



BASIC INFORMATION –

The first section of the survey will ask you to provide demographic and other basic information about yourself.

A1. How old are you? (You must be 18 years or older to complete this survey)

- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23-25 years old
- 26-30 years old
- 31-35 years old
- 36-40 years old
- 41+ years old

A2. What is your gender?

Female; Male; Transgender; Other

A2a. Please indicate which of the following best describes you:

Female to male; Male to female; Intersexed; Rather not say

A3. How do you usually describe your race and/or ethnicity? (Select all that apply)

- White/Caucasian
- African American/Black
- Hispanic/Latino
- American Indian/Alaskan Native
- Arab/Middle Eastern/Arab American
- Asian/Asian-American
- Pacific Islander
- Other (specify) _____
- Not applicable--I would prefer not to identify my race/ethnicity

A4. Are you a US citizen or permanent resident?

- No
- Yes

A4a. What is your country of citizenship (passport country)? (Use command or control key to select more than one country.)

Afghanistan; Albania; Angola; Antigua and Barbuda; Argentina; Armenia; Australia; Austria; Azerbaijan; Bahamas; Bahrain; Bangladesh; Barbados; Belarus; Belgium; Belize; Bolivia; Bosnia and Herzegovina; Brazil; Brunei; Bulgaria; Burma; Burundi; Cambodia; Cameroon; Canada; Central African Republic; Chile; China; Colombia; Congo, the Democratic Republic; Costa Rica; Cote d'Ivoire; Croatia; Cyprus; Czech Republic; Denmark; Dominica; Dominican Republic; Ecuador; Egypt; El Salvador; Estonia; Ethiopia; Finland; France; Gabon; Gambia; Gaza Strip; Georgia; Germany; Ghana; Greece; Guatemala; Guinea; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Israel; Italy; Jamaica; Japan; Jordan; Kazakhstan; Kenya; North Korea; South Korea; Kuwait; Kyrgyzstan; Laos; Latvia; Lebanon; Lithuania; Luxembourg; Macedonia; Madagascar; Malawi; Malaysia; Mali; Mauritania; Mauritius; Mexico; Moldova; Mongolia; Morocco; Mozambique; Namibia; Nepal; Netherlands; New Zealand; Nicaragua; Nigeria; Norway; Oman; Pakistan; Panama; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Romania; Russia; Saint Kitts and Nevis; Saint Lucia; Saudi Arabia; Senegal; Serbia; Sierra Leone; Singapore; Slovakia; Slovenia; South Africa; Spain; Sri Lanka; St Vincent and the Grenadines; Sudan; Swaziland; Sweden; Switzerland; Syria; Taiwan; Tanzania; Thailand; Trinidad and Tobago; Tunisia; Turkey; Turkmenistan; Uganda; Ukraine; United Arab Emirates; United Kingdom; Uruguay; Uzbekistan; Venezuela; Vietnam; West Bank; Yemen; Yugoslavia; Zambia; Zimbabwe; Other

A5. How would you describe your sexual orientation?

- Heterosexual
- Bisexual
- Gay/Lesbian/Queer
- Questioning
- Other (specify) _____

A6. Where do you live?

- Campus residence hall
- Fraternity or sorority house
- Other university housing
- Off-campus, non-university housing
- Parent or guardian's home
- Other (specify) _____

A7. What activities do you currently participate in at your school? (Select all that apply)

- Academic or pre-professional organization
- Athletics (club)
- Athletics (intercollegiate varsity)
- Athletics (intramural)
- Community service
- Cultural or racial organization
- Dance
- Fraternity, sorority, or independent living group
- Gender or sexuality organization
- Government or politics (including student government and residence hall leadership)
- Health and wellness organization
- Media or publications
- Music or drama
- Religious organization
- Social organization (that is not a fraternity or sorority)
- Visual or fine arts
- Other (specify) _____
- None

A7a. What sport(s) do you participate in at your school? (Select all that apply) (Use command or control key to select more than one sport.)

Baseball; Basketball; Boxing; Cheering and/or dancing; Cross country; Cycling; Fencing; Field hockey; Football; Golf; Gymnastics; Ice hockey; Lacrosse; Rowing; Rugby; Sailing; Soccer; Softball; Swimming and/or diving; Tennis; Track and field; Volleyball; Water polo; Wrestling; Other

A8. In what degree program are you currently? (Select all that apply)

- Associate's degree
- Bachelor's degree
- MBA degree
- Master's degree
- PhD or equivalent
- Other (specify) _____

A9. What year are you in your current degree program?

1; 2; 3; 4; 5; 6; 7; 8; 9+

A8a. Did you transfer to your current institution from another college or university?

- Yes, I transferred from a community or junior college.
- Yes, I transferred from a four-year college or university.
- No

A8b. What is the highest degree you plan to pursue?

- 2-year college degree (associate's)
- 4-year college degree (bachelor's)
- Master's degree
- Doctoral degree (JD, MD, PhD, etc.)
- Other degree (Specify) _____
- I don't know yet

A9. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I will transfer to another school before completing my degree at my current institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have doubts about whether college is worth the time, money, and effort that I'm spending on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have doubts about whether graduate school is worth the time, money, and effort that I'm spending on it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I will be able to finish my degree no matter what challenges I may face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A10. What is your field of study? (Select all that apply)

Humanities (English, language, history, philosophy, etc.); Social science (economics, psychology, sociology, political science, etc.); Natural science and mathematics (math, biology, chemistry, physics, etc.); Art and Design; Architecture and Urban Planning; Business; Dentistry; Education; Engineering; Law; Medicine; Music, theatre, or dance; Natural Resources and Environment; Pre-professional (pre-business, pre-health, pre-law); Public Health; Public Policy; Social Work; Undecided; Other (specify)

A10a. Which of the following best describes your grade point average this year?

A; A-; B+; B; B-; C+; C; C-; D; No grade or don't know

A10b. How many credit units are you registered for this term?

- Under 36 units
- 36-47 units
- 48-54 units
- 55-60 units
- Over 60 units

A11. How religious would you say you are?

- Very religious
- Fairly religious
- Not too religious
- Not religious at all

A12. How would you characterize your current financial situation?

- It's a financial struggle
- It's tight but I'm doing fine
- Finances aren't really a problem

A13. Which of the following best describes your family's financial situation growing up?

- Very poor, not enough to get by
- Had enough to get by but not many "extras"
- Comfortable
- Well to do

A14a. What is the highest level of education completed by your parents?

	This parent's relationship to you			This parent's educational attainment						
	Mother or Stepmother	Father or Stepfather	Other	No high school diploma	High school diploma or equivalent	Post-secondary school other than college	Some college or associate's degree	Bachelor's degree	Graduate or professional degree	Unsure/Don't know
Parent 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A15. How would you characterize your current relationship status?

- Single
- In a relationship
- Married or domestic partnership
- Divorced
- Widowed

A16. Have you ever served in the U.S. Armed Forces, military Reserves, National Guard, or a non-US military? (Please select the answer that is most applicable)

- No, never served in the military
- Yes, currently in Reserve Officers' Training Corps (ROTC)
- Yes, currently in military Reserves or National Guard
- Yes, now on active duty
- Yes, on active duty during the last 12 months, but not now
- Yes, on active duty in the past, but not during the last 12 months
- Yes, served in a non-US military

HOW YOU ARE DOING –

The next set of questions will ask you about your general well-being and emotional health. As noted earlier, all of your answers will remain confidential.

B1. Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement.

	Strongly agree	Agree	Slightly agree	Mixed or neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
I live a purposeful and meaningful life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My social relationships are supportive and rewarding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am engaged and interested in my daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I actively contribute to the happiness and well-being of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am competent and capable in the activities that are important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a good person and live a good life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am optimistic about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People respect me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself--or that you are a failure and have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed; or the opposite--being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B2j. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

B3. Think about the two-week period in the past year when you experienced the two problems below the most frequently. During that period, how often were you bothered by these problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B4. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B5. How difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

B6a. Please indicate yes or no for each question.

	Yes	No
Do you ever make yourself sick because you feel uncomfortably full?	<input type="radio"/>	<input type="radio"/>
Do you worry that you have lost control over how much you eat?	<input type="radio"/>	<input type="radio"/>
Have you recently lost more than 14 pounds in a 3-month period?	<input type="radio"/>	<input type="radio"/>
Do you believe yourself to be fat when others say you are too thin?	<input type="radio"/>	<input type="radio"/>
Would you say that food dominates your life?	<input type="radio"/>	<input type="radio"/>
Do you need to be very thin in order to feel good about yourself?	<input type="radio"/>	<input type="radio"/>

B6g. I think I am...

- ...very underweight
- ...somewhat underweight
- ...normal weight
- ...somewhat overweight
- ...very overweight

B7. Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

- Depression or other mood disorders (e.g., major depressive disorder, bipolar/manic depression, dysthymia)
- Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
- Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)
- Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
- Psychosis (e.g., schizophrenia, schizo-affective disorder)
- Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
- Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)
- Sleep disorder (e.g., insomnia, restless legs syndrome)
- No, none of these
- Don't know

B7a. Specifically, which of the following depression problems were you diagnosed with by a professional? (Select all that apply)

- Major depressive disorder
- Dysthymia (chronic depression)
- Bipolar/manic depression
- Cyclothymia (can be thought of as low-level bipolar disorder)
- Other (specify) _____
- Don't know

B7b. Specifically, which of the following anxiety disorders were you diagnosed with by a professional? (Select all that apply)

- Generalized anxiety disorder
- Panic disorder
- Agoraphobia
- Specific phobia (e.g., claustrophobia, arachnophobia, etc)
- Social phobia
- Obsessive-compulsive disorder
- Acute stress disorder
- Post traumatic stress disorder (PTSD)
- Other (specify) _____
- Don't know

B7c. Specifically, which of the following attention or learning disability disorders were you diagnosed with by a professional?(Select all that apply)

- Attention deficit hyperactivity disorder (ADHD or ADD)
- Other learning disability
- Other (specify) _____
- Don't know

B7d. Specifically, which of the following eating disorders were you diagnosed with by a professional? (Select all that apply)

- Anorexia
- Bulimia
- Binge-eating disorder
- Other (specify) _____
- Don't know

B7e. Specifically, which of the following psychotic disorders were you diagnosed with by a professional? (Select all that apply)

- Schizophrenia
- Schizo-affective disorder
- Brief psychotic disorder
- Delusional disorder
- Schizophrenia disorder
- Shared psychotic disorder
- Other (specify) _____
- Don't know

B7f. Specifically, which of the following personality disorders were you diagnosed with by a professional? (Select all that apply)

- Antisocial personality disorder
- Avoidant personality disorder
- Borderline personality disorder
- Dependent personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder
- Obsessive-compulsive disorder
- Paranoid personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder
- Other (specify) _____
- Don't know

B7g. Specifically, which of the following substance abuse disorders were you diagnosed with by a professional? (Select all that apply)

- Alcohol abuse or other alcohol-related disorders
- Other (specify) _____
- Don't know

B7h. Specifically, which of the following sleep disorders were you diagnosed with by a professional? (Select all that apply)

- Insomnia
- Restless Legs Syndrome

B8. In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

- None
- 1-2 days
- 3-5 days
- 6 or more days

B9. This question asks about ways you may have hurt yourself on purpose, without intending to kill yourself. In the past year, have you ever done any of the following intentionally? (Select all that apply)

- Cut myself
- Burned myself
- Punched or banged myself
- Scratched myself
- Pulled my hair
- Bit myself
- Interfered with a wound healing
- Carved words or symbols into skin
- Rubbed sharp objects into skin
- Punched or banged an object to hurt myself
- Other (specify) _____
- No, none of these

B9a. On average, how often in the past year did you hurt yourself on purpose, without intending to kill yourself?

- Once or twice
- Once a month or less
- 2 or 3 times a month
- Once or twice a week
- 3 to 5 days a week
- Nearly every day, or every day

B10. In the past year, did you ever seriously think about attempting suicide?

- No
- Yes

B10a. In the past year, did you make a plan for attempting suicide?

- No
- Yes

B10b. In the past year, did you attempt suicide?

- No
- Yes

LIFESTYLE

Now we would like to ask you a few questions about your current lifestyle. Remember that your responses will be kept confidential.

C1. How often, if ever, have you used any of the substances listed below? Do not include anything you used prescribed to you by a doctor.

	Never used	Used, but NOT in the past 12 months	Used in past 12 months, but NOT in past 30 days	Used in past 30 days
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/cannabis (hashish, blunts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana/cannabis (or Spice, K2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barbiturates or sedatives (prescription-type sleeping pills like Seconal, Ambien, Nembutal, downs or Yellow Jackets)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers (prescription-type drugs like Valium, Librium, Xanax, Ativan, Klonopin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (Adderall, Ritalin, methamphetamines, crystal meth, speed, uppers, ups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain relievers/ other opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percocet, Vicodin, Oxycontin/oxycodon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other psychedelics or hallucinogens like mushrooms, mescaline or PCP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Club drugs (Special K, Super K, Ketamine, Liquid G, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waterpipe smoking (hookah, argchile, shisha)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C2. In the past 30 days, about how many hours per week on average did you spend exercising? (Include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)

- 0
- Less than 1
- 1-2
- 3-4
- 5 or more

C3a. About how much do you weigh?(If you don't know, please provide your best guess.)
_____ pounds

C3b. About how tall are you?(If you don't know, please provide your best guess.)
_____ feet
_____ inches

The following question ask about how much you drink. A "drink" means any of the following: A 12-ounce can or bottle of beer A 4-ounce glass of wine A shot of liquor straight or in a mixed drink

C4a. During the last two weeks, how many times have you had four or more drinks in a row?

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

C4b. During the last two weeks, how many times have you had five or more drinks in a row?

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

C5. In the past 12 months, on approximately how many days did you make any sort of bet? (By "bet", we mean betting on sports, playing cards for money, playing gambling games online, buying lottery tickets, playing pool for money, playing slot machines, betting on horse races, or any other kind of betting or gambling)

- None
- Record number of days: _____

C6. How many people have you had sexual intercourse with in the past 30 days?

0; 1; 2-3; 4-5; 6-10; 11 or more

C7. In the past 12 months, how many times have you been treated unfairly because of your race, ethnicity, or cultural background?

- Never
- Once in a while
- Sometimes
- A lot
- Most of the time
- Almost all of the time

C8. During the past 12 months...

	No	Yes
...did anyone strike or physically injure you?	<input type="radio"/>	<input type="radio"/>
...did anyone sexually assault you? (e.g. did anyone attempt/complete penetration?; did you experience unwanted sexual behavior involving force, threat or incapacitation?)	<input type="radio"/>	<input type="radio"/>
...did you strike or physically injure anyone?	<input type="radio"/>	<input type="radio"/>

C9. During this semester so far, about how many hours per day on average have you spent doing school work?

Less than 1 hour; 1 hour; 2 hours; 3 hours; 4 hours; 5 hours; 6 hours; 7 hours; 8 or more hours

C10. During this school year, at approximately what time have you typically gone to sleep on: (Please record your response using the format 00:00 AM or 00:00 PM.)

Weeknights?

Weekend nights?

C11. During this school year, at approximately what time have you typically woken up on: (Please record your response using the format 00:00 AM or 00:00 PM.)

Weekdays?

Weekend days?

C12. During this school year, on how many days have you taken naps during a typical week?

I don't take naps; 1; 2; 3; 4; 5; 6; 7

C13. How long is your typical nap?

- Less than 1 hour
- Between 1 and 2 hours
- Between 2 and 3 hours
- More than 3 hours

KNOWLEDGE AND BELIEFS ABOUT SERVICES –

The next questions will ask you about your knowledge and beliefs about services and treatment for mental health.

D1. Please indicate how strongly you agree or disagree with the following statement: If you needed to seek professional help for your mental or emotional health while attending you would know where to go.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

D2. What have you heard from other students about the quality of mental health and psychological counseling services on your campus?

- I have mostly heard negative opinions
- I have heard an even mix of negative and positive opinions
- I have mostly heard positive opinions
- I haven't heard anything

D3. How helpful on average do you think therapy or counseling is, when provided competently, for people your age who are clinically depressed?

Very helpful; Quite helpful; A little helpful; Not at all helpful

D4. How helpful on average do you think medication is, when provided competently, for people your age who are clinically depressed?

Very helpful; Quite helpful; A little helpful; Not at all helpful

D5. Please indicate whether you agree or disagree with the following statements.

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
Most people would willingly accept someone who has received mental health treatment as a close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people feel that receiving mental health treatment is a sign of personal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people think less of a person who has received mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D6. Please indicate whether you agree or disagree with the following statements.

	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
I would willingly accept someone who has received mental health treatment as a close friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that receiving mental health treatment is a sign of personal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would think less of a person who has received mental health treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D7. As far as you know, how many of your close friends or family have ever sought professional help for an emotional or mental health problem?

- None
- 1 or 2
- 3 or more
- Don't know

EXPERIENCES WITH SERVICE AND SUPPORT –

The next questions will ask you about your experiences using mental health services (medication or counseling/therapy).

E1. How much do you agree with the following statement: In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious, or nervous.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

E2. In the past 12 months have you taken any of the following types of medications? Please count only those you took, or are taking, several times per week. (Select all that apply)

- Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
- Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
- Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
- Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
- Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
- Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
- Other medication for mental or emotional health (specify) _____
- None
- Don't know

E2a. Who wrote your most recent prescription for the medication(s) you noted in the last question?(Select all that apply)

- A general practitioner, nurse practitioner, or primary care physician
- A psychiatrist
- Other type of doctor (specify) _____
- Took the medication(s) without a prescription
- Don't know

E2b. In the past 12 months how many times have you discussed with a doctor or other health professional your use of the medication(s) you just noted?

- Not at all
- 1-2 times
- 3-5 times
- More than 5 times
- Don't know

E2c. Of the medication(s) you just noted, which are you currently taking?

- Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
- Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
- Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
- Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
- Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
- Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
- Other medication for mental or emotional health (as specified above) _____

E3. During the past year, for how long, in total, have you taken the following medication you just noted:

	Less than 1 month	Between 1 and 2 months	2 months or more
Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medication for mental or emotional health (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E4. In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

No; Yes

E4a. Are you currently receiving counseling or therapy?

No; Yes

E4b. How many total visits or sessions for counseling or therapy have you had in the past 12 months?

1-3; 4-6; 7-9; 10 or more

E4c. From which of the following places did you receive counseling or therapy? (Select all that apply)

- MIT Mental Health & Counseling
- MIT Medical
- iREFS (for graduate students), Medlinks (for undergraduate students)
- Psychiatric Emergency Services/Psych Emergency Room (ER)
- Inpatient psychiatric hospital
- Partial hospitalization program
- Provider in the local community (not on campus)
- Provider in another location (such as your hometown)
- Other (specify) _____
- Don't know

E5. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at MIT Mental Health & Counseling?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E6. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at MIT Medical?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E7. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at iREFS (for graduate students) or Medlinks (for undergraduate students)?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E8. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the Psychiatric Emergency Services/Psych Emergency Room (ER)?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E9. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the inpatient psychiatric hospital?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E10. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at the partial hospitalization program?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E11. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at your provider in the local community (not on campus)?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E12. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at your provider in another location (such as your hometown)?

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E13. How satisfied/dissatisfied are you with the following aspects of your therapy or counseling that you received in the past 12 months at [\\$ {q://QID17605372/ChoiceTextEntryValue/9} ?](#)

	Very dissatisfied	Dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Satisfied	Very satisfied
Convenient hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of therapists/counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for your privacy concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to schedule appointments without long delays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E14. If there is anything else you would like to note about your therapy and counseling experiences, please feel free to do so here.

E15. In the past 12 months have you visited any medical provider, such as a primary care doctor or other type of doctor, for a check-up or any other medical reasons?

No; Yes; Don't know

E15a. Who have you seen in the past 12 months? (Check all that apply):

- A doctor or nurse at MIT Medical, including your primary care physician
- Your pediatrician outside MIT Medical
- A doctor or nurse (not your pediatrician) outside MIT Medical
- Other (specify) _____

E16. In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)

- Roommate
- Friend (who is not a roommate)
- Significant other
- Family member
- Religious counselor or other religious contact
- Support group
- Other non-clinical source (specify) _____
- No, none of these

E16a. How helpful was it to discuss these concerns?

Very helpful; Helpful; Somewhat helpful; Not helpful

E17. If you were experiencing serious emotional distress, whom would you talk to about this? (Select all that apply)

- Professional clinician (e.g., psychologist, counselor, or psychiatrist)
- MIT primary care physician or MIT Medical Urgent Care
- Roommate
- Friend (who is not a roommate)
- Significant other
- Family member
- Religious counselor or other religious contact
- Support group
- Other non-clinical source (specify) _____
- No one

The next few questions ask about difficult situations in the past year that you may have witnessed, and whether you have intervened (by trying to help). Please select the most accurate answers.

E18. In the past year, I have intervened in the following situations:(Select all that apply)

- Someone was drinking too much.
- Someone was at risk of being sexually assaulted.
- Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments).
- Someone was experiencing significant emotional distress or thoughts of suicide.
- Other (specify) _____
- None of the above

E19. In the past year, I witnessed the following risky or difficult situations but did NOT intervene:(Select all that apply)

- Someone was drinking too much.
- Someone was at risk of being sexually assaulted.
- Someone was using hurtful language (e.g., bullying, sexist, racist, or homophobic comments).
- Someone was experiencing significant emotional distress or thoughts of suicide.
- Other (specify) _____
- None of the above

E20. In cases where I decided not to intervene, this was because:(Select all that apply)

- I was afraid of embarrassing myself.
- I assumed someone else would do something.
- I didn't know what to do.
- I didn't feel confident.
- I felt it was none of my business.
- I was afraid my friends wouldn't support me.
- I felt it was unsafe.
- I was afraid I'd get into trouble.
- Other (please specify) _____

The next questions will ask you about difficulties you may have experienced in receiving mental health services (medication and/or counseling/therapy) and reasons you did receive these services. Please spend some time reading the many listed responses, and select any that apply. These questions are long but your answers are very important for us to understand why students might not always get help they need.

E21. In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

- There are financial reasons (too expensive, no insurance).
- The location is inconvenient.
- The hours are inconvenient.
- I don't have enough time.
- The number of sessions is too limited.
- The waiting time until I can get an appointment is too long.
- I am concerned about privacy.
- I worry what others will think of me.
- I worry that my actions will be documented in my academic record.
- I worry that my actions will be documented in my medical record.
- I worry that someone will notify my parents.
- I fear being hospitalized.
- People providing services aren't sensitive enough to cultural issues.
- People providing services aren't sensitive enough to sexual identity issues.
- I have a hard time communicating in English.
- I question the quality of my options.
- I question whether medication or therapy is helpful.
- I have had bad experiences with medication and/or therapy.
- The problem will get better by itself.
- I question how serious my needs are.
- I don't think anyone can understand my problems.
- Stress is normal in college/graduate school.
- I get a lot of support from other sources, such as friends and family.
- I prefer to deal with issues on my own.
- Other (specify) _____
- There have been no barriers that I can think of.

E22. Earlier in this survey, you reported that you have taken medication and/or received counseling/therapy in the past 12 months for your mental or emotional health. Which of the following are important reasons why you received those services?(Select all that apply)

- I decided on my own to seek help.
- A friend encouraged me to seek help.
- A friend pressured me to seek help.
- A family member encouraged me to seek help.
- A family member pressured me to seek help.
- Someone other than a friend or family member encouraged me to seek help (specify person's relationship to you).
- _____
- I was mandated to seek help by campus staff.
- I acquired more information about my options from (specify where). _____
- Other (specify) _____

The next questions will ask you about reasons you may not have used mental health services in the last 12 months. Please spend some time reading the many listed responses, and select any that apply. These questions are long but your answers are very important for us to understand why students might not get the help they need.

E23. In the past 12 months which of the following explain why you have not received medication or therapy for your mental or emotional health? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> I have not had any need for mental health services. | <input type="checkbox"/> I fear being hospitalized. |
| <input type="checkbox"/> I haven't had the chance to go but I plan to. | <input type="checkbox"/> People providing services aren't sensitive enough to cultural issues. |
| <input type="checkbox"/> I prefer to deal with issues on my own. | <input type="checkbox"/> People providing services aren't sensitive enough to sexual identity issues. |
| <input type="checkbox"/> There are financial reasons (too expensive, no insurance). | <input type="checkbox"/> I have a hard time communicating in English. |
| <input type="checkbox"/> The location is inconvenient. | <input type="checkbox"/> I question the quality of my options. |
| <input type="checkbox"/> The hours are inconvenient. | <input type="checkbox"/> I question whether medication or therapy is helpful. |
| <input type="checkbox"/> I don't have time. | <input type="checkbox"/> I have had a bad experience with medication and/or therapy. |
| <input type="checkbox"/> The number of sessions is too limited. | <input type="checkbox"/> The problem will get better by itself. |
| <input type="checkbox"/> The waiting time until I can get an appointment is too long. | <input type="checkbox"/> I question how serious my needs are. |
| <input type="checkbox"/> I am concerned about privacy. | <input type="checkbox"/> I don't think anyone can understand my problems. |
| <input type="checkbox"/> I worry what others will think of me. | <input type="checkbox"/> Stress is normal in college/graduate school. |
| <input type="checkbox"/> I worry that my actions will be documented on my academic record. | <input type="checkbox"/> I get a lot of support from other sources, such as family and friends. |
| <input type="checkbox"/> I worry that my actions will be documented in my medical record. | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> I worry that someone will notify my parents. | <input type="checkbox"/> There have been no barriers that I can think of. |

E24. What is the source of your current health insurance coverage? (Select all that apply)

- I do not have any health insurance coverage (uncovered).
- I have health insurance through my parent(s) or their employer.
- I have health insurance through my employer.
- I have health insurance through my spouse's employer.
- I have a student health insurance plan.
- I have health insurance through an embassy or sponsoring agency for international students.
- I have individual health insurance purchased directly from an insurance carrier.
- I have Medicaid or other governmental insurance.
- I am uncertain about whether I have health insurance.
- I have health insurance but am uncertain about where it is from.

E25. Do you know if your health insurance plan would provide any coverage for a visit to a mental health professional (psychiatrist, psychologist, clinical social worker, etc.)?

- Yes, it definitely would.
- I think it would but am not sure.
- I have no idea.
- I think it would not but am not sure.
- No, it definitely would not.

E26. Does your current health insurance plan meet your needs for mental health services?

- I have not needed to use my current insurance plan to cover mental health services.
- Yes, everything I have needed is covered.
- No, the coverage is inadequate to meet my needs.

E27. I feel that coverage is inadequate because my plan...(Select all that apply)

- ...doesn't cover any mental health services.
- ...doesn't cover preexisting conditions.
- ...doesn't cover certain conditions.
- ...has a co-pay that is too expensive.
- ...has a deductible that is too expensive.
- ...doesn't cover certain types of services or providers.
- ...has a limit on the number of services that are covered.
- ...doesn't have enough available mental health professionals.

E28. Do you know the MIT number to call in an emergency situation?

- Yes, the number is: _____; I don't know the number but it's programmed in my phone.; No

ENVIRONMENT

The next set of questions will ask you about your academic and social environment. The survey is almost over.

F1. How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I see myself as a part of the campus community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am a member of the campus community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a sense of belonging to the campus community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my school, I feel that students' mental and emotional well-being is a priority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my school, I feel that the academic environment has a negative impact on students' mental and emotional well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F2. During this school year have you talked with any academic personnel (such as instructors, advisors, or other academic staff) about any mental health problems that were affecting your academic performance?

- No; Yes

F2a. Overall, how supportive was the response of the academic personnel with whom you talked?

- Very supportive; Supportive; Not supportive; Very unsupportive

F3. If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to? (Select all that apply)

- Professor from one of my classes
 Academic advisor
 Another faculty member
 Teaching assistant
 Student services staff
 Dean of students or class dean
 Provider at MIT Medical or MIT Mental Health & Counseling
 Other (specify) _____
 No one

F4. How would you rate the overall competitiveness between students in your classes?

- Very competitive
- Competitive
- Somewhat competitive
- Not competitive
- Not sure/don't know/not applicable

F5 We are interested in how you feel about the following statements. Please indicate how you feel about each statement.

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
I get the emotional help and support I need from my family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F6. On a scale from 1 to 10, where 1 is not important and 10 is extremely important, how important to you is your mental and emotional well-being?

1- Not important; 2; 3; 4; 5; 6; 7; 8; 9; 10 - Extremely important

F7. If there is any additional information you feel is important for researchers to know about your experiences with the topics in this questionnaire, please feel free to write it here.