

Instructions:

The following questions ask about various aspects of your health.

To answer the questions, fill in the oval that corresponds to your response.

Select only one response unless instructed otherwise.

Use a No. 2 pencil or blue or black ink pen only. Do not use pens with ink that soaks through the paper. CORRECT:

This survey is completely voluntary. You may choose not to participate or not to answer any specific question. You may skip any question you are not comfortable in answering.

Please make no marks of any kind on the survey which could identify you individually.

Composite data will then be shared with your campus for use in health promotion activities.

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



American College Health Association

National College Health Assessment

Copyright © 2011 American College Health Association

PAGE ONE

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

	○ Excellent ○ Very good ○ Good ○ Fair ○ Poor	O Don't	know	
		2. Have you informati following from you or univer	ion on the g topics r college	3. Are you interest in receiving information on following topics from your collegor university?
	(Please mark the appropriate column for each question to the right)	No	Yes	No Yes
	Alcohol and other drug use		Ŏ	Ŏ
	Cold/Flu/Sore throat	0		0 0
	Depression/Anxiety	0	0	0 0
	Eating disorders	0	0	0 0
	Grief and loss	<u> </u>	0	0 0
	How to help others in distress	0	0	0 0
	Injury prevention		9	0 0
	Nutrition Physical activity	0	9	0 0
	Physical activity Pregnancy prevention	0		0 0
	Problem use of Internet/computer games			0 0
	Relationship difficulties		0	0 0
	Sexual assault/Relationship violence prevention	0	0	0 0
	Sexually transmitted disease/infection (STD/I) prevention	0.4		0 0
	Sleep difficulties	0	0	0 0
	Stress reduction	O	0	0 0
	Suicide prevention		0	0 0
	Tobacco use	0	0	0 0
	Violence prevention	0	0	0 0
	Control			
				Al Most of the tir
	William I also in the second			Sometimes
4.	Within the last 12 months, how often did you:			Rarely
	(Please mark the appropriate			Never
	column for each row) N/A, did not	do this activ	ity within the	last 12 months
	Wear a seatbelt when you rode in a car?			0000
	Wear a helmet when you rode a bicycle?			0000
	Wear a helmet when you rode a motorcycle?			0000
	Wear a helmet when you were inline skating?			0000
5.	Within the last 12 months:			
-	(Please mark the appropriate column for each row)			
	Were you in a physical fight?			
	Were you physically assaulted (do not include sexual assault)?			
	Were you verbally threatened?			
	Were you sexually touched without your consent?			
	Was sexual penetration attempted (vaginal, anal, oral) without yo	ur consent	?	
	Were you sexually penetrated (vaginal, anal, oral) without your co			
	Were you a victim of stalking (e.g., waiting for you outside your o			
	residence, or office; repeated emails/phone calls)?	,		

=	
_	
$\overline{}$	4
S	· >=
0)	Ψ
2	0
α	
~	
$^{\circ}$	

6. Within the last 12 months, have you been in an intimate (coupled/partnered) relationship that was:	Yes
(Please mark the appropriate column for each row)	No
Emotionally abusive? (e.g., called derogatory names, yelled at, ridiculed)	ŏŏ
Physically abusive? (e.g., kicked, slapped, punched)	00
Sexually abusive? (e.g., forced to have sex when you didn't want it, forced to perform	
or have an unwanted sexual act performed on you)	\circ

	Very safe
7. How safe do you feel:	Somewhat safe
	Somewhat unsafe
(Please mark the appropriate column for each row)	Not safe at all
,	
On this campus (daytime)?	0000
On this campus (nighttime)?	0000
In the community surrounding this school (daytime)?	0000
In the community surrounding this school (nighttime)?	0000

Alcohol, Tobacco, and Drugs

Ω	Within the last 30 days, on how many days	3-5 days 6-9 days
Ο.	did you use:	1-2 days 10-19 days
	ulu you use.	Have used, but not in last 30 days 20-29 days
	(Please mark the appropriate	Never used Used daily
	column for each row)	
	Cigarettes	0000000
	Tobacco from a water pipe (hookah)	0000000
	Cigars, little cigars, clove cigarettes	0000000
	Smokeless tobacco	0000000
	Alcohol (beer, wine, liquor)	0000000
	Marijuana (pot, weed, hashish, hash oil)	0000000
	Cocaine (crack, rock, freebase)	0000000
	Methamphetamine (crystal meth, ice, crank)	0000000
	Other amphetamines (diet pills, bennies)	0000000
	Sedatives (downers, ludes)	0000000
	Hallucinogens (LSD, PCP)	0000000
	Anabolic steroids (Testosterone)	0000000
	Opiates (heroin, smack)	0000000
	Inhalants (glue, solvents, gas)	0000000
	MDMA (Ecstasy)	0000000
	Other club drugs (GHB, Ketamine, Rohypnol)	0000000
	Other illegal drugs	0000000

9.	Within the last 30 days, how often do you think the typical student at your school used: (State your best estimate; Please mark the appropriate column for each row) Cigarettes Tobacco from a water pipe (hookah) Cigars, little cigars, clove cigarettes Smokeless tobacco	Have used, k		1-2 days last 30 days ever used	6-9 days 10-19 days 20-29 days Used daily
	Alcohol (beer, wine, liquor) Marijuana (pot, weed, hashish, hash oil) Cocaine (crack, rock, freebase) Methamphetamine (crystal meth, ice, crank) Other amphetamines (diet pills, bennies) Sedatives (downers, ludes) Hallucinogens (LSD, PCP) Anabolic steroids (Testosterone) Opiates (heroin, smack) Inhalants (glue, solvents, gas) MDMA (Ecstasy) Other club drugs (GHB, Ketamine, Rohypnol) Other illegal drugs				
	Other megal drugs				0000
	e drink of alcohol is defined as a 12 oz. can or iquor straight or in a mixed drink.	bottle of beer or	wine co	oler, a 4 oz. glass	s of wine, or a shot
10.	many drinks of alcohol did you have? (If you did not drink alcohol, please enter 00. If less than 10,	time you "/socialized over ny hours did you cohol? (If you did k alcohol, please . If less than 10, , 02, 03, etc.)	H O O O O O O O O O O O O O O O O O O O	12. How many d alcohol do y the typical s at your sche the last time "partied"/so (If you think student at yo does not dri please enter than 10, ente 03, etc.)	rou think student lool had he/she cialized? the typical our school nk alcohol, lool. If less
13.	○ None ○ 3 times ○ 0	ou had five or more 5 times 6 times 7 times	8 times9 times	S	g?
14.	Within the last 30 days, did you: (Please mark the appropriate column for each row) Drive after drinking any alcohol at all Drive after drinking five or more drinks of alcohol			N/	Yes No N/A, don't drink /A, don't drive

3/8" spine perf 15. During the last 12 months, when you

Rarely Sometimes

	Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 00. If less than 10, enter 01, 02, 03, etc.)	P A 0 0 T C 2 2 N S 5 5 S 6 6 6 7 7 7	partner(s) who wer (Please mark the approximation column for each rowns for each male male male partner(s) which were marked to the male partner(s) which were marked to the male partner(s) which were partner(s) which were partner(s) which were partner(s) who were p	opropriate w)	Yes
21.	Within the last 30 days, did you have: (Please mark the appropriate column for each row) Oral sex? Vaginal intercourse?	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	r		
	Anal intercourse?				00
22.	condom or other protective barrier	dı	ne this sexual activity ring the last 30 days this sexual activity	Rarely BA	NDOI RRIE JSE
	(Please mark the appropriate column for each oral sex? Vaginal intercourse? Anal intercourse?	ch row)		Always	
23A.	Did you or your partner use a method of birt vaginal intercourse? Yes (continue to item 23B) N/A, have not had vaginal intercourse (skip No, have not had vaginal intercourse that co No, did not want to prevent pregnancy (skip No, did not use any birth control method (sk Don't know (skip to item 24)	to item 24) ould result in to item 24)	a pregnancy (skip to item 2	-	
	vaginal intercourse? Yes (continue to item 23B) N/A, have not had vaginal intercourse (skip No, have not had vaginal intercourse that co No, did not want to prevent pregnancy (skip No, did not use any birth control method (skip)	to item 24) puld result in to item 24) ip to item 24 partner used ercourse. (a pregnancy (skip to item 2) each of the following me	ethods of birth control to pre- ate column for each row)	Yes
	vaginal intercourse? Yes (continue to item 23B) N/A, have not had vaginal intercourse (skip) No, have not had vaginal intercourse that color in the course of the color in the col	to item 24) puld result in to item 24) ip to item 24 partner used	each of the following me Please mark the appropri Diaphragm or cervica Contraceptive sponge Spermicide (e.g., foan Fertility awareness (e.g.)	ethods of birth control to prevate column for each row) I cap I, jelly, cream) g., calendar, mucous,	

	Vac tracted!	
21 Within the last 40 manth		h medication and psychotherapy
treated by a professional		es, treated with psychotherapy
ireated by a professional		es, treated with medication
(Please mark the appropri	iate column for each row)	iagnosed but not treated
(i iodoo mark the appropri	3. dilli 101 0d011 1011)	No
	Anorexia	00000
	Anxiety	00000
	Attention Deficit and Hyperactivity Disorder (A	
	Bipolar Disorder	00000
	Bulimia	00000
	Depression	000000
	Insomnia	00000
	Other sleep disorder	000000
	Obsessive Compulsive Disorder (OCD)	00000
	Panic attacks	00000
	Phobia	000000
	Schizophrenia	000000
	Substance abuse or addiction (alcohol or othe	
	Other addiction (e.g., gambling, internet, sexual	
	Other mental health condition	000000
32. Have you ever been diagn	nosed with depression?	
32. Have you ever been diagn	nosed with depression? ONO Yes	
32. Have you ever been diagn	nosed with depression?	
	nosed with depression? No Yes s, have any of the following been traumatic or very diffic	ult for you to handle?
33. Within the last 12 months	s, have any of the following been traumatic or very diffic	Yes
	s, have any of the following been traumatic or very difficiate column for each row)	Yes
33. Within the last 12 months	s, have any of the following been traumatic or very difficiate column for each row) Academics	No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue	No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend	No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems	No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships	No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships	No No
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances	No No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner	No No
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance	No No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue	No No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties	No No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue	No No O
33. Within the last 12 months	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties	No No O
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other	No No O O O O O O O O O O O O O O O O O
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties	No No O O O O O O O O O O O O O O O O O
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other sychological or mental health services from any of the following the services from any of th	No No O O O O O O O O O O O O O O O O O
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other sychological or mental health services from any of the foliate column for each row)	No No O O O O O O O O O O O O O O O O O
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other sychological or mental health services from any of the foliate column for each row) Counselor/Therapist/Psychologist	No No OO
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other sychological or mental health services from any of the foliate column for each row) Counselor/Therapist/Psychologist Psychiatrist	No No OO
33. Within the last 12 months (Please mark the appropri	s, have any of the following been traumatic or very difficulate column for each row) Academics Career-related issue Death of a family member or friend Family problems Intimate relationships Other social relationships Finances Health problem of a family member or partner Personal appearance Personal health issue Sleep difficulties Other sychological or mental health services from any of the foliate column for each row) Counselor/Therapist/Psychologist	No No OO

	health services from your current college/university's Counseling or Health Service? No Yes	that was really bothering you, would you conside seeking help from a mental health professional? No Yes
37.	Within the last 12 months, how would you rate the over No stress Less than average stress Average stress More than average stress Tremendous stress	rall level of stress you have experienced?
	Physica	ıl Health
38.	Within the last 30 days, did you do any of the following (Please mark the appropriate column for each row) Exercise to lose weight Diet to lose weight Vomit or take laxatives to lose weight Take diet pills to lose weight	Ye No
39.	Have you: (Please mark the appropriate column for each row) Had a dental exam and cleaning in the last 12 months? (Males) Performed testicular self exam in the last 30 day	Don't known Yes No
	(Females) Performed breast self exam in the last 30 day (Females) Had a routine gynecological exam in the last Used sunscreen regularly with sun exposure? Ever been tested for Human Immunodeficiency Virus (HI	12 months?

36. If in the future you were having a personal problem

35. Have you ever received psychological or mental

	Ć
0	(
ĕ	,
Ä,	2
	3
	(

				Yes
	column for each row)	No		No
	Allegain		High blood garages	
	Allergies Asthma	00	High blood pressure	
		00	High cholesterol Human Immunodeficiency Virus (H	
	Back pain Broken bone/Fracture/Sprain	00	Irritable Bowel Syndrome (IBS)	
	Bronchitis	00	Migraine headache	
	Chlamydia	00	Mononucleosis	
	Diabetes	00	Pelvic Inflammatory Disease (PID)	
	Ear infection	00	Repetitive stress injury	
	Endometriosis	00	(e.g., carpal tunnel syndrome)	
	Genital herpes	00	Sinus infection	
	•	00		
	Genital warts/Human Papillomavirus (HPV) Gonorrhea	00	Strep throat Tuberculosis	00
	Hepatitis B or C	00	Urinary tract infection	00
	nepatitis B of C		Officery tract infection	
2.	People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay at	3 days	O A days O 5 days O 6 days O 7 days O 8 days O 8 days O 8 days O 9 days O 10	oke up
2.	in the morning? O days 1 day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your	3 days	O A days O 5 days O 6 days O No problem at all O A little problem	
3.	in the morning? O days I day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay at the stay at	3 days	No problem at all A little problem More than a little problem A big problem A very big problem	7 days
2.	in the morning? O days I day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities?	3 days	No problem at all A little problem More than a little problem A big problem	7 days
3.	in the morning? O days I day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay and during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate	3 days	No problem at all A little problem More than a little problem A big problem A very big problem 3 days	7 days
3.	in the morning? O days I day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you:	3 days	No problem at all A little problem More than a little problem A big problem A very big problem 3 days 2 days	4 days 5 days
2. 3.	People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate column for each row)	Ime. In the had with hwake)	No problem at all A little problem More than a little problem A big problem A very big problem 3 days 2 days 1 day 0 days	4 days 5 days 6 days 7 days
2. 3.	in the morning? O days I day 2 days 3 People sometimes feel sleepy during the dayting past 7 days, how much of a problem have your sleepiness (feeling sleepy, struggling to stay and during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate	Ime. In the had with hwake)	No problem at all A little problem More than a little problem A big problem A very big problem 3 days 2 days 1 day 0 days	4 days 5 days 6 days 7 days
3.	People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate column for each row)	a days Time. In the in had with inwake)	No problem at all A little problem More than a little problem A big problem A very big problem 3 days 2 days 1 day 0 days	4 days 5 days 6 days 7 days
3.	People sometimes feel sleepy during the dayting past 7 days, how much of a problem have you sleepiness (feeling sleepy, struggling to stay a during your daytime activities? In the past 7 days, how often have you: (Please mark the appropriate column for each row) Awakened too early in the morning and couldness.	ime. In the had with wake)	No problem at all A little problem More than a little problem A big problem A very big problem 3 days 2 days 1 day 0 days to sleep?	4 days 5 days 6 days 7 days

spine

Impediments to Academic Performance

(Please select the most serious outcome for each item below)

Significant disruption in thesis, dissertation, research, or practicum work
Received an incomplete or dropped the course

Received a lower grade in the course

Received a lower grade on an exam or important project
I have experienced this issue but my academics have not been affected
This did not happen to me/not applicable

45.	Within the last 12 months, have any of the following affected your academic performance?	
	Alcohol use	000000
	Allergies	000000
	Anxiety	000000
	Assault (physical)	00000
	Assault (sexual)	00000
	Attention Deficit and Hyperactivity Disorder (ADHD)	00000
	Cold/Flu/Sore throat	000000
	Concern for a troubled friend or family member	00000
	Chronic health problem or serious illness (e.g., diabetes, asthma, cancer)	00000
	Chronic pain	00000
	Death of a friend or family member	00000
	Depression	00000
	Discrimination (e.g., homophobia, racism, sexism)	000000
	Drug use	00000
	Eating disorder/problem	00000
	Finances	00000
	Gambling	00000
	Homesickness	00000
	Injury (fracture, sprain, strain, cut)	000000
	Internet use/computer games	000000
	Learning disability	000000
	Participation in extracurricular activities (e.g., campus clubs, organizations, athletics)	000000
	Pregnancy (yours or your partner's)	000000
	Relationship difficulties Roommate difficulties	000000
		000000
	Sexually transmitted disease/infection (STD/I) Sinus infection/Ear infection/Bronchitis/Strep throat	000000
	Sleep difficulties	00000
	Stress	000000
	Work	000000
	Other (please specify)	000000
	Other (piease specify	

Demographic Characteristics

46.	How old are you? ——	Years	S		your he	eignt	Ft.	In	ch	50.	t is yo ounds'	ght	WE	Ро	und	S
47.	What is your gender?	00					0	0	0				G	0	0	٥
	○ Female	11				ŀ	1	1	1				Н	1	1	D
	○ Male	22					2	A H	2				Т	2	2	2)
	 Transgender 	33				ŀ	3	Т	3					3	3	3)
		4 4					4		4					4	4	4)
48.	What is your sexual	5 5					5		(5)					5	5	5
	orientation?	66					6		6					6	6	<u></u>
	 Heterosexual 	77					7		7					7	7	7
	○ Gay/Lesbian	88					8		8					8	3	8
	○ Bisexual	99					9		9					9	9 (9
	○ Unsure		_													_

	0
perf	0
Α.	-
	7

51.	What is your year in school?	60.	How many hours a w	eek do vou work for	pay?
	☐ 1st year undergraduate		O 0 hours	○ 30–39 hours	
	2nd year undergraduate		○ 1–9 hours	○ 40 hours	
	3rd year undergraduate		○ 10–19 hours	O More than 40	houre
				O More man 40	Hours
	4th year undergraduate		○ 20–29 hours		
	5th year or more undergraduate	C4	Have many bases a sec		0
	Graduate or professional	61.	How many hours a w	-	er?
	Not seeking a degree		O 0 hours	○ 30–39 hours	
	Other			40 hours	
			○ 10–19 hours	○ More than 40	hours
52.	What is your enrollment status?		○ 20–29 hours		
	○ Full-time ○ Part-time ○ Other				
		62.	What is your primary	source of health ins	urance?
53.	Have you transferred to this college or		My college/univers		
	university within the last 12 months?		My conege/arriversMy parents' plan	ity sportsored plan	
	-				
	○ No ○ Yes		○ Another plan		
- 4	Harrida varia varialla da anche varia 140		O I don't have health		
54.	How do you usually describe yourself?		○ I am not sure if I ha	ave health insurance	
	(Mark all that apply)				
	O White	63.	What is your approxi	mate cumulative grad	de average?
	Black or African American		\bigcirc A \bigcirc B	OC OD/F	O N/A
	○ Hispanic or Latino/a	0.4	W211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Asian or Pacific Islander	64.	Within the last 12 m		-
	American Indian, Alaskan Native, or Native Hawaiian		in organized college	athletics at any of the	е
	O Biracial or Multiracial		following levels?		
	Other		(Please mark the app	ropriate	Yes
	Council		column for each row		No
55	Are you an international student?		Varsity	,	
55.		-			
	○ No ○ Yes		Club sports		00
F.C	What is your relationship status?		Intramurals		00
56.	What is your relationship status?				
	O Not in a relationship	65.	Do you have any of the	he following?	
	○ In a relationship but not living/together	-	-	_	Yes
	In a relationship and living together		(Please mark the app	•	No
			column for each row)	110
57.	What is your marital status?		Attention Deficit and	Hyperactivity	
	○ Single ○ Divorced		Disorder (ADHD)		\circ
	○ Married/Partnered ○ Other		Chronic illness (e.g.,	cancer, diabetes,	
	○ Separated		auto-immune disorde		00
			Deafness/Hearing los		00
58.	Where do you currently live?		Learning disability		00
	Campus residence hall		Mobility/Dexterity dis	ahility	00
	Fraternity or sorority house		Partial sightedness/E	·	00
	Other college/university housing		Psychiatric condition		00
	O Parent/guardian's home		Speech or language	alsoraer	00
	Other off-campus housing		Other disability		00
	Other				
		66.	Are you currently or	•	
59.	Are you a member of a social fraternity or sorority?		United States Armed	Services (Active Dut	y, Reserve,
	(e.g., National Interfraternity Conference, National		or National Guard)?		
	Panhellenic Conference, National Pan-Hellenic		○ No		
	Council, National Association of Latino Fraternal		O Yes and I have dep	oloved to an area of haz	zardous dutv
	Organizations)		○ Yes and I have no		
	○ No ○ Yes		hazardous duty	= ==p.o, od to all aloa (
	2.10		riazaraous duty		
		T	HANK YOU FOR CO	MPLETING THIS	SURVEY

ADDITIONAL UCLA QUESTIONS 2014

1) Please indicate your level of agreement with the following statements:

Scale: strongly disagree, disagree, agree, strongly agree

- I know the definition of consent
- If a friend or I were to be sexually assaulted, I know what confidential support options are available to me at UCLA.
- If a friend or I were to be sexually assaulted, I know what reporting options are available to me at UCLA.
- 2) If you were to be sexually assaulted, how comfortable would you be in reporting the incident to UCLA authorities?

Scale: comfortable, somewhat comfortable, neither comfortable or uncomfortable, somewhat uncomfortable, uncomfortable

3) If you were to be sexually assaulted, how comfortable would you be in seeking support from UCLA resources?

Scale: comfortable, somewhat comfortable, neither comfortable or uncomfortable, somewhat uncomfortable, uncomfortable