

# Understanding the Influence of Social Experiences\_College Students

## 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](mailto: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](mailto: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](mailto: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.**

☐ I agree

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**2. Enter the unique identification number that was emailed to you. Please double check that you are entering the exact number provided in the email**

Identification number:

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## 2. Demographic Information

### 1. What is your birthday?

MM DD YYYY  
MM/DD/YYYY  /  /

### 2. How old are you?

I am

### 3. Are you male or female?

- ☐ male
- ☐ female
- ☐ prefer not to answer

### 4. What year in school are you?

- ☐ Clarkson school
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Other
- ☐ prefer not to answer

### 5. What ethnicity/background do you most identify with?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ White or Anglo-American
- ☐ Hispanic or Latino
- ☐ prefer not to answer

### 6. What is your mother's highest level of education?

- ☐ Junior high school or less
- ☐ High school
- ☐ 2 year college/associate degree
- ☐ 4 year college/university degree (e.g., B.A., B.S., etc.)
- ☐ Master degree
- ☐ Doctorate degree or more
- ☐ prefer not to answer

### 7. What is your father's highest level of education?

- ☐ Junior high school or less
- ☐ High school
- ☐ 2 year college/associate degree
- ☐ 4 year college/university degree (e.g., B.A., B.S., etc.)
- ☐ Master degree
- ☐ Doctorate degree or more
- ☐ prefer not to answer

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### 8. Which of the following income brackets does YOUR yearly income fall in?

- ☐ \$0 - \$8,500
- ☐ \$8,500 - \$34,500
- ☐ \$34,500 - \$83,600
- ☐ \$83,600 - \$174,400
- ☐ \$174,000 - \$379,150 or more
- ☐ prefer not to answer

### 9. Which of the following income brackets does your PARENTS' OR LEGAL GUARDIANS' COMBINED yearly income fall in?

- ☐ \$0 - \$17,000
- ☐ \$17,000 - \$69,000
- ☐ \$69,000 - \$139,350
- ☐ \$139,350 - \$212,300
- ☐ \$212,300 - \$379,150
- ☐ \$379,150 or more
- ☐ prefer not to answer

### 10. Is it okay to contact you via email for possible participation in future research studies?

- ☐ Yes
- ☐ No

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

Directions: Here is a list of things that sometimes happen to people your age.

How often over the last 6 months have they happened to YOU?

### 1. How often does another person give you help when you need it?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

### 2. How often do you get hit by another person?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

### 3. How often do other people leave you out on purpose when it is time to play or do an activity?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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## 4. How often does another person yell at you and call you mean names?

- ☐ 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?

- ☐ 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?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

## 7. How often do you get pushed or shoved by another person at school?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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## 8. How often does another person do something that makes you feel happy?

- ☐ 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?

- ☐ 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?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

## 11. How often do people say they won't like you unless you do what they want you to do?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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## 12. How often does another person say something nice to you?

- ☐ 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?

- ☐ 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?

- ☐ 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?

- ☐ 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?



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## 16. How often do you give another person help when he/she needs it?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

## 17. How often do you hit other people?

- ☐ 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?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

## 19. How often do you yell at other people and call them mean names?

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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**20. How often do you try to cheer up another person when he/she is feeling sad or upset?**

- ☐ 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?**

- ☐ 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?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**23. How often do you do something to make another person feel happy?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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**24. How often do you tell lies about other people to make other people not like them anymore?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**25. How often do you kick other people or pull other people's hair?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**26. How often do you say to other people that you won't like them unless they do what you want them to do?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**27. How often do you say something nice to another person?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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**28. How often do you try to keep others from liking someone by saying mean things about him/her?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**29. How often do you say you will beat someone up if they don't do what you want him/her to do?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

**30. How often do you let someone know that you care about him/her?**

- ☐ Never
- ☐ Almost never
- ☐ Sometimes
- ☐ Almost all the time
- ☐ All the time
- ☐ Prefer not to answer

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## 4. DIAS-VS

Directions: Answer each question by bubbling in the answer which seems to most closely describe how OTHER PEOPLE BEHAVED TOWARD YOU in the last 6 months.

### 1. How often are you hit by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 2. How often are you shut out of the group by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 3. How often do other people yell at you or argue with you?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 4. How often do people become friends with another person as a kind of revenge?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 5. How often are you kicked by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 6. How often are you ignored by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 7. How often are you insulted by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 8. How often do people who are angry with you gossip about you?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 9. How often are you tripped by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

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## 10. How often do people tell bad or false stories about you?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 11. How often do people say they are going to hurt you?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 12. How often do people plan to secretly bother you?

- ☐ 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?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 15. How often are you called names by other people?

- ☐ Never ☐ 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!"?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 17. How often do other people take things from you?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 18. How often do people tell your secrets to a third person?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 19. How often are you teased by other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 20. How often do people write small notes where you are criticized?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

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## 21. How often are you pushed down to the ground by other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 22. How often do other people criticize your hair or clothing?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 23. How often do other people pull at you?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 24. How often do people who are angry with you try to get others to dislike you?

- ☐ 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 6 months

## 25. How often do you hit other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 26. How often do you shut out other people in the group?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 27. How often do you yell at or argue with other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 28. How often do you become friends with another person as a kind of revenge?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 29. How often do you kick other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

## 30. How often do you ignore other people?

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

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## 31. How often do you insult other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 32. How often do you gossip about people who you are angry with?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 33. How often do you trip other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 34. How often do you tell bad or false stories about other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 35. How often do you say you are going to hurt someone else?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 36. How often do you plan to secretly bother other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 37. How often do you shove other people?

- ☐ 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?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 39. How often do you call other people names?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 40. How often do you tell others "Let's not be friends with him/her!"?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer

## 41. How often do you take things from other people?

- ☐ Never ☐ Seldom ☐ Sometimes ☐ Quite often ☐ Very often ☐ prefer not to answer



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**42. How often do you tell someone else's secrets to a third person?**

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

**43. How often do you tease other people?**

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

**44. How often do you write small notes where you criticize other people?**

- ☐ Never      ☐ Seldom      ☐ 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?**

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

**47. How often do you pull at other people?**

- ☐ Never      ☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ 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. Additional Questions

**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."**

- ☐ I do remember regularly experiencing some of these behaviors
- ☐ I do not remember regularly experiencing any of these behaviors

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## 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 preschool

☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 2. During elementary school (kindergarten through 5th grade)

☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 3. During middle school (6th - 8th grades)

☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

### 4. During high school (9th - 12th grades)

☐ Seldom      ☐ Sometimes      ☐ Quite often      ☐ Very often      ☐ prefer not to answer

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## 7. CMS

Directions: 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 each of 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 left you home alone when an adult should have been with you?**

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times
- ☐ prefer not to answer

**2. How often had your parents or other adult caregivers not taken care of your basic needs (e.g., keeping you clean or providing food or clothing)?**

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times
- ☐ prefer not to answer

**3. How often had your parents or other adult caregivers slapped, hit, or kicked you?**

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times
- ☐ prefer not to answer

**4. How 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?**

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times
- ☐ prefer not to answer

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## 8. IPV

### 1. Please indicate which of the following statements is true (click all that apply)

- ☐ 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

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## 9. IPV

Directions: Please respond to the following questions while thinking about your current or most recent romantic relationship.

### 1. When you had a disagreement with your partner, how often did you push your partner?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

### 2. When you had a disagreement with your partner, how often did you grab your partner?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

### 3. When you had a disagreement with your partner, how often did you shove your partner?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

### 4. When you had a disagreement with your partner, how often did you throw something at your partner?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

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**5. When you had a disagreement with your partner, how often did you slap your partner?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**6. When you had a disagreement with your partner, how often did you hit your partner?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**7. When you had a disagreement with your partner, how often did your partner push you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**8. When you had a disagreement with your partner, how often did your partner grab you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**9. When you had a disagreement with your partner, how often did your partner shove you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

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**10. When you had a disagreement with your partner, how often did your partner throw something at you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**11. When you had a disagreement with your partner, how often did your partner slap you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer

**12. When you had a disagreement with your partner, how often did your partner hit you?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Prefer not to answer



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## 10. Abdominal (Stomach) Pain Index

**1. How frequently over the past two weeks have you experienced abdominal (stomach) pain?**

- ☐ 0 not at all    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☐ 5 every day    ☐ prefer not to answer

**2. In a typical day over the past two weeks, how frequently did you experience abdominal (stomach) pain during the day?**

- ☐ 0 none  
☐ 1 once a day  
☐ 2 two or three times a day  
☐ 3 four or five times a day  
☐ 4 six or more times a day  
☐ 5 constant during the day  
☐ prefer not to answer

**3. When you experienced abdominal (stomach) pain over the last two weeks, how long did it typically last?**

- ☐ none  
☐ a few minutes  
☐ about half an hour  
☐ about an hour  
☐ between 1 and 2 hours  
☐ 3 or 4 hours  
☐ 5 or 6 hours  
☐ most of the day  
☐ all day  
☐ prefer not to answer

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**4. When you experienced abdominal (stomach) pain over the last two weeks, how intense was the pain typically?**

- ☐ 0 no pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 most pain possible

**5. When you experienced abdominal (stomach) pain over the last two weeks, what was the maximum intensity of the pain?**

- ☐ 0 no pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 most pain possible

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## 11. Assessing Health Outcomes

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

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

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Irregular heartbeats (e.g.,  
palpitations)

## 2. How often do you experience pain?

- ☐ Not at all
- ☐ Sometimes
- ☐ Often
- ☐ All the time
- ☐ Prefer not to answer

## 3. Where does the pain most commonly occur? (Please type in N/A if you do not experience pain)

## 4. How constant is the pain?

- ☐ Constant
- ☐ Constant, but worse at times
- ☐ I do not experience pain
- ☐ Comes and goes
- ☐ I do not experience pain
- ☐ Prefer not to answer

## 5. What does the pain feel like?

- ☐ Sharp
- ☐ Shooting
- ☐ Aching
- ☐ Dull
- ☐ Throbbing
- ☐ Clenching
- ☐ I do not experience pain
- ☐ Prefer not to answer

## 6. How often do you visit the following?

|                                   | Not at all            | Sometimes             | Often                 | All the time          | Prefer not to answer  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Visits to the doctor              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visits to the nurse               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visits to the emergency room (ER) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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## 7. Please answer none, some, most, or all for each of the following questions.

|   | None                  | Some                  | Most                  | All                   | Prefer not to answer  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| How many of your health symptoms do you think are due to physical pain?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many of your health symptoms do you think are due to psychological processes (e.g., feeling nervous, anxious, scared, worried, sad, etc)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| How many of your health symptoms do you think are due to feeling stressed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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## 12. Physical Health Problems/Health Risk

Directions: Please answer either yes or no to the following questions.

**1. Has your doctor ever said that you have heart trouble?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**2. Do you frequently have pains in your heart and chest?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**3. Do you often feel faint or have spells of severe dizziness?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**4. Has a doctor ever said that your blood pressure was too high?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**5. Has a doctor ever said that your cholesterol is too high?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**6. Has a doctor ever said that you have diabetes?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**7. Has a doctor ever said that you have Addison's disease?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**8. Has your doctor ever told you that you have a bone or joint problems such as arthritis that has been aggravated by exercise or might be made worse with exercise?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**9. Are you pregnant?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**10. Have you ever had a myocardial infarction/heart attack?**

- ☐ Yes ☐ No ☐ Prefer not to answer

**11. Have you had heart surgery (eg. bypass, valve, angioplasty, pacemaker/implantable defibrillator, or other surgery related to your heart)?**

- ☐ Yes ☐ No ☐ Prefer not to answer

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### 12. Have you had any other type of surgery?

☐ Yes

☐ No

☐ Prefer not to answer

If so, what was it?

### 13. Have you ever had a stroke?

☐ Yes

☐ No

☐ Prefer not to answer

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## 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.**

[illegible]



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## 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                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am a sensitive person                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am "thick-skinned."                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I take criticism well                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being teased hurts my feelings                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I rarely feel hurt by what other people do or say to me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## 15. Pain Disability Questionnaire

### 1. Think about your typical day. Do you ever experience physical pain?

☐ Yes

☐ No

☐ Prefer not to answer

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## 16. Pain Disability Questionnaire

Directions: This questionnaire asks for your views about how your pain interferes 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.

### 1. Does your pain interfere with your normal work inside and outside the home?

- ☐ 1 (Work Normally)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Unable to Work at All)

### 2. Does your pain interfere with personal care (such as bathing, dressing, etc.)?

- ☐ 1 (Take Care of Myself Completely)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Need Help With All my Personal Care)

### 3. Does your pain interfere with your traveling?

- ☐ 1 (Travel Anywhere I like)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Cannot Travel at all)

### 4. Does your pain interfere with your ability to sit or stand?

- ☐ 1 (No Problems)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Cannot do at all)

### 5. Does your pain interfere with your ability to lift overhead, grasp objects, or reach for things?

- ☐ 1 (No Problems)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Cannot do at all)

### 6. Does your pain interfere with your ability to bend, stoop, squat, or lift objects off the floor?

- ☐ 1 (No Problems)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Cannot do at all)

### 7. Does your pain interfere with your ability to walk or run?

- ☐ 1 (No Problems)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (Cannot do at all)

### 8. Is your income less since your pain began?

- ☐ 1 (No decrease)      ☐ 2      ☐ 3      ☐ 4      ☐ 5      ☐ 6 (No income at all)

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## 9. Do you have to take pain medication to control your pain?

- ☐ 1 (No pain medication needed)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Taking pain medication throughout the day)

## 10. Does your pain force you to see doctors much more often than before your pain began?

- ☐ 1 (Never see doctors)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (See doctors weekly)

## 11. Does your pain interfere with your ability to see the people who are important to you as much as you would like?

- ☐ 1 (No problems)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Never see them)

## 12. Does your pain interfere with recreational activities and hobbies that are important to you?

- ☐ 1 (No problems)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Cannot do them at all)

## 13. Do you need the help of your family and friends to complete everyday tasks (including both work inside and outside the home) because of your pain?

- ☐ 1 (Never need help)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Need help all the time)

## 14. Do you now feel more depressed, tense, or anxious than before your pain began?

- ☐ 1 (No depression/ tension)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Severe depression/ tension)

## 15. Are there emotional problems caused by your pain that interfere with your family, social, or work activities?

- ☐ 1 (No problems)    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6 (Severe problems)

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## 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.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family doesn't really understand me.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My friends like me the way I am.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family likes me the way I am.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a close friend with whom I can tell my problems to.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My friends don't seem to want to hear about my problems.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family doesn't seem to want to hear about my problems.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have neighbors who I can become friendly with.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a close friend who really understands me.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My friends care about my feelings.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My family cares about my feelings.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have friends who sometimes make fun of me.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a close friend who I can talk to about things that bother me.        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have a close family member who I can talk to about things that bother me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My friends treat me like a person who really matters.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have friends who pay attention to what I say.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I have (a) family member(s) who pay attention to what I say.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I don't have a close friend who I like to spend time                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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with.

I don't have a close family member who I like to spend time with.

☐☐☐☐☐

I don't get asked to attend social activities very often.

☐☐☐☐☐

I don't have a close friend who really listens to what I say.

☐☐☐☐☐

My friends don't act like what I do is important.

☐☐☐☐☐

I often spend my time being alone.

☐☐☐☐☐

I don't have a close friend who cares about my feelings.

☐☐☐☐☐

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## 18. When we Talk About our Problems

Directions: Think about the way you usually are with your best or closest friends. Bubble in the circle to indicate whether the statement describes how you are with your best/closest friends.

### 1. My best/closest friends are:

- ☐ Mostly females
- ☐ Mostly males
- ☐ An equal combination of females and males
- ☐ Prefer not to answer

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**2. Rate each statement on a scale of 1 (not true at all) to 5 (really true).**

[illegible]



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problems that my friend or I have.

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

[illegible]

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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.

... we will keep talking even after we both know all of the details about what happened.



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## 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.**

[illegible]

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## 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.**

[illegible]

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[illegible]

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## 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.**

[illegible]

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somehow be cut short?

Trouble falling or staying asleep? ☐ ☐ ☐ ☐ ☐ ☐

Feeling irritable or having angry outbursts? ☐ ☐ ☐ ☐ ☐ ☐

Having difficulty concentrating? ☐ ☐ ☐ ☐ ☐ ☐

Being "super-alert" or watchful or on guard? ☐ ☐ ☐ ☐ ☐ ☐

Feeling jumpy or easily startled? ☐ ☐ ☐ ☐ ☐ ☐



23.

**1. Please choose your sex:**

- ☐ male
- ☐ female

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

Please indicate how much the following statements apply to you. Click the answer that best corresponds to your choice.

### 1. I can't stand it when I meet another man who is more attractive than I am

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 2. When I go out, I can't stand it when women pay more attention to a friend of mine than to me.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 3. I tend to look for negative characteristics in attractive men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 4. When I'm at a party, I enjoy it when women pay more attention to me than to other men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 5. I wouldn't hire a very attractive man as a colleague.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 6. I just don't like very ambitious men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 7. I tend to look for negative characteristics in men who are very successful.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 8. I wouldn't hire a highly competent man as a colleague.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

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## 9. I like to be funnier and more quick-witted than other men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 10. I want to be just a little better than other men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 11. I always want to beat other men.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 12. I don't like seeing other men with a nicer house or a nice car than mine.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

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

Please indicate how much the following statements apply to you. Click the answer that best corresponds to your choice.

### 1. I can't stand it when I meet another woman who is more attractive than I am

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 2. When I go out, I can't stand it when men pay more attention to a friend of mine than to me.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 3. I tend to look for negative characteristics in attractive women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 4. When I'm at a party, I enjoy it when men pay more attention to me than to other women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 5. I wouldn't hire a very attractive woman as a colleague.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 6. I just don't like very ambitious women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 7. I tend to look for negative characteristics in women who are very successful.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

### 8. I wouldn't hire a highly competent woman as a colleague.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

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## 9. I like to be funnier and more quick-witted than other women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 10. I want to be just a little better than other women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 11. I always want to beat other women.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

## 12. I don't like seeing other women with a nicer house or a nice car than mine.

- ☐ 1 not at all applicable    ☐ 2    ☐ 3    ☐ 4    ☐ 5    ☐ 6    ☐ 7 completely applicable    ☐ prefer not to answer

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## 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...**

[illegible]

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**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...**

[illegible]

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## 27. Final Screen

You have answered a number of questions today that are sensitive in nature. Below is the contact information for the counseling center at Clarkson University. 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](mailto:counseling_center@clarkson.edu).

**1. Would you like someone to follow up with you (i.e., email or call you directly)? If so, please provide your contact information.**

☐ Yes

☐ No

**2. Contact Information:**

Phone Number

Email Address

**3. Thank you for participating in this study!**

**(Click the "done" button on the next page after answering this question)**

**You are still able to withdraw from this study if you would like. To withdraw from the study, please click the button below to withdraw (your data will be deleted from all our records). To submit your data and be included in this research study, please click the button below to submit your data for inclusion.**

☐ I wish to withdraw from this study. I understand that my data will still be saved in SurveyMonkey but that the researchers will delete all data after the data is collected from SurveyMonkey.

☐ I would like to submit my data to be included in this research study.