1. Informed Consent

Project Title: Understanding the Influence of Social Experiences and Individual Differences on College Students' Health Researcher(s): Dr. Jennifer M. Knack, Social Development and Health Research Lab, Department of Psychology Institutional Review Board (IRB) approval number: 12-18 Approval valid until: December 2, 2012

You have been asked to be a part of the research described here. Participation is voluntary.

The purpose of this study: The purpose of this study is to examine the relationships between social experiences, dimensions of personality and individual differences, and health among college students. Students who participate in this study may also be invited to take part in optional additional follow-up studies.

What to expect: You will complete a series of questionnaires online via an online Survey Monkey survey that will assess different aspects of your social experiences, personality, and health. Participation in this research study is completely voluntarily and you can quit filling out the survey at any time or choose to not answer questions if you are uncomfortable responding. You will be assigned an identification number and your identifying information will be separated from your survey responses in order to maintain confidentiality. No one will have access to your data other than the investigators who are directly involved in this research. All data will be securely stored and will be combined for analysis.

Some of the questions deal with personal experiences including experiencing violence, anxiety, aggression, and intimidation. If any of the questions cause you to feel uncomfortable, you can skip the question or decide to withdraw from the study. You may also want to contact the Student Health and Counseling Center. Counseling is free for all Clarkson students. The Student Health and Counseling Center is open from 8:00 – 4:30 during the academic year. To schedule an appointment, you can either stop by the office located on the first floor of the ERC, Suite 1300 (next to the Student Success Center), call (315)-268-2327, or email at counseling_center@clarkson.edu.

If you have any questions about this research, you may contact Dr. Jennifer M. Knack in the Psychology Department (jknack@clarkson.edu; x4315).

What will you receive for taking part in this study: This web-based study will take approximately 1 hour; participants will receive 1 PY151 research credit.

What will happen to the information collected in this study: The information collected will be kept confidential as much as is permitted by law.

What rights do you have when you take part in this study: Participation in this research is voluntary. Deciding not to take part or to stop being a part of this research will result in no penalty, fine, or loss of benefits which you otherwise have a right to. If you have questions about your rights as a research subject or if you wish to report any harm, injury, risk, or other concern, please contact Dr. Johndan Johnson-Eilola, Associate Chair of the Clarkson University Institutional Review Board (IRB) for human subjects research: (315)268-6488 or Johndan@clarkson.edu

Conflict of Interest: The researchers have no financial interest in performing this study.

You may print this page for your future reference. Thank you.

1. Informed Consent: By clicking "I agree" you are indicating that you have read and understand the above information and that you agree to participate in this survey. In addition, by clicking "I agree" you are indicating that you are 18 years of age or older (i.e., having a signed parental consent form does NOT qualify you to participate in this study if you are under 18 years of age).

If you do not agree, please exit the survey now.

C I agree

_	ring the exact i		_	se double check
cation number:				

2. Demographic Information

1. \	1. What is your birthday?				
MM/I	MM DD YYYY DD/YYYY				
2. I	low old are you?				
l am					
3. /	Are you male or female?				
0	male				
0	female				
0	prefer not to answer				
4. V	Vhat year in school are you?				
0	Clarkson school	0	Senior		
0	Freshman	0	Other		
0	Sophomore	0	prefer not to answer		
0	Junior				
5. V	Vhat ethnicity/background do you most ide	nti	fv with?		
0	American Indian or Alaskan Native	0	White or Anglo-American		
0	Asian	0	Hispanic or Latino		
0	Black or African American	0	prefer not to answer		
6. V	Vhat is your mother's highest level of educ	atio	an?		
0	Junior high school or less	0	Master degree		
0	High school	0	Doctorate degree or more		
0	2 year college/associate degree	0	prefer not to answer		
0	4 year college/university degree (e.g., B.A., B.S., etc.)				
7. V	Vhat is your father's highest level of educa	tioı	1?		
0	Junior high school or less	0	Master degree		
0	High school	0	Doctorate degree or more		
0	2 year college/associate degree	0	prefer not to answer		
0	4 year college/university degree (e.g., B.A., B.S., etc.)				

		g income brackets does YOUR yearly income fall in?
0	\$0 - \$8,500	© \$83,600 - \$174,400
0	\$8,500 - \$34,500	© \$174,000 - \$379,150 or more
0	\$34,500 - \$83,600	O prefer not to answer
	Which of the followin	ng income brackets does your PARENTS' OR LEGAL GUARDIANS' me fall in?
0	\$0 - \$17,000	© \$212,300 - \$379,150
0	\$17,000 - \$69,000	© \$379,150 or more
0	\$69,000 - \$139,350	C prefer not to answer
0	\$139,350 - \$212,300	
10.	Is it okay to contact	you via email for possible participation in future research studies?
0	Yes	
0	No	

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3. Things that Happen to Me (CSEQ-SR)

	3
	tions: Here is a list of things that sometimes happen to people your age. often over the last 6 months have they happened to YOU?
1. I	How often does another person give you help when you need it?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
2. I	How often do you get hit by another person?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
3. I	How often do other people leave you out on purpose when it is time to play or do an
act	tivity?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer

Understanding the Influence of Social Experiences_College Students 4. How often does another person yell at you and call you mean names? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 5. How often does another person try to cheer you up when you feel sad or upset? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 6. How often does a person who is mad at you try to get back at you by not letting you be in their group anymore? O Never Almost never Sometimes Almost all the time All the time C Prefer not to answer 7. How often do you get pushed or shoved by another person at school? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer

Understanding the Influence of Social Experiences_College Students 8. How often does another person do something that makes you feel happy? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 9. How often do people tell lies about you to make other people not like you anymore? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 10. How often does another person kick you or pull your hair? O Never Almost never Sometimes Almost all the time All the time C Prefer not to answer 11. How often do people say they won't like you unless you do what they want you to do? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer

Understanding the Influence of Social Experiences_College Students 12. How often does another person say something nice to you? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 13. How often does a person try to keep others from liking you by saying mean things about you? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 14. How often does another person say they will beat you up if you don't do what they want you to do? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 15. How often do other people let you know that they care about you? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer How often over the last 6 months have YOU DONE THE FOLLOWING THINGS?

Understanding the Influence of Social Experiences_College Students 16. How often do you give another person help when he/she needs it? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 17. How often do you hit other people? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 18. How often do you leave other people out on purpose when it is time to play or do an activity? O Never Almost never Sometimes Almost all the time All the time C Prefer not to answer 19. How often do you yell at other people and call them mean names? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer

Understanding the Influence of Social Experiences_College Students 20. How often do you try to cheer up another person when he/she is feeling sad or upset? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 21. How often do you try to get back at another person who you are mad at by not letting them be in your group anymore? O Never Almost never Sometimes Almost all the time All the time Prefer not to answer 22. How often do you push or shove other people at school? O Never Almost never Sometimes Almost all the time All the time C Prefer not to answer 23. How often do you do something to make another person feel happy? O Never Almost never Sometimes Almost all the time All the time

Prefer not to answer

47.	now often do you ten nes about other people to make other people not like them
any	more?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
25.	How often do you kick other people or pull other people's hair?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
26.	How often do you say to other people that you won't like them unless they do what you
	nt them to do?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
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27.	How often do you say something nice to another person?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer

28.	How often do you try to keep others from liking someone by saying mean things about
hin	n/her?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
	How often do you say you will beat someone up if they don't do what you want him/her
to (do?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer
30.	How often do you let someone know that you care about him/her?
0	Never
0	Almost never
0	Sometimes
0	Almost all the time
0	All the time
0	Prefer not to answer

4. DIAS-VS

Directions: Answer each in the last 6 months.	question by bubbling in t	he answer which seems t	o most closely describe h	now OTHER PEOPLE BI	EHAVED TOWARD YOU
1. How often a	re you hit by oth	ner people?			
C Never	C Seldom	C Sometimes	O Quite often	C Very often	C prefer not to answer
2. How often a	re you shut out	of the group by	other people?		
C Never	C Seldom	C Sometimes	C Quite often	C Very often	prefer not to answer
3. How often de	o other people y	yell at you or ar	gue with you?		
C Never	C Seldom	C Sometimes	C Quite often	O Very often	C prefer not to answer
4. How often d	o people becom	ne friends with a	another person	as a kind of re	venge?
C Never	C Seldom	C Sometimes	C Quite often	C Very often	O prefer not to answer
5. How often a	re you kicked b	y other people?			
C Never	C Seldom	C Sometimes	O Quite often	C Very often	C prefer not to answer
6. How often a	re you ignored l	by other people	?		
C Never	C Seldom	C Sometimes	C Quite often	C Very often	C prefer not to answer
7. How often a	re you insulted	by other people	?		
C Never	C Seldom	C Sometimes	C Quite often	C Very often	prefer not to answer
8. How often d	o people who a	re angry with y	ou gossip abou	t you?	
O Never	C Seldom	C Sometimes	C Quite often	C Very often	prefer not to answer
9. How often a	re you tripped b	y other people?	•		
C Never	C Seldom	C Sometimes	C Quite often	C Very often	O prefer not to answer

Understanding the Influence of Social Experiences_College Students 10. How often do people tell bad or false stories about you? O Never C Seldom Sometimes Quite often Very often O prefer not to answer 11. How often do people say they are going to hurt you? C Seldom Never Quite often Very often Sometimes O prefer not to answer 12. How often do people plan to secretly bother you? O Never Seldom Sometimes Quite often Very often prefer not to answer 13. How often are you shoved by other people? Never ○ Seldom Sometimes Quite often Very often prefer not to answer 14. How often do people say bad things about you behind your back? O Never C Seldom Sometimes Quite often Very often prefer not to answer 15. How often are you called names by other people? O Never C Seldom Sometimes Quite often Very often prefer not to answer 16. How often do people tell others "Let's not be friends with him/her!"? O Never Seldom Sometimes Quite often Very often prefer not to answer 17. How often do other people take things from you? O Never Very often Seldom Sometimes Quite often O prefer not to answer 18. How often do people tell your secrets to a third person? O Never Seldom Sometimes Ouite often Very often O prefer not to answer 19. How often are you teased by other people? O Never ○ Seldom Sometimes Quite often Very often O prefer not to answer 20. How often do people write small notes where you are criticized? C Seldom O Never Sometimes Quite often Very often O prefer not to answer

Understanding the Influence of Social Experiences_College Students 21. How often are you pushed down to the ground by other people? O Never C Seldom Sometimes Quite often Very often O prefer not to answer 22. How often do other people criticize your hair or clothing? O Never C Seldom Quite often Sometimes Very often O prefer not to answer 23. How often do other people pull at you? Sometimes Quite often O Never Seldom Very often prefer not to 24. How often do people who are angry with you try to get others to dislike you? O Never Seldom Sometimes Quite often Very often prefer not to answer Answer each question by bubbling in the answer which seems to most closely describe how YOU BEHAVED TOWARD OTHER PEOPLE in the last 25. How often do you hit other people? C Seldom Never Sometimes Quite often Very often O prefer not to answer 26. How often do you shut out other people in the group? O Never C Seldom Sometimes Quite often Very often prefer not to answer 27. How often do you yell at or argue with other people? O Never Seldom Sometimes Ouite often Very often O prefer not to answer 28. How often do you become friends with another person as a kind of revenge? O Never C Seldom Sometimes Quite often Very often O prefer not to answer 29. How often do you kick other people? O Never Seldom Sometimes Quite often Very often O prefer not to answer 30. How often do you ignore other people? Never ○ Seldom Sometimes Quite often Very often O prefer not to answer

Understanding the Influence of Social Experiences_College Students 31. How often do you insult other people? O Never Seldom Sometimes Quite often Very often O prefer not to answer 32. How often do you gossip about people who you are angry with? O Never ○ Seldom Sometimes Quite often Very often O prefer not to answer 33. How often do you trip other people? C Seldom O Never Sometimes Quite often Very often prefer not to answer 34. How often do you tell bad or false stories about other people? O Never C Seldom Sometimes Quite often Very often prefer not to answer 35. How often do you say you are going to hurt someone else? C Seldom Quite often O Never Sometimes O Very often prefer not to answer 36. How often do you plan to secretly bother other people? O Never C Seldom Quite often Sometimes Very often O prefer not to answer 37. How often do you shove other people? O Never Seldom Sometimes Quite often Very often prefer not to answer 38. How often do you say bad things about someone else behind his/her back? O Never ○ Seldom Quite often Very often Sometimes O prefer not to answer 39. How often do you call other people names? O Never Seldom Sometimes Quite often Very often O prefer not to answer 40. How often do you tell others "Let's not be friends with him/her!"? O Never C Seldom Sometimes Quite often Very often O prefer not to answer 41. How often do you take things from other people? C Seldom O Never Sometimes Quite often Very often O prefer not to answer

Understanding the Influence of Social Experiences_College Students 42. How often do you tell someone else's secrets to a third person? O Never Seldom Sometimes Quite often Very often O prefer not to answer 43. How often do you tease other people? Never ○ Seldom Sometimes Quite often Very often O prefer not to answer 44. How often do you write small notes where you criticize other people? ○ Seldom O Never Sometimes Quite often Very often prefer not to answer 45. How often you push other people down to the ground? Never Seldom Sometimes Quite often Very often prefer not to answer 46. How often do you criticize other people's hair or clothing? O Never Sometimes O Quite often C Seldom O Very often prefer not to answer 47. How often do you pull at other people? O Never Seldom Quite often Sometimes Very often O prefer not to answer 48. How often do you try to get others to dislike someone who you are angry with? Never Seldom Sometimes Quite often Very often prefer not to answer

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5 A	т	ional	Ques	tions
	1 . 1 . 1	7 6 7 7 1 1 7 7 1 1		

1. You may have previously experienced some of the behaviors described above (i.e., in the CSEQ and the DIAS). If you do not remember regularly experiencing any of these behaviors, please check the box labeled "I do not remember regularly experiencing any of these behaviors." If you do remember regularly experiencing some of these behaviors, please check the box "I do remember regularly experiencing some of these behaviors."
O I do remember regularly experiencing some of these behaviors
C I do not remember regularly experiencing any of these behaviors C I do not remember regularly experiencing any of these behaviors

6. Additional Questions_Part 2

Please indicate below when you remember experiencing them by checking the appropriate box (check all that apply). Please indicate how frequently you remember these behaviors happening to you.						
1. During prescho	ol					
C Seldom	C Sometim	es C	Quite often	C Very often	0	prefer not to answer
2. During element	ary school	(kindergar	ten through 5th	grade)		
C Seldom	C Sometim	es C	Quite often	C Very often	0	prefer not to answer
3. During middle s	chool (6th	- 8th grade	s)			
C Seldom	C Sometim	es O	Quite often	C Very often	0	prefer not to answer
4. During high sch	ool (9th -	12th grades)			
C Seldom	C Sometim	es O	Quite often	C Very often	0	prefer not to answer

7. CMS

	ns: The next set of questions is about your parents or other adults who took care of you before you were in the 6th grade. How often had the following things happened by the time you started 6th grade?
1. By	the time you started 6th grade, how often had your parents or other adult care-givers
-	you home alone when an adult should have been with you?
ON	Never
© c	Once
ОТ	wice
ОТ	Three or more times
Ор	prefer not to answer
2. Hc	ow often had your parents or other adult caregivers not taken care of your basic needs
	, keeping you clean or providing food or clothing)?
O N	Never
© c	Once
ОТ	wice
ОТ	Three or more times
⊙ p	prefer not to answer
3. Ho	ow often had your parents or other adult caregivers slapped, hit, or kicked you?
O N	Never
© c	Once
ОТ	¬wice
От	Three or more times
О р	prefer not to answer
4. Ho	ow often had one of your parents or other adult caregivers touched you in a sexual
way,	forced you to touch him/her in a sexual way, or forced you to have sexual relations?
© N	Never
© 0	Once
ОТ	wice
ОТ	Three or more times
Ор	prefer not to answer

8. IPV

I have previously been in a romantic relationship (i.e., NOT a relationship you are currently in)
I am currently in a romantic relationship
I have not previously been in a romantic relationship and I am not currently in a romantic relationship

9. IPV

Direc	tions: Please respond to the following questions while thinking about your current or most recent romantic relationship.
	When you had a disagreement with your partner, how often did you push your partner?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer
2. V	When you had a disagreement with your partner, how often did you grab your partner?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer
3. V	When you had a disagreement with your partner, how often did you shove your
	tner?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer
4. V	When you had a disagreement with your partner, how often did you throw something at
you	ır partner?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer

Understanding the Influence of Social Experiences_College Students 5. When you had a disagreement with your partner, how often did you slap your partner? O Never Rarely Sometimes Often Prefer not to answer 6. When you had a disagreement with your partner, how often did you hit your partner? O Never Rarely Sometimes Often Prefer not to answer 7. When you had a disagreement with your partner, how often did your partner push you? O Never C Rarely Sometimes Often Prefer not to answer 8. When you had a disagreement with your partner, how often did your partner grab you? O Never Rarely Sometimes Often C Prefer not to answer 9. When you had a disagreement with your partner, how often did your partner shove you? O Never C Rarely Sometimes Often Prefer not to answer

10.	When you had a disagreement with your partner, how often did your partner throw
sor	nething at you?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer
11.	When you had a disagreement with your partner, how often did your partner slap you?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer
12.	When you had a disagreement with your partner, how often did your partner hit you?
0	Never
0	Rarely
0	Sometimes
0	Often
0	Prefer not to answer

10. Abdominal	(Stomach) Pain Index
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1. F	_	ly over the	past two we	eeks have you	experience	d abdominal (stomach)
0	0 not at all	1	○ 2	O 3	O 4	C 5 every day	O prefer not to answer
	n a typical da omach) pain	_	_	eks, how freq	uently did yo	ou experience	e abdominal
0	0 none						
0	1 once a day						
0	2 two or three times	s a day					
0	3 four or five times	a day					
0	4 six or more times	a day					
0	5 constant during the	he day					
0	prefer not to answe	r					
	When you exp ypically last?		abdominal (s	tomach) pain	over the last	two weeks,	how long did
0	none						
0	a few minutes						
0	about half an hour						
0	about an hour						
0	between 1 and 2 ho	ours					
0	3 or 4 hours						
0	5 or 6 hours						
0	most of the day						
0	all day						
0	prefer not to answe	r					

Understanding the Influence of Social Experiences_College Students 4. When you experienced abdominal (stomach) pain over the last two weeks, how intense

	s the pain typically?
	0 no pain
0	
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
0	10 most pain possible
5 \	When you experienced abdominal (stomach) pain over the last two weeks, what was the
	ximum intensity of the pain?
	0 no pain
0	
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
0	10 most pain possible

11. Assessing Health Outcomes

1. Rate the frequency and severity for each of the following health symptoms.

	Frequency	Severity
Extreme fatigue (feeling extremely tired)	<u> </u>	•
Allergic reaction	V	▼
Sleep problems	<u> </u>	▼
Stomach ache	▼	▼
Nausea/vomiting (sick to your stomach/throwing up)	<u> </u>	•
Diarrhea		•
Muscle aches and pains	<u> </u>	v
Headaches or migraine		v
Weight gain of 5 or more pounds	<u> </u>	T
Weight loss of 5 or more pounds		T
Respiratory congestion (cold in your chest)	<u> </u>	•
Runny nose		•
Coughing	<u> </u>	v
Sore throat		▼
Sneezing		•
Blocked nose		•
Bloody nose or nose bleeds	<u> </u>	v
Fever or chills		•
Dizziness or lightheaded	<u> </u>	<u> </u>
Double or blurred vision		•
Trouble catching breath (short of breath, difficulty breathing)		<u> </u>
Having a cold	▼	v
Chest pains	<u> </u>	▼
Numbness or tingling		▼
Low energy	<u> </u>	•
Ear infections		▼
Getting sick	<u> </u>	▼
Heart beating too fast	<u> </u>	-

Jnd	erstanding th	ne Influence	of Social E	xperiences_	College St	udents
	jular heartbeats (e.g., itations)		Y			▼
2. F	low often do yo	u experience	pain?			
0	Not at all					
0	Sometimes					
0	Often					
0	All the time					
0	Prefer not to answer					
3. V	Where does the	pain most con	nmonly occur?	(Please type in	N/A if you do	not
	erience pain)	•	•	` .	•	
4. F	low constant is	the pain?				
0	Constant					
0	Constant, but worse at ti	mes				
0	I do not experience pair	ı				
0	Comes and goes					
0	I do not experience pair	1				
0	Prefer not to answer					
5. V	Vhat does the pa	ain feel like?				
	Sharp					
	Shooting					
	Aching					
	Dull					
	Throbbing					
	Clenching					
	I do not experience pair	1				
	Prefer not to answer					
6. F	low often do yo	u visit the follo	owina?			
J		Not at all	Sometimes	Often	All the time	Prefer not to answer
Visit	s to the doctor	O	0	•	O	•
	s to the nurse	0	0	O	0	O
	s to the emergency n (ER)	0	O	O	O	0

derstanding the					
. Please answer non					
	None	Some	Most	All	Prefer not to answe
How many of your health symptoms do you think are lue to physical pain?	O	0	O	0	O
How many of your health symptoms do you think are due to psychological processes (e.g., feeling hervous, anxious, scared, worried, sad, etc)?	0	0	O	0	O
low many of your health ymptoms do you think are ue to feeling stressed?	О	С	О	O	C

12. Physical Health Problems/Health Risk

Directions: Please answer either yes or no to the	following questions.		
1. Has your doctor ever said th	nat you have heart trouble?		
C Yes	O No	0	Prefer not to answer
2. Do you frequently have pair	s in your heart and chest?		
C Yes	C No	0	Prefer not to answer
3. Do you often feel faint or ha	ve spells of severe dizziness?		
C Yes	C No	0	Prefer not to answer
4. Has a doctor ever said that	your blood pressure was too h	igh	?
C Yes	© No	0	Prefer not to answer
5. Has a doctor ever said that	your cholesterol is too high?		
C Yes	C No	0	Prefer not to answer
6. Has a doctor ever said that	you have diabetes?		
C Yes	C No	0	Prefer not to answer
7. Has a doctor ever said that	you have Addison's disease?		
C Yes	O No	0	Prefer not to answer
-	ou that you have a bone or joint	-	
	xercise or might be made wors	e w	vitn exercise?
C Yes	C No	0	Prefer not to answer
9. Are you pregnant?			
C Yes	C No	0	Prefer not to answer
10. Have you ever had a myoca	ardial infarction/heart attack?		
C Yes	O No	0	Prefer not to answer
11. Have you had heart surgery	y (eg. bypass, valve, angioplast	у, _І	pacemaker/implantable
defibrillator, or other surgery r	elated to your heart)?		
C Yes	O No	0	Prefer not to answer

nderstanding the	Influence of Social Exp	eriences_College Students
12. Have you had any	other type of surgery?	
C Yes	O No	C Prefer not to answer
If so, what was it?		
13. Have you ever had	l a stroke?	
C Yes	O No	C Prefer not to answer

13. TIPI-SR

1. Here are a number of personality traits that may or may not apply to you. Please select a choice next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

	Disagree Strongly	Disagree Moderately	Disagree a Little	Neither Agree Nor Disagree	Agree a Little	Agree Moderately	Agree Strongly
extroverted, enthusiastic	0	0	0	0	0	\circ	0
critical, quarrelsome	0	0	0	0	0	0	0
dependable, self-disciplined	0	0	0	0	0	0	0
anxious, easily upset	0	0	0	0	0	0	0
open to new experiences, complex	0	0	0	0	0	O	0
reserved, quiet	0	0	0	0	0	0	0
sympathetic, warm	0	0	0	0	0	0	0
disorganized, careless	0	0	O	0	0	0	0
calm, emotionally stable	O	0	0	0	0	0	0
conventional, uncreative	0	0	0	0	0	0	0

14. HPS

1. Please rate the degree to which each statement is true or characteristic of you on a 5-point scale, where 1= not at all, 2= slightly, 3= moderately, 4= very, and 5= extremely characteristic of me.

	1 (Not at all)	2 (Slightly)	3 (moderately)	4 (very)	5 (extremely)
My feelings are hurt easily	0	O	0	0	O
I am a sensitive person	0	\circ	O	0	O
I am "thick-skinned."	0	0	0	O	0
I take criticism well	0	O	O	0	0
Being teased hurts my feelings	0	0	0	0	0
I rarely feel hurt by what other people do or say to	0	O	0	0	O

15. Pain Disability Question	nnaire							
1. Think about your typical day. Do you ever experience physical pain?								
C Yes	O No	Prefer not to answer						

16. Pain Disability Questionnaire

Directions: This questionnaire asks for your views about how your pain interfers with how you function in everyday activities at this time. This questionnaire will provide information about how you feel and how well you are able to do your daily tasks now. Please answer each question by indicating how much your pain currently affects you.

-			e with your nor	iliai work ilisiac	dia odisiae tiit	
C 1 (Work Normally)	0	2	О 3	C 4	Ć 5	C 6 (Unable to Work at All)
2. Does your p	ain i	interfer	e with personal	care (such as b	oathing, dressing	j, etc.)?
C 1 (Take Care of Myself Completely)	0	2	O 3	O 4	○ 5	6 (Need Help With All my Persona Care)
3. Does your p	ain i	interfer	e with your trav	eling?		
C 1 (Travel Anywhere I like)	0	2	О з	O 4	○ 5	C 6 (Cannot Travel at all)
4. Does your pa	ain i	nterfer	e with your abil	ity to sit or stan	d?	
O 1 (No Problems)	0	2	О з	O 4	℃ 5	C 6 (Cannot do a all)
5. Does your pathings?	ain i	nterfere	e with your abili	ity to lift overhe	ad, grasp object	s, or reach for
C 1 (No Problems)	0	2	О з	O 4	○ 5	C 6 (Cannot do a all)
6. Does your pa floor?	ain i	nterfere	e with your abili	ity to bend, stoc	pp, squat, or lift o	bjects off the
O 1 (No Problems)	0	2	O 3	O 4	ℂ 5	C 6 (Cannot do a all)
7. Does your p	ain i	nterfer	e with your abil	ity to walk or ru	n?	
O 1 (No Problems)	0	2	O 3	O 4	C 5	C 6 (Cannot do a all)
8. Is your inco	me l	less sin	ce your pain be	gan?		
C 1 (No decrease)	0	2	○ 3	O 4	O 5	6 (No income a

_	to take pai	n medication t	o control your p	ain?	
C 1 (No pain medication needed)	О́ 2	О 3	O 4	○ 5	© 6 (Taking pain medication throughout the day)
10. Does your	pain force y	ou to see doct	ors much more	often than befo	ore your pain
pegan?					
C 1 (Never see doctors)	○ 2	О 3	O 4	C 5	6 (See doctors weekly)
11. Does your	pain interfe	re with your ab	ility to see the p	people who are	important to you a
nuch as you v	vould like?				
O 1 (No problems)	O 2	О 3	C 4	O 5	C 6 (Never see them)
12. Does your /ou?	pain interfer	e with recreati	onal activities a	and hobbies that	t are important to
C 1 (No problems)	C 2	О 3	O 4	O 5	C 6 (Cannot do them at all)
-	-	-	because of you	-	ay tasks (including
C 1 (Never need	○ 2	O 3	O 4	○ 5	
C 1 (Never need help)	O 2	О 3			the time)
C 1 (Never need help)	O 2	О 3	C 4		the time)
C 1 (Never need help)	O 2	С з depressed, ter			the time)
1 (Never need help) 14. Do you nov 1 (No depression/ tension)	© 2 w feel more © 2 emotional pr	○ 3 depressed, ter	nse, or anxious	than before you	the time) ur pain began? © 6 (Severe depression/ tension)
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? G 6 (Severe depression/ tension) h your family,
1 (Never need help) 14. Do you nov 1 (No depression/ tension)	o 2 w feel more 2 emotional presentions?	○ 3 depressed, ter	nse, or anxious	than before you	the time) ur pain began? G 6 (Severe depression/ tension)
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? 6 (Severe depression/ tension) h your family, 6 (Severe
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? 6 (Severe depression/ tension) h your family, 6 (Severe
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? George 6 (Severe depression/ tension) h your family, George 6 (Severe
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? George 6 (Severe depression/ tension) h your family, George 6 (Severe
1 (Never need help) 14. Do you now 1 (No depression/ tension) 15. Are there escocial, or work	o 2 w feel more 2 emotional presentions?	С з depressed, ter С з oblems caused	nse, or anxious	than before you	the time) ur pain began? C 6 (Severe depression/ tension) h your family, C 6 (Severe

17. Social Support Scale

1. Directions: We are interested in several types of people in your life. This is a survey, not a test. There are no right or wrong answers. Please answer as honestly as possible.

	Very True	True	Untrue	Very Untrue	Prefer Not to Answer
My friends don't really understand me.	О	O	O	O	O
My family doesn't really understand me.	0	O	O	O	0
My friends like me the way I am.	0	0	O	O	0
My family likes me the way I am.	0	O	O	O	0
I have a close friend with whom I can tell my problems to.	0	0	O	0	C
My friends don't seem to want to hear about my problems.	O	O	O	C	C
My family doesn't seem to want to hear about my problems.	0	0	O	0	C
I have neighbors who I can become friendly with.	0	O	O	O	0
I have a close friend who really understands me.	0	0	O	O	©
My friends care about my feelings.	0	O	O	O	O
My family cares about my feelings.	O	0	O	O	O
I have friends who sometimes make fun of me.	O	O	O	O	O
I have a close friend who I can talk to about things that bother me.	C	О	О	C	O
I have a close family member who I can talk to about things that bother me.	0	O	0	0	0
My friends treat me like a person who really matters.	0	O	O	O	O
I have friends who pay attention to what I say.	0	O	O	O	O
I have (a) family member(s) who pay attention to what I say.	O	0	0	0	O
I don't have a close friend who I like to spend time	0	C	O	0	O

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with. I don't have a close family member who I like to spend time with.	O	О	O	О	C
I don't get asked to attend social activities very often.	0	O	O	0	O
I don't have a close friend who really listens to what I say.	0	O	0	0	C
My friends don't act like what I do is important.	O	O	0	O	0
I often spend my time being alone.	0	0	0	0	O
I don't have a close friend who cares about my feelings.	C				

18. When we Talk About our Problems

1. My best/closest friends are: Mostly females Mostly males An equal combination of females and males Prefer not to answer
 Mostly males An equal combination of females and males
C An equal combination of females and males
C Prefer not to answer

2. Rate each statement on a scale of 1 (not true at all) to 5 (really true). Prefer Not to 5 Really True 1 Not at all True 2 A Little True 3 Somewhat True Answer 0 0 0 0 0 0 When I have a problem, my friend always tries to get me to tell every detail about what happened. 0 0 0 0 0 0 If one of us has a problem, we will spend our time together talking about it, no matter what else we could do instead. When my friend has a problem, I always try really hard to keep my friend talking about it. We talk about problems that 0 0 0 my friend or I are having almost every time we see each other. 0 When my friend has a problem, I always try to get my friend to tell me every detail about what happened. 0 0 0 0 0 After I've told my friend about a problem, my friend always tries to get me to talk more about it later. 0 0 0 0 When we see each other, if one of us has a problem, we will talk about the problem even if we had planned to do something else together. 0 0 0 0 0 When one of us has a 0 problem, we talk to each other about it for a long time. When I have a problem, my friend always tries really hard to keep me talking about it. After my friend tells me 0 0 0 0 0 0 about a problem, I always try to get my friend to talk more about it later. If one of us has a problem, we will talk about the problem rather than talking about something else or doing something else.

We spend most of our time

together talking about

0

0

0

0

0

0

problems that my friend or I

3. When we talk about a problem that one of us has...

	1 Not at all True	2 A Little True	3 Somewhat True	4 Mostly True	5 Really True	Prefer Not to Answer
we spend a long time talking about how sad or mad the person with the problem feels.	O	О	О	O	О	О
we try to figure out everything about the problem, even if there are parts that we may never understand.	O	O	0	О	O	O
we spend a lot of time talking about what bad things are going to happen because of the problem.	О	О	О	О	О	О
we talk about all of the reasons why the problem might have happened.	0	O	O	0	O	0
we usually talk about that problem every day even if nothing new has happened.	0	0	0	0	0	0
we talk for a long time about how upset is has made one of us with the problem.	0	O	O	О	O	O
we talk a lot about parts of the problem that don't make sense to us.	О	O	O	0	0	O
we talk a lot about all of the different bad things that might happen because of the problem.	0	O	O	O	O	O
we'll talk about every part of the problem over and over.	O	0	0	0	0	O
we talk a lot about the problem in order to understand why it happened.	0	O	O	O	O	O
we talk a lot about how bad the person with the problem feels.	0	0	O	0	O	0
we spend a lot of time trying to figure out parts of the problem that we can't understand.	0	O	O	O	O	O
we try to figure out every one of the bad things that	O	O	O	O	0	0

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might happen because of the problem.							
we talk for a long time trying to figure out all of the different reasons why the problem might have happened.	0	0	0	0	0	O	
we will keep talking even after we both know all of the details about what happened.	0	O	O	O	O	О	

19. PCS

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint pain, or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery. We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

1. Rate each of the following statements on a scale of 0 (not at all), to 4 (all the time).

When I'm in pain...

	0 Not at All	1 To a Slight Degree	2 To a Moderate Degree	3 To a Great Degree	4 All the Time	Prefer Not to Answer
I worry all the time about whether the pain will end.	0	0	O	O	O	0
I feel I can't go on.	0	0	0	0	0	\circ
It's terrible and I think it's never going to get any better.	O	O	O	0	0	0
It's awful and I feel that it overwhelms me.	O	O	O	O	O	O
I feel I can't stand it anymore.	О	O	0	O	O	0
I become afraid that the pain will get worse.	0	O	0	0	O	0
I keep thinking of other painful events.	0	0	0	O	O	0
I anxiously want the pain to go away.	O	0	O	O	O	0
I can't seem to keep it out of my mind.	O	0	0	0	O	0
I keep thinking about how much it hurts.	O	O	0	0	O	O
There's nothing I can do to reduce the intensity of the pain.	O	O	O	0	0	O
I keep thinking about how badly I want the pain to stop.	0	O	0	0	O	O
I wonder whether something serious may happen.	O	O	0	0	0	O

20. nBelong

Instructions: For each of the statements below, indicate the degree to which you agree or disagree with the statement.

1. Instructions: For each of the statements below, indicate the degree to which you agree or disagree with the statement.

	Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree	Prefer Not to Answer
If other people don't seem to accept me, I don't let it bother me.	0	O	0	0	0	0
I try hard not to do things that will make other people avoid or reject me.	O	O	0	O	O	O
I seldom worry about whether other people care about me.	0	0	0	0	O	0
I need to feel that there are people I can turn to in times of need.		O	O	0	O	O
I want other people to accept me.	O	0	O	O	0	0
I do not like being alone.	0	0	0	0	0	0
Being apart from my friends for long periods of time does not bother me.	O	O	O	0	0	O
I have a strong need to belong.	O	O	O	O	O	O
It bothers me a great deal when I am not included in other people's plans.	O	O	O	0	O	O
My feelings are easily hurt when I feel that others do not accept me.	0	O	0	0	O	O

21. Life Events Checklist

1. Listed below are a number of difficult or stressful things that sometimes happen to people. For each event bubble in one or more of the boxes to the right to indicate that (a) it happened to you personally, (b) you witnessed it happen to someone else, (c) you learned about it happening to someone close to you, (d) you are not sure if it fits, or (e) it does not apply to you. Be sure to consider your entire life (growing up as well as currently) as you go through the list of events.

	Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply	Prefer not to answer
Natural disaster (e.g., flood, hurricane, tornado, earthquake)			П		П	
Fire or explosion						
Transportation accident (e.g., car accident, boat accident, train wreck, plane crash)						
Serious accident at work, home, or during recreational activity						
Exposure to toxic substance (e.g., dangerous chemicals, radiation)						
Physical assault (e.g., being attacked, hit, slapped, kicked, beaten up)						
Assault with a weapon (e.g., being shot, stabbed, threatened with a knife, gun, bomb)						
Sexual assault (e.g., rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
Other unwanted or uncomfortable sexual experience			П		П	
Combat or exposure to a war-zone (in the military or as a civilian)						
Captivity (e.g., being kidnapped, abducted, held hostage, prisoner of war)			П			
Life-threatening illness or injury						
Severe human suffering						

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	Sudden, violent death (e.g., homicide, suicide)						
	Sudden, unexpected death of someone close to you						
	Serious injury, harm, or death you caused to someone else						
	Any other very stress event or experience						

22. PCL-C

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have in response to stressful experiences.

1. Please read each one carefully and check the box that indicates how much you have been bothered by that problem in the past month.

	therea by that problem in the past month.						
	Not at all	A little bit	Moderately	Quite a bit	Extremely	Prefer not to answer	
Repeated, disturbing memories, thoughts, or images of a stressful experience?	С	О	С	О	О	О	
Repeated, disturbing dreams of a stressful experience?	0	0	0	0	0	O	
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	С	О	С	О	О	O	
Feeling very upset when something reminded you of a stressful experience?	0	O	0	0	0	O	
Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?	C	С	С	О	С	C	
Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	O	O	O	O	O	C	
Avoiding activities or situations because they reminded you of a stressful experience?	С	О	О	О	О	O	
Trouble remembering important parts of a stressful experience?	0	0	0	0	0	0	
Loss of interest in activities that you used to enjoy?	0	О	0	O	O	0	
Feeling distant or cut off from other people?	0	O	0	О	0	O	
Feeling emotionally numb or being unable to have loving feelings for those close to you?	6	0	0	О	0	0	
Feeling as if your future will	0	0	0	\circ	0	0	

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somehow be cut short?						
Trouble falling or staying asleep?	0	0	0	O	O	O
Feeling irritable or having angry outbursts?	O	0	O	O	O	O
Having difficulty concentrating?	O	0	0	0	O	O
Being "super-alert" or watchful or on guard?	0	0	0	0	O	0
Feeling jumpy or easily startled?	0	0	0	C	O	O

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23.
1. Please choose your sex: C male C female

24. Scale for Intra-Sexual Competition: for MEN to answer

Please indicate ho	w much the follo	wing statements ap	oply to you. Click t	he answer that bes	t corresponds to ye	our choice.	
1. I can't st	and it whe	n I meet and	ther man w	ho is more a	attractive th	an I am	
O 1 not at all applicable	O 2	О 3	O 4	O 5	O 6	C 7 completely applicable	O prefer not to answer
2. When I g me.	o out, I car	n't stand it v	vhen wome	n pay more	attention to	a friend of ı	mine than to
O 1 not at all applicable	O 2	О 3	O 4	O 5	○ 6	C 7 completely applicable	O prefer not to answer
3. I tend to	look for ne	gative chara	acteristics i	n attractive	men.		
O 1 not at all applicable	O 2	О 3	O 4	O 5	O 6	C 7 completely applicable	O prefer not to answer
4. When I'm	ı at a party	, I enjoy it w	hen wome	n pay more a	attention to	me than to	other men.
C 1 not at all applicable	C 2	O 3	O 4	O 5	○ 6	7 completely applicable	C prefer not to answer
5. I wouldn'	't hire a ve	ry attractive	man as a c	olleague.			
O 1 not at all applicable	O 2	О 3	O 4	O 5	○ 6	C 7 completely applicable	C prefer not to answer
6. I just dor	n't like very	ambitious	men.				
O 1 not at all applicable	© 2	О 3	O 4	O 5	○ 6	C 7 completely applicable	C prefer not to answer
7. I tend to	look for ne	gative char	acteristics	in men who	are very su	ccessful.	
O 1 not at all applicable	O 2	О 3	O 4	O 5	○ 6	C 7 completely applicable	O prefer not to answer
8. I wouldn	't hire a hiç	ghly compet	ent man as	a colleague).		
C 1 not at all applicable	C 2	О 3	O 4	O 5	○ 6	C 7 completely applicable	O prefer not to answer

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9. I like to	be funnieı	r and more o	quick-witted	l than other	men.		
C 1 not at all applicable	O 2	О 3	O 4	C 5	O 6	C 7 completely applicable	prefer not to answer
10. I want 1	to be just a	a little bette	er than othe	men.			
C 1 not at all applicable	O 2	С 3	O 4	C 5	C 6	C 7 completely applicable	O prefer not to answer
11. I alway	s want to	beat other	men.				
1 not at all applicable	C 2	O 3	O 4	O 5	○ 6	C 7 completely applicable	C prefer not to answer
12. I don't	like seein	g other mer	n with a nice	er house or a	a nice car th	nan mine.	
C 1 not at all applicable	C 2	О 3	O 4	○ 5	C 6	C 7 completely applicable	C prefer not to answer

25. Scale for Intra-Sexual Competition: for WOMEN to answer

Please indicate ho	w much	the following st	atements apply	to yo	ou. Click the a	ınsw	er that best co	orres	ponds to you	r choice.	
1. I can't st	and it	when I m	eet anoth	er	woman v	vho	o is more	att	tractive	than I am	
O 1 not at all applicable	O 2	O	3	0	4	0	5	0	6	C 7 completely applicable	C prefer not to answer
2. When I go	o out,	I can't st	and it who	en	men pay	me	ore atten	tio	n to a fri	end of mine	than to
O 1 not at all applicable	O 2	O	3	0	4	0	5	0	6	C 7 completely applicable	O prefer not to answer
3. I tend to	look f	or negativ	ve charact	teri	istics in a	attı	ractive w	om/	en.		
O 1 not at all applicable	O 2	0	3	0	4	0	5	0	6	C 7 completely applicable	O prefer not to answer
4. When I'm	at a	party, I er	njoy it whe	n :	men pay	mo	re atten	tio	n to me t	than to othe	er women.
C 1 not at all applicable	© 2	0	3	0	4	0	5	0	6	7 completely applicable	C prefer not to answer
5. I wouldn'	t hire	a very at	tractive w	on	nan as a	col	league.				
O 1 not at all applicable	O 2	0	3	0	4	0	5	0	6	C 7 completely applicable	O prefer not to answer
6. I just don	't like	e very am	bitious wo	m	en.						
O 1 not at all applicable	O 2	O	3	0	4	0	5	0	6	7 completely applicable	O prefer not to answer
7. I tend to	look f	or negati	ve charac	teı	ristics in	w	men wh	o a	re very s	successful.	
O 1 not at all applicable	C 2	O	3	0	4	0	5	0	6	C 7 completely applicable	O prefer not to answer
8. I wouldn'	't hire	a highly	competen	t v	voman as	s a	colleagu	ıe.			
O 1 not at all applicable	© 2	0	3	0	4	0	5	0	6	C 7 completely applicable	C prefer not to answer

nderstan	ding the	e Influenc	e of Soci	al Experie	ences_Co	ollege Stud	dents
9. I like to l	be funnieı	r and more o	quick-witted	l than other	women.		
C 1 not at all applicable	C 2	О 3	O 4	C 5	O 6	C 7 completely applicable	O prefer not to answer
10. I want t	to be just a	a little bette	er than othe	women.			
C 1 not at all applicable	© 2	O 3	O 4	○ 5	€ 6	C 7 completely applicable	O prefer not to answer
11. I alway	s want to	beat other	women.				
C 1 not at all applicable	C 2	O 3	O 4	○ 5	O 6	C 7 completely applicable	O prefer not to answer
12. I don't l	like seein	g other wor	nen with a r	icer house	or a nice ca	r than mine.	
C 1 not at all applicable	○ 2	© 3	○ 4	⊙ 5	C 6	C 7 completely applicable	© prefer not to answer
						аррпсавіс	

26. Definition

1. Definition of bullying: A student is being bullied, or picked on, when another student, or group of students, say nasty or unpleasant things to him or her. It is also bullying when a student is hit, kicked, threatened, locked inside a room, sent nasty notes, when people don't talk to him or her, and things like that. These things may happen a lot and it is difficult for the student to defend himself or herself. It is also bullying when a student is teased a lot in a nasty way. It is NOT bullying when two students of about the same strength have the rare argument or fight.

Please use the above definition of bullying to indicate how frequently over the last 6 months you have...

	Not at all	Once or a few times	2-3 times a month/every month	Every week	Many times a week	Prefer not to answer
been physically bullied (i.e., "hit, kicked, slapped, spat on, or otherwise physically hurt")?	С	О	O	О	С	O
been verbally bullied verbally bullied (i.e., "said mean things to you, called you names, verbally threatened you")?	O	O	О	О	O	0
been socially bullied (i.e., "left you out on purpose, refused to play with you, said bad things behind your back, got other students to not like you")	О	О	O	0	О	0

2. Definition of bullying: A student is being bullied, or picked on, when another student, or group of students, say nasty or unpleasant things to him or her. It is also bullying when a student is hit, kicked, threatened, locked inside a room, sent nasty notes, when people don't talk to him or her, and things like that. These things may happen a lot and it is difficult for the student to defend himself or herself. It is also bullying when a student is teased a lot in a nasty way. It is NOT bullying when two students of about the same strength have the rare argument or fight.

Please use the above definition of bullying to indicate how frequently over the last 6 months you have...

	Not at all	Once or a few times	2-3 times a month/every month	Every week	Many times a week	Prefer not to answer
physically bullied another person (i.e., hit, kicked, slapped, spat on, or otherwise physically hurt)	О	О	C	С	О	С
verbally bullied another person (i.e., said mean things to, called names, verbally threatened")?	O	0	O	0	O	O
socially bullied another person (i.e., left someone out on purpose, refused to play with another, said bad things behind another's back, got other students to not like another)	С	C	C	О	C	С

27. Final Screen

Clarkson University. Counseling is free for all Clarkson students. The Student Health and Counselin 1:00 – 4:30 during the academic year. To schedule an appointment, you can either stop by the office 1:00 or of the ERC, Suite 1300 (next to the Student Success Center), call (315)-268-2327, or email at clarkson.edu.
someone to follow up with you (i.e., email or call you directly)? If so,
our contact information.
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