prevent pregnancy the last time you had vaginal intercourse? (NQ23A)**

- (1) ☐ Yes
- (2) ☐ N/A, have not had vaginal intercourse
- (3) ☐ No, have not had vaginal intercourse that could result in a pregnancy
- (4) ☐ No, did not want to prevent pregnancy
- (5) ☐ No, did not use any birth control method
- (6) ☐ Don't know

**23B) Please indicate whether or not you or your partner used each of the following methods of birth control to prevent pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each row) (NQ23B)**

	(1)	(2)
	No	Yes
(1) Birth control pills (monthly or extended cycle)	<input type="radio"/>	<input type="radio"/>
(2) Birth control shots	<input type="radio"/>	<input type="radio"/>
(3) Birth control implants	<input type="radio"/>	<input type="radio"/>
(4) Birth control patch	<input type="radio"/>	<input type="radio"/>
(5) Vaginal ring	<input type="radio"/>	<input type="radio"/>
(6) Intrauterine device (IUD)	<input type="radio"/>	<input type="radio"/>
(7) Male condom	<input type="radio"/>	<input type="radio"/>
(8) Female condom	<input type="radio"/>	<input type="radio"/>
(9) Diaphragm or cervical cap	<input type="radio"/>	<input type="radio"/>
(10) Contraceptive sponge	<input type="radio"/>	<input type="radio"/>
(11) Spermicide (e.g., foam, jelly, cream)	<input type="radio"/>	<input type="radio"/>
(12) Fertility awareness (e.g., calendar, mucous, basal body temperature)	<input type="radio"/>	<input type="radio"/>
(13) Withdrawal	<input type="radio"/>	<input type="radio"/>
(14) Sterilization (e.g., hysterectomy, tubes tied, or vasectomy)	<input type="radio"/>	<input type="radio"/>
(15) Other method	<input type="radio"/>	<input type="radio"/>

**24) Within the last 12 months, have you or your partner(s) used emergency contraception ("morning after pill")? (NQ24)**

- (1) ☐ N/A, have not had vaginal intercourse in the **last 12 months**
- (2) ☐ No
- (3) ☐ Yes
- (4) ☐ Don't know

**25) Within the last 12 months, have you or your partner(s) become pregnant? (NQ25)**

- (1) ☐ N/A, have not had vaginal intercourse in the **last 12 months**
- (2) ☐ No
- (3) ☐ Yes, unintentionally
- (4) ☐ Yes, intentionally
- (5) ☐ Don't know

## Weight, Nutrition, and Exercise

26) How do you describe your weight? (NQ26)

- (1) ☐ Very underweight
- (2) ☐ Slightly underweight
- (3) ☐ About the right weight
- (4) ☐ Slightly overweight
- (5) ☐ Very overweight

27) Are you trying to do any of the following about your weight? (NQ27)

- (1) ☐ I am not trying to do anything about my weight
- (2) ☐ Stay the same weight
- (3) ☐ Lose weight
- (4) ☐ Gain weight

28) How many servings of fruits and vegetables do you usually have per day? (1 serving = 1 medium piece of fruit; ½ cup fresh, frozen, or canned fruits/vegetables; ¾ cup fruit/vegetable juice; 1 cup salad greens; or ¼ cup dried fruit) (NQ28)

- (1) ☐ 0 servings per day
- (2) ☐ 1-2 servings per day
- (3) ☐ 3-4 servings per day
- (4) ☐ 5 or more servings per day

29) On how many of the past 7 days did you: (Please mark the appropriate column for each row) (NQ29)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
(A) Do <b>moderate-intensity</b> cardio or aerobic exercise (caused a noticeable increase in heart rate, such as a brisk walk) for at least <b>30 minutes</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Do <b>vigorous-intensity</b> cardio or aerobic exercise (caused large increases in breathing or heart rate, such as jogging) for at least <b>20 minutes</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Do 8-10 strength training exercises (such as resistance weight machines) for 8-12 repetitions each?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Mental Health

**30) Have you ever: (Please mark the appropriate column for each row) (NQ30)**

	(1)	(2)	(3)	(4)	(5)
	No, never	No, not in the <b>last 12 months</b>	Yes. in the <b>last 2 weeks</b>	Yes, in the <b>last 30 days</b>	Yes, in the <b>last 12 months</b>
(A) Felt things were hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Felt overwhelmed by all you had to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Felt exhausted (not from physical activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Felt very lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Felt very sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Felt so depressed that it was difficult to function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(G) Felt overwhelming anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(H) Felt overwhelming anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(I) Intentionally cut, burned, bruised, or otherwise injured yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(J) Seriously considered suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(K) Attempted suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31A) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row) (NQ31A)**

	(1)	(2)	(3)	(4)	(5)	(6)
	No	Yes, diagnosed but not treated	Yes, treated with medication	Yes, treated with psychotherapy	Yes, treated with medication and psychotherapy	Yes, other treatment
(1) Anorexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Attention Deficit and Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Bulimia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Other sleep disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31B) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row) (NQ31B)**

	(1)	(2)	(3)	(4)	(5)	(6)
	No	Yes, diagnosed but not treated	Yes, treated with medication	Yes, treated with psychotherapy	Yes, treated with medication and psychotherapy	Yes, other treatment
(1) Obsessive Compulsive Disorder (OCD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Phobia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Substance abuse or addiction (alcohol or other drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Other addiction (e.g., gambling, internet, sexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Other mental health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**32) Have you ever been diagnosed with depression? (NQ32)**

- (1) ☐ No  
(2) ☐ Yes

**33) Within the last 12 months, have any of the following been traumatic or very difficult for you to handle? (Please mark the appropriate column for each row) (NQ33)**

	(1)	(2)
	No	Yes
(A) Academics	<input type="radio"/>	<input type="radio"/>
(B) Career-related issue	<input type="radio"/>	<input type="radio"/>
(C) Death of a family member or friend	<input type="radio"/>	<input type="radio"/>
(D) Family problems	<input type="radio"/>	<input type="radio"/>
(E) Intimate relationships	<input type="radio"/>	<input type="radio"/>
(F) Other social relationships	<input type="radio"/>	<input type="radio"/>
(G) Finances	<input type="radio"/>	<input type="radio"/>
(H) Health problem of a family member or partner	<input type="radio"/>	<input type="radio"/>
(I) Personal appearance	<input type="radio"/>	<input type="radio"/>
(J) Personal health issue	<input type="radio"/>	<input type="radio"/>
(K) Sleep difficulties	<input type="radio"/>	<input type="radio"/>
(L) Other	<input type="radio"/>	<input type="radio"/>

**34) Have you ever received psychological or mental health services from any of the following? (Please mark the appropriate column for each row) (NQ34)**

	(1)	(2)
	No	Yes
(A) Counselor/Therapist/Psychologist	<input type="radio"/>	<input type="radio"/>
(B) Psychiatrist	<input type="radio"/>	<input type="radio"/>
(C) Other medical provider (e.g., physician, nurse practitioner)	<input type="radio"/>	<input type="radio"/>
(D) Minister/Priest/Rabbi/Other clergy	<input type="radio"/>	<input type="radio"/>

**35) Have you ever received psychological or mental health services from your current college/university's Counseling or Health Service? (NQ35)**

- (1) ☐ No  
(2) ☐ 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? (NQ36)**

- (1) ☐ No  
(2) ☐ Yes

**37) Within the last 12 months, how would you rate the overall level of stress you have experienced? (NQ37)**

- (1) ☐ No stress  
(2) ☐ Less than average stress  
(3) ☐ Average stress  
(4) ☐ More than average stress  
(5) ☐ Tremendous stress

## Physical Health

**38) Within the last 30 days, did you do any of the following? (Please mark the appropriate column for each row) (NQ38)**

	(1)	(2)
	No	Yes
(A) Exercise to lose weight	<input type="radio"/>	<input type="radio"/>
(B) Diet to lose weight	<input type="radio"/>	<input type="radio"/>
(C) Vomit or take laxatives to lose weight	<input type="radio"/>	<input type="radio"/>
(D) Take diet pills to lose weight	<input type="radio"/>	<input type="radio"/>

**39) Have you: (Please mark the appropriate column for each row) (NQ39)**

	(1)	(2)	(3)
	No	Yes	Don't know
(A) Had a dental exam and cleaning in the <b>last 12 months</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) (Males) Performed a testicular self exam in the <b>last 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) (Females) Performed a breast self exam in the <b>last 30 days</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) (Females) Had a routine gynecological exam in the <b>last 12 months</b> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Used sunscreen regularly with sun exposure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Ever been tested for Human Immunodeficiency Virus (HIV) infection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40) Have you received the following vaccinations (shots)? (Please mark the appropriate column for each row) (NQ40)**

	(1)	(2)	(3)
	No	Yes	Don't know
(A) Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Human Papillomavirus/HPV (cervical cancer vaccine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Influenza (the flu) in the <b>last 12 months</b> (shot or nasal mist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Measles, Mumps, Rubella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(E) Meningococcal disease (meningococcal meningitis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(F) Varicella (chicken pox)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**41A) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row) (NQ41A)**

	(1)	(2)
	No	Yes
(1) Allergies	<input type="radio"/>	<input type="radio"/>
(2) Asthma	<input type="radio"/>	<input type="radio"/>
(3) Back pain	<input type="radio"/>	<input type="radio"/>
(4) Broken bone/Fracture/Sprain	<input type="radio"/>	<input type="radio"/>
(5) Bronchitis	<input type="radio"/>	<input type="radio"/>
(6) Chlamydia	<input type="radio"/>	<input type="radio"/>
(7) Diabetes	<input type="radio"/>	<input type="radio"/>
(8) Ear infection	<input type="radio"/>	<input type="radio"/>
(9) Endometriosis	<input type="radio"/>	<input type="radio"/>
(10) Genital herpes	<input type="radio"/>	<input type="radio"/>
(11) Genital warts/Human Papillomavirus (HPV)	<input type="radio"/>	<input type="radio"/>
(12) Gonorrhea	<input type="radio"/>	<input type="radio"/>
(13) Hepatitis B or C	<input type="radio"/>	<input type="radio"/>

**41B) Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row) (NQ41B)**

	(1)	(2)
	No	Yes
(1) High blood pressure	<input type="radio"/>	<input type="radio"/>
(2) High cholesterol	<input type="radio"/>	<input type="radio"/>
(3) Human Immunodeficiency Virus (HIV)	<input type="radio"/>	<input type="radio"/>
(4) Irritable Bowel Syndrome (IBS)	<input type="radio"/>	<input type="radio"/>
(5) Migraine headache	<input type="radio"/>	<input type="radio"/>
(6) Mononucleosis	<input type="radio"/>	<input type="radio"/>
(7) Pelvic Inflammatory Disease (PID)	<input type="radio"/>	<input type="radio"/>
(8) Repetitive stress injury (e.g., carpal tunnel syndrome)	<input type="radio"/>	<input type="radio"/>
(9) Sinus infection	<input type="radio"/>	<input type="radio"/>
(10) Strep throat	<input type="radio"/>	<input type="radio"/>
(11) Tuberculosis	<input type="radio"/>	<input type="radio"/>
(12) Urinary tract infection	<input type="radio"/>	<input type="radio"/>

**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? (NQ42)**

- (1) ☐ 0 days
- (2) ☐ 1 day
- (3) ☐ 2 days
- (4) ☐ 3 days
- (5) ☐ 4 days
- (6) ☐ 5 days
- (7) ☐ 6 days
- (8) ☐ 7 days

**43) People sometimes feel sleepy during the daytime. In the past 7 days, how much of a problem have you had with sleepiness (feeling sleepy, struggling to stay awake) during your daytime activities? (NQ43)**

- (1) ☐ No problem at all
- (2) ☐ A little problem
- (3) ☐ More than a little problem
- (4) ☐ A big problem
- (5) ☐ A very big problem

**44) In the past 7 days, how often have you: (Please mark the appropriate column for each row) (NQ44)**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
(A) Awakened too early in the morning and couldn't get back to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(B) Felt tired, dragged out, or sleepy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(C) Gone to bed because you just could not stay awake any longer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(D) Had an extremely hard time falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Impediments to Academic Performance

**45A) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (NQ45A)**

	(1)	(2)	(3)	(4)	(5)	(6)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
(1) Alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Assault (physical)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Assault (sexual)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Attention Deficit and Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Cold/Flu/Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Concern for a troubled friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**45B) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (NQ45B)**

	(1)	(2)	(3)	(4)	(5)	(6)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
(1) Chronic health problem or serious illness (e.g., diabetes, asthma, cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Death of a friend or family member	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Discrimination (e.g., homophobia, racism, sexism)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Eating disorder/problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**45C) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (NQ45C)**

	(1)	(2)	(3)	(4)	(5)	(6)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
(1) Gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Homesickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Injury (fracture, sprain, strain, cut)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Internet use/computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Participation in extracurricular activities (e.g., campus clubs, organizations, athletics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Pregnancy (yours or your partner's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Relationship difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**45D) Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below) (NQ45D)**

	(1)	(2)	(3)	(4)	(5)	(6)
	This did not happen to me/not applicable	I have experienced this issue but my academics have not been affected	Received a lower grade on an exam or important project	Received a lower grade in the course	Received an incomplete or dropped the course	Significant disruption in thesis, dissertation, research, or practicum work
(1) Roommate difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Sexually transmitted disease/infection (STD/I)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Sinus infection/Ear infection/Bronchitis/Strep throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Sleep difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Other (please specify in "Additional Comments" box below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Demographic Characteristics

**46) How old are you? (NQ46)**

\_\_\_\_\_ Years

**47) What is your gender? (NQ47)**

- (1) ☐ Female
- (2) ☐ Male
- (3) ☐ Transgender

**48) What is your sexual orientation? (NQ48)**

- (1) ☐ Heterosexual
- (2) ☐ Gay/Lesbian
- (3) ☐ Bisexual
- (4) ☐ Unsure

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

**49A) What is your height in feet? (NQ49\_FT)**

\_\_\_\_\_ Feet

**49B) and inches? (NQ49\_IN)**

\_\_\_\_\_ Inches

**50) What is your weight in pounds? (NQ50)**

\_\_\_\_\_ Pounds

**51) What is your year in school? (NQ51)**

- (1) ☐ 1st year undergraduate
- (2) ☐ 2nd year undergraduate
- (3) ☐ 3rd year undergraduate
- (4) ☐ 4th year undergraduate
- (5) ☐ 5th year or more undergraduate
- (6) ☐ Graduate or professional
- (7) ☐ Not seeking a degree
- (8) ☐ Other

**52) What is your enrollment status? (NQ52)**

- (1) ☐ Full-time
- (2) ☐ Part-time
- (3) ☐ Other

**53) Have you transferred to this college or university within the last 12 months? (NQ53)**

- (1) ☐ No
- (2) ☐ Yes

**54) How do you usually describe yourself? (Mark all that apply)(NQ54)**

- (A) ☐ White
- (B) ☐ Black
- (C) ☐ Hispanic or Latino/a
- (D) ☐ Asian or Pacific Islander
- (E) ☐ American Indian, Alaskan Native, or Native Hawaiian
- (F) ☐ Biracial or Multiracial
- (G) ☐ Other

**1 = CHECKED**

**55) Are you an international student? (NQ55)**

- (1) ☐ No
- (2) ☐ Yes

**56) What is your relationship status? (NQ56)**

- (1) ☐ Not in a relationship
- (2) ☐ In a relationship but not living together
- (3) ☐ In a relationship and living together

**57) What is your marital status? (NQ57)**

- (1) ☐ Single
- (2) ☐ Married/Partnered
- (3) ☐ Separated
- (4) ☐ Divorced
- (5) ☐ Other

**58) Where do you currently live? (NQ58)**

- (1) ☐ Campus residence hall
- (2) ☐ Fraternity or sorority house
- (3) ☐ Other college/university housing
- (4) ☐ Parent/guardian's home
- (5) ☐ Other off-campus housing
- (6) ☐ Other

**59) Are you a member of a social fraternity or sorority? (e.g., National Interfraternity Conference, National Panhellenic Conference, National Pan-Hellenic Council, National Association of Latino Fraternal Organizations) (NQ59)**

- (1) ☐ No
- (2) ☐ Yes

**60) How many hours a week do you work for pay? (NQ60)**

- (1) ☐ 0 hours
- (2) ☐ 1-9 hours
- (3) ☐ 10-19 hours
- (4) ☐ 20-29 hours
- (5) ☐ 30-39 hours
- (6) ☐ 40 hours
- (7) ☐ More than 40 hours

**61) How many hours a week do you volunteer? (NQ61)**

- (1) ☐ 0 hours
- (2) ☐ 1-9 hours
- (3) ☐ 10-19 hours
- (4) ☐ 20-29 hours
- (5) ☐ 30-39 hours
- (6) ☐ 40 hours
- (7) ☐ More than 40 hours

**62) What is your primary source of health insurance? (NQ62)**

- (1) ☐ My college/university sponsored plan
- (2) ☐ My parents' plan
- (3) ☐ Another plan
- (4) ☐ I don't have health insurance
- (5) ☐ I am not sure if I have health insurance

**63) What is your approximate cumulative grade average? (NQ63)**

- (1) ☐ A
- (2) ☐ B
- (3) ☐ C
- (4) ☐ D/F
- (5) ☐ N/A

**64) Within the last 12 months, have you participated in organized college athletics at any of the following levels? (Please mark the appropriate column for each row) (NQ64)**

	(1)	(2)
	No	Yes
(A) Varsity	<input type="radio"/>	<input type="radio"/>
(B) Club sports	<input type="radio"/>	<input type="radio"/>
(C) Intramurals	<input type="radio"/>	<input type="radio"/>

**65) Do you have any of the following? (Please mark the appropriate column for each row) (NQ65)**

	(1)	(2)
	No	Yes
(A) Attention Deficit and Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>
(B) Chronic illness (e.g., cancer, diabetes, auto-immune disorders)	<input type="radio"/>	<input type="radio"/>
(C) Deafness/Hearing loss	<input type="radio"/>	<input type="radio"/>
(D) Learning disability	<input type="radio"/>	<input type="radio"/>
(E) Mobility/Dexterity disability	<input type="radio"/>	<input type="radio"/>
(F) Partial sightedness/Blindness	<input type="radio"/>	<input type="radio"/>
(G) Psychiatric condition	<input type="radio"/>	<input type="radio"/>
(H) Speech or language disorder	<input type="radio"/>	<input type="radio"/>
(I) Other disability	<input type="radio"/>	<input type="radio"/>

**66) Are you currently or have you been a member of the United States Armed Services (Active Duty, Reserve, or National Guard)? (NQ66)**

- (1) ☐ No
- (2) ☐ Yes and I **have** deployed to an area of hazardous duty
- (3) ☐ Yes and I **have not** deployed to an area of hazardous duty

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

## Extra questions

If extra questions were added to, these variables would be numbered consecutively beginning with **NQ67** and appear in the Institutional data file only. *Extra questions are not included in the Reference Group data files.*

## Additional variables in the ACHA-NCHA Data files

**SCHOOLID** is a variable used to identify cases coming from the same institution within a given survey period. *Please note that value labels ARE NOT provided for this variable in the Reference Group Data Files, as ACHA will not release data that is identifiable by school.*

**Estimated Blood Alcohol Concentration (BAC)** is based on the reported number of drinks consumed the last time they “partied” or socialized (nq10), their approximate length of time of consumption (nq11), sex (nq46), weight (nq50), and an average rate of ethanol metabolism (.015 g/100mL/hour.) BAC is a continuous variable.

**RBAC1** collapses the continuous variable, estimated BAC, into a categorical variable where (**1= YES**) for those students with an estimated BAC under 0.08% the last time they “partied” or socialized.

**RBAC2** collapses the continuous variable, estimated BAC, into a categorical variable where (**1= YES**) for those students with an estimated BAC under 0.10% the last time they “partied” or socialized.

**Estimated Body Mass Index (BMI)** is based on self-reported height (nq49a and nq49b) and weight (nq50) and is a continuous variable. The calculation for computing BMI is weight (kg) / [height (m)]<sup>2</sup>.

**RBMI** is the continuous BMI variable recoded into the following categories identified by the World Health Organization:

- (1) BMI <18.5 Underweight
- (2) BMI 18.5-24.9 Healthy Weight
- (3) BMI 25-29.9 Overweight
- (4) BMI 30-34.5 Class I Obesity
- (5) BMI 35-39.9 Class II Obesity
- (6) BMI ≥ 40 Class III Obesity

**PAREQ** indicates whether or not the students meet the US recommended level of physical activity, based on responses to nq29a and nq29b. Students meeting the guidelines from the American College of Sports Medicine and the American Heart Association (2007) are indicated in the dataset as **1= guidelines met**. Those meeting the guidelines include students that report:

- Moderate-intensity cardio or aerobic exercise for at least 30 minutes on 5 or more days per week (or nq29a ≥ 6)
- Vigorous-intensity cardio or aerobic exercise for at least 20 minutes on 3 or more days per week (or nq29b ≥ 4)
- A combination of moderate-intensity and vigorous-intensity cardio or aerobic exercise where 2 moderate-intensity periods = 1 vigorous-intensity periods



## Campus demographical variables in the ACHA-NCHA Reference Group data files

Institutional Control **(PUBPRIV)**

- (1) Public
- (2) Private

Religiously-affiliated institution **(REL)**

- (1) Yes
- (2) No

Postsecondary Minority Institution **(PMI)**

- (1) Yes

\*Historically Black College or University **(HBCU)**

- (1) Yes

\*High Hispanic Enrollment **(HHE)**

- (1) Yes

\*Hispanic-serving Institution **(HSI)**

- (1) Yes

\*Tribal College or University **(TCU)**

- (1) Yes

\*Alaska Native-serving Institution **(ANSI)**

- (1) Yes

\*Native Hawaiian-serving Institution **(NHI)**

- (1) Yes

\*As defined by the US Department of Education

(<http://www2.ed.gov/about/offices/list/ocr/edlite-minorityinst.html>)

### **TYPE**

- (1) 2-year
- (1) 4 or more years

Campus Setting **(LOCALE)**

- (1) Very large city (population over 500,000)
- (2) Large city (population 250,000-499,999)
- (3) Small city (population 50,000-249,999)
- (4) Large town (population 10,000 – 49,999)
- (5) Small town (population 2,500-9,999)
- (6) Rural community (population under 2,500)

US Geographical Area **(REGION)**

- (1) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT)
- (2) Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)
- (3) South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)
- (4) West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY)
- (5) Outside the US

NCHA Survey Period **(STUDY)**

- (1) Spring 2000
- (2) Fall 2000
- (3) Spring 2001
- (4) Spring 2001
- (5) Spring 2002
- (6) Fall 2002....and so on.....
- (18) Fall 2008
- (19) Spring 2009
- (20) Fall 2009
- (21) Spring 2010
- (22) Fall 2010
- (23) Spring 2011
- (24) Fall 2011
- (25) Spring 2012
- (26) Fall 2012
- (27) Spring 2013
- (28) Fall 2013
- (29) Spring 2014
- (30) Fall 2014
- (31) Spring 2015
- (32) Fall 2015

Survey Mode **(PWNO)**

- (1) Paper
- (2) Web

Total Enrollment **(SIZE)**

- (1) < 2,500 students
- (2) 2,500 – 4,999 students
- (3) 5,000 – 9,999 students
- (4) 10,000 – 19,999 students
- (5) 20,000 students or more

Basic Carnegie Classification **(CARNCAT)**

- (1) Associates Colleges
- (2) Baccalaureate Colleges
- (3) Masters Colleges and Universities
- (4) Research Institutions
- (5) Special Focus Institutions
- (6) Miscellaneous/Not Classified

**PERMID** is a unique variable used to identify cases coming from the same institution across multiple survey periods. *Please note that value labels ARE NOT provided for this variable in the Reference Group Data Files, as ACHA will not release data that is identifiable by school.*