

Standardized Data Set (SDS) – Client Questions

Revision Date: June 1st, 2009

Core Item?	Question Text	Answers	Permanent Unique ID#
	Please indicate if and when you have had the following experiences:		
*	Attended counseling for mental health concerns	Never Prior to college After starting college Both	1
*	Taken a prescribed medication for mental health concerns	Never Prior to college After starting college Both	2
*	Been hospitalized for mental health concerns	Never Prior to college After starting college Both	3
	Felt the need to reduce your alcohol or drug use	Never Prior to college After starting college Both	4
	Others have expressed concern about your alcohol or drug use	Never Prior to college After starting college Both	5
*	Received treatment for alcohol or drug use	Never Prior to college After starting college Both	6
*	Purposely injured yourself without suicidal intent (e.g., cutting, hitting, burning, hair pulling, etc.)	Never Prior to college After starting college Both	7
*	Seriously considered attempting suicide	Never Prior to college After starting college Both	8
*	Made a suicide attempt	Never Prior to college After starting college Both	9
*	Considered seriously injuring another person	Never Prior to college After starting college Both	59
*	Intentionally caused serious injury to another person	Never Prior to college After starting college	60

		Both	
*	Had unwanted sexual contact(s) or experience(s)	Never Prior to college After starting college Both	12
*	Experienced harassing, controlling, and/or abusive behavior from another person (e.g., friend, family member, partner, or authority figure)	Never Prior to college After starting college Both	13
	Have you experienced a traumatic event that caused you to feel intense fear, helplessness, or horror?	Never Prior to college After starting college Both	61
	If you selected, "Yes" for the previous question, please briefly describe the event(s):	Free Response	16
	Please select the traumatic event(s) you have experienced:	Childhood physical abuse Childhood sexual abuse Childhood emotional abuse Physical attack (e.g., mugged, beaten up, shot, stabbed, threatened with weapon) Sexual violence (rape or attempted rape, sexually assaulted, stalked, abused by intimate partner, etc.) Military combat or war zone experiences Kidnapped or taken hostage Serious accident, fire, or explosion (e.g., an industrial, farm, car, plane, or boating accident) Terrorist attack Near drowning Diagnosed with life threatening illness Natural disaster (e.g., flood, quake, hurricane, etc.) Imprisonment or Torture Animal attack Witnessed the serious injury or unnatural death of a person due to an accident, war or disaster Unexpectedly witnessed a dead body or body part Learned that one's child or close loved one has a life threatening disease Learned about the violent personal assault, serious accident or serious injury of a close family member or friend Learned about the sudden unexpected death of a very close family member or friend Other	17
	Other traumatic event:	Free response	18
	Think back over the last two weeks. How many times have you had: five or more drinks* in a row (for males) OR four or more drinks* in a row (for females)? (* A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.)	None Once Twice 3 to 5 times 6 to 9 times	19

		10 or more times	
*	Are you registered, with the office for disability services on this campus, as having a documented and diagnosed disability?	Yes No	62
*	If you selected, "Yes" for the previous question, please indicate which category of disability you are registered for (check all that apply):	Attention Deficit/Hyperactivity Disorders Deaf or Hard of Hearing Learning Disorders Mobility Impairments Neurological Disorders Physical/health related Disorders Psychological Disorder/Condition Visual Impairments Other (please specify)	63
*	Other disability:	Free response	21
	Please indicate how much you agree with this statement: "I get the emotional help and support I need from my <u>family</u> ."	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	22
	Please indicate how much you agree with this statement: "I get the emotional help and support I need from my <u>social network</u> (e.g., friends & acquaintances)."	Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree	23
Auto	Client ID	Automatically generated by Titanium during upload of de-identified data.	24
Auto	Age (in years)	Automatically generated by Titanium during the upload of de-identified data from the date of birth stored in the client record.	64
*	Gender	Female Male Transgender Prefer not to answer	26
	Sexual orientation	Heterosexual Lesbian Gay Bisexual Questioning * Prefer not to answer	27
*	Race / Ethnicity	African-American / Black American Indian or Alaskan Native Asian American / Asian Caucasian / White Hispanic / Latino/a Native Hawaiian or Pacific Islander Multi-racial * Prefer not to answer Other (please specify)	28
*	Other Race / Ethnicity:	Free Response	29
	If you would like to, please further describe your racial, cultural, ethnic, or regional identity:	Free response	30
*	What is your country of origin?	Drop Down Menu of all countries	31
*	Are you an international student?	Yes No	32
*	Relationship status:	Single Serious dating or committed relationship	33

		Civil union, domestic partnership, or equivalent Married Separated Divorced Widowed	
	Religious or spiritual preference:	Agnostic Atheist Buddhist Catholic Christian Hindu Jewish Muslim No preference * Prefer not to answer Other (please specify)	34
	Other religious or spiritual preference:	Free response	35
	To what extent does your religious or spiritual preference play an important role in your life?	Very Important Important Neutral Unimportant Very unimportant	36
*	Current academic status:	Freshman / First-year Sophomore Junior Senior * Graduate / professional degree student * Non-student * High-school student taking college classes * Non-degree student * Faculty or staff Other (please specify)	37
*	Other academic status:	Free response	38
	Graduate or professional degree program:	* Post-Baccalaureate * Masters * Doctoral degree * Law * Medical * Pharmacy * Dental * Veterinary Medicine Not Applicable Other (please specify)	39
	Other graduate or professional degree type:	Free Response	40
	What year are you in your graduate/professional program?	1-25 (drop-down list)	41
	What kind of housing do you currently have?	On-campus residence hall/apartment On/off campus fraternity/sorority house On/off campus co-operative house Off-campus apartment/house Other (please specify)	42
	Other housing:	Free Response	43
	With whom do you live with? (check all that apply)	Alone Spouse, partner, or significant other Roommate(s)	44

		Children Parent(s) or guardian(s) Family other Other (please specify)	
	Others living with:	Free Response	45
	Did you transfer from another campus/institution to this school?	Yes No	46
	What is your current GPA?	Free Response	47
	Please indicate your level of involvement in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	None Occasional participation One regularly attended activity Two regularly attended activities Three or more regularly attended activities	48
	Please estimate the number of hours per week you are actively involved in organized extra-curricular activities (e.g., sports, clubs, student government, etc.):	Free Response	49
	Do you participate on an athletic team that competes with other colleges or universities?	Yes No	50
	Are you a member of ROTC?	Yes No	51
*	Have you ever been enlisted in any branch of the US military (active duty, veteran, national guard or reserves)?	Yes No	52
*	Did your military experiences include any traumatic or highly stressful experiences which continue to bother you?	Yes No	53
	If yes, please describe:	Free response	54
	What is the average number of hours you work per week during the school year (paid employment only)?	Free Response	55
	Are you the first generation in your family to attend college?	Yes No	56
	How would you describe your financial situation <u>right now</u> :	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	57
	How would you describe your financial situation <u>while growing up</u> :	Always stressful Often stressful Sometimes stressful Rarely stressful Never stressful	58

* Core Items are considered required for participation in CSCMH. Exceptions can be made if needed.