

Statewide Basic Needs and Student Success Survey

Start of Block: Consent

Statement of Informed Consent
Chico State Enterprises – Center for Healthy Communities

You have been asked to participate in a research study exploring the effectiveness of various campus and federal services. The study is a collaborative research project within the CSU, UC, and CA community college systems. Your participation would involve an online survey that will take about 15-20 minutes to complete. Within a week of survey completion, a \$25 Amazon gift card code will be sent to the email you provide.

There are no known benefits or risks to your participation in this study. The survey will ask you personal questions about your life. It will cover topics such as food, finances, and mental health, including several questions related to self-harm and suicide. If you become stressed or anxious, you can end the survey at any time or skip any questions you don't want to answer. You may also wish to seek counseling services or contact the National Suicide Prevention Lifeline (1-800-273-8255) for free and confidential support.

Your survey responses will be kept private. Your email address will only be used to communicate with you about your gift card and to provide a one-time resource list related to food, housing, and other basic needs. Public reports of this study will leave out any information that could identify you. Your survey data will be stored on a password-protected data storage website. The data will only be accessed from secure, password-protected computers.

If you desire, please print or take a screenshot of this consent form for your records. If you have questions about your rights as a participant, you can contact the Human Subjects in Research Committee at (530)-898-3145 or irb@csuchico.edu. If you have questions about the study or want to know the results, you can contact the Primary Investigator, Stephanie Bianco at sbianco@csuchico.edu.

Completing this survey indicates that you: are 18 years of age or older are currently enrolled in college as an undergraduate student are NOT receiving more than 11 of your meals per week from other sources (e.g. campus meal plan, sorority/fraternity, family, friends, etc.) consent to participate in the research.

- Yes, I consent to participate (1)
- No, I do not consent (2)

End of Block: Consent

Start of Block: Default Question Block

Which campus do you attend?

▼ Cal Poly Pomona (12) ... CC- Clovis Community College (46)



What is your campus email address?

Page Break

End of Block: Default Question Block

Start of Block: Demographics



What is your date of birth?

Month (1)	▼ January (1) ... (150)
Day (2)	▼ January (1) ... (150)
Year (3)	▼ January (1) ... (150)

What is your gender identity?

- Man (1)
 - Woman (2)
 - Gender Queer or Gender-Nonconforming (3)
 - Gender non-binary (4)
 - Gender Unlisted: (5) _____
 - Prefer not to answer (6)
-

Please answer both questions about Hispanic Origin and race. In the US Census, Hispanic Origins are not races.

Do you identify as Hispanic or Latino or Spanish Origin?

- No, not Hispanic, Latino or Spanish Origin (1)
 - Yes, Mexican, Mexican American, Chicano (2)
 - Yes, Puerto Rican (3)
 - Yes, Cuban (4)
 - Yes, another Hispanic, Latino or Spanish Origin (5)
 - Prefer not to answer (6)
-

What race do you identify as? **(Select all that apply)**

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Chinese (4)
 - Filipino (5)
 - Asian Indian (6)
 - Vietnamese (8)
 - Korean (9)
 - Japanese (10)
 - Other Asian (7)
 - Native Hawaiian (11)
 - Samoan (12)
 - Chamorro (13)
 - Other Pacific Islander (14)
 - Prefer not to answer (15)
-

If you have dependents, then how many of them receive more than 50% of their financial support from you?

▼ I don't have dependents (13) ... Prefer not to answer (12)

What is the highest level of education completed by your parents/guardians (for example, if your mother and father both raised you, and your mother has the highest level of education, then indicate her highest level of education):

- Less than high school (1)
- High school diploma or GED (2)
- Some college (3)
- Certificate or technical achievement without Associate's degree (4)
- Associate's degree (5)
- Bachelor's degree (6)
- Master's degree (7)
- Doctorate degree (JD, MD, PhD, EdD., etc.) (8)
- Other/Unknown (9)
- Prefer not to answer (10)

End of Block: Demographics

Start of Block: Student Identifiers, Academics and Workload (SIAW)

Please check any statement below that you identify with.

	Yes (1)	No (2)	I don't know (3)	Prefer not to answer (4)
I identify as a Transfer Student (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as LGBTQA+ (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a student with a disability (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive services through my campus for a disability (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a former foster youth/child (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as an International student (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a non-California resident (i.e. not International) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as an ESL (i.e. English as a Second Language) student (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a Veteran of military service or Active duty military personnel (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a student athlete (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I identify as a DREAM (i.e. undocumented) student (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I identify as a
DACA (i.e.
Deferred Action
for Childhood
Arrivals) student
(16)

Estimate your class standing by units completed (do not include units from this semester/quarter):

- Freshman (0-29 semester units or 0-44 quarter units) (1)
 - Sophomore (30-59 semester units or 45-89 quarter units) (2)
 - Junior (60-89 semester units or 90-134 quarter units) (3)
 - Senior (90+ semester units or 135+ quarter units) (4)
 - None of these apply (7)
 - Prefer not to answer (8)
-

Which of the following categories best describes your major?

- Science, Technology, Engineering and Math (STEM) (Includes Medicine, Computer Science, Agriculture, Accounting, Statistics, Nursing, and Nutrition) (1)
 - Arts and Humanities (2)
 - Public Health, Social Services, Social Science, and Education (3)
 - Business, Recreation, and Culinary Services (4)
 - Vocational Certificate Program (Includes Electrical, Firefighting, Welding, Health Assistants, etc.) (5)
 - Other (Please specify): (6) _____
 - Undeclared (7)
 - Prefer not to answer (8)
-



What is your approximate overall grade point average (GPA)?

Remember that your GPA is on a scale from 0 to 4.0



How many units are you currently taking?



Estimate the number of hours you work in a **PAID** job (e.g. server at a restaurant, office assistant, etc.) or paid internship (e.g. training, shadowing, or practicum) **per week**.

Have the hours you work in a **PAID** job or internship changed due to COVID-19?

- Yes, I no longer have my job/internship. (3)
- Yes, my hours have decreased but I still have a job. (1)
- Yes, my hours have increased and I still have a job or I have a new job. (2)
- No, my hours have remained the same. (4)
- I did not have a job or internship before COVID-19 and I still do not. (5)
- Prefer not to answer (6)



Estimate the number of hours you work in an **UNPAID** internship (e.g. training, shadowing, practicum, and/or volunteer, etc.) **per week**. Do not combine with answers above.



Estimate the number of hours you spend each week on **UNPAID** family obligations (e.g. taking care of younger siblings, preparing family meals, running errands for the family, etc.) **per week**.

End of Block: Student Identifiers, Academics and Workload (SIAW)

Start of Block: Housing (H)

Are you currently living in the city/area in which you are enrolled in college?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

Which best describes your current housing situation?

- I live in university housing or residence halls (1)
 - I live in a sorority or fraternity house (2)
 - I live with parents or other relatives, not paying rent with my own money (3)
 - I live with parents or other relatives, paying rent with my own money (4)
 - I rent an apartment or house with roommates (5)
 - I rent an apartment or house without roommates (6)
 - I own my own home (7)
 - I live in transitional housing or a halfway home (8)
 - I am temporarily living in a hotel or motel without permanent housing (9)
 - I am temporarily living with friends or relatives without permanent housing (i.e. couch surfing) (10)
 - I am temporarily living in a homeless shelter without permanent housing (11)
 - I am currently living at an outdoor location, abandoned building, car, or other area not meant for regular housing without permanent housing (12)
 - Other (Please specify): (13)
-
- Prefer not to answer (14)

Has your housing stability changed due to COVID-19? (e.g. you are now homeless, you are now sleeping on my friend's couch, you are unable to access campus housing, etc.).

- Yes (1)
- No (2)
- Prefer not to answer (3)

Display This Question:

If Has your housing stability changed due to COVID-19? (e.g. you are now homeless, you are now sleep... = Yes

If yes, why did your housing stability change due to COVID-19? (*Select all that apply*)

- Finances changed due to lost (or reduced) on-campus job (1)
 - Finances changed due to lost (or reduced) off-campus job (2)
 - I was unable to access on-campus housing (3)
 - I was unable to access off-campus housing (4)
 - My roommate(s) finances changed (5)
 - I was in unsafe housing (6)
 - Other (Please specify): (7)
-

In the past 12 months, was there a rent or mortgage increase that made it difficult to pay?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you been **unable to pay or underpaid** your rent or mortgage?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you ever been **late** paying rent or mortgage?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you been unable to pay or underpaid a utility bill?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you lived with others beyond the expected capacity of your house or apartment?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you been asked to leave your home by someone you lived with?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you been evicted?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, have you had to stay in a hostile housing environment or abusive relationship because you had no other place to live?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

In the past 12 months, how many times have you been unsure of where you were going to sleep at night?

- Never (1)
 - Once (2)
 - Twice (3)
 - Three or more times (4)
 - Prefer not to answer (5)
-

In the past 12 months, how many times have you moved?

- None (1)
 - Once (2)
 - Twice (3)
 - Three to five times (4)
 - Six times or more (5)
 - Prefer not to answer (6)
-

In the last 30 days, or in the past 12 months, have you slept in any of the following places? (Select all that apply)

	In the last 30 days (1)	In the last 12 months (2)	Not applicable (3)	Prefer not to answer (4)
Campus or University Housing (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sorority/Fraternity house (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a rented or owned house, mobile home, or apartment (alone or with roommates/friends) (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a rented or owned house, mobile home, or apartment with my family (parent, guardian, relative, or caretaker) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a shelter (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily staying with a relative, friend, or couch surfing until I find other housing (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily at a hotel or motel without a permanent home to return to (not on vacation or business travel) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a transitional housing or independent living program (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At a group home
such as a halfway
house or
residential program
for mental health or
substance abuse
(9)

An outdoor location
such as street,
sidewalk, alley,
park, etc. (10)

In a car, truck, van,
RV or camper (11)

In a closed
area/space with a
roof not meant for
human habitation
such as an
abandoned
building, garage,
tent, etc. (12)

In the past 12 months, if you have experienced unstable housing, what was the most common reason?

I did not have enough money to cover housing expenses (rent, mortgage, or utility bill) (1)

A roommate was unable/unwilling to pay rent or a bill (2)

I had enough money, but housing was not available (3)

I had a conflict with someone I was living with (4)

My housing was unhealthy/unsafe (5)

Other reason (Please specify): (6)

Not applicable (7)

Prefer not to answer (8)

In the past 12 months, what barriers have you experienced in accessing housing? *(Select all that apply)*

- Lack of co-signer (1)
 - Lack of deposit funds (2)
 - Lack of first/last month's rent (3)
 - Lack of employment (4)
 - Low/lack of credit score (5)
 - Eviction on record (6)
 - Other (Please specify): (7)
-
- I have not experienced barriers related to accessing housing (8)

End of Block: Housing (H)

Start of Block: Student CalFresh Eligibility Criteria (SCEC)

Are you a U.S. citizen?

- Yes (1)
- No (2)
- Prefer not to answer (3)

Display This Question:

If Are you a U.S. citizen? = No

If not a U.S. citizen, are you a lawful permanent resident (i.e. have a "green card")?

- Yes (1)
 - No (2)
 - Prefer not to answer (3)
-

How many people in your household do you **purchase and prepare food with, including yourself**? This may or may not include your roommate(s).

- 1 (myself) (1)
 - 2 (myself plus 1) (2)
 - 3 (myself plus 2) (3)
 - 4 (myself plus 3) (4)
 - 5 (myself plus 4) (5)
 - 6 (myself plus 5) (6)
 - 7 (myself plus 6) (7)
 - 8 or more (myself plus 7, etc.) (8)
 - Prefer not to answer (9)
-

Based on the household you defined in the previous question, how much is your **household's** gross monthly income (before taxes and not including financial aid)? **Note:** Monthly income is money earned from jobs on your pay stubs, paid internships, or money deposited in your accounts every month from others (like parents). If you are not sure about your gross income, take your hourly rate and multiply by the number of hours you work per month. Please do **NOT** include financial aid or grants. Please do **NOT** include one-time monetary gifts from family or friends. Please do **NOT** include any balance in personal savings accounts. Remember, if you have a household of more than 1, you must **include everyone's gross income** (use your best guess).

- Less than \$150 per month (1)
- \$151-\$2,148 per month (2)
- \$2,149-\$2,904 per month (3)
- \$2,905-\$3,660 per month (4)
- \$3,661-\$4,418 per month (5)
- \$4,419-\$5,174 per month (6)
- \$5,175-\$5,930 per month (7)
- \$5,931-\$6,688 per month (8)
- \$6,689-\$7,444 per month (9)
- \$7,445-\$8,202 per month (12)
- \$8,203 per month or more (10)
- Prefer not to answer (11)

End of Block: Student CalFresh Eligibility Criteria (SCEC)

Start of Block: Basic Needs Programs and Services (BNPS)

Please mark all the statements that apply to you.

	Never heard of it (1)	Heard of it, but never used it (2)	Used it before attending college (4)	Used it in the past as a college student (3)	Currently use as a college student (5)	Prefer not to answer (6)
CalFresh (also known as Food Stamps or SNAP benefits) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus food pantry (e.g., food, toiletries, feminine products) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Cal (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Housing Services (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

Did you apply for CalFresh EBT as an individual or with other people in your household?

- As an individual (1)
- With other people in my household (2)

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

How many people in the household are regularly fed through your CalFresh EBT card?

- 1 (myself) (1)
- 2 (myself plus 1) (2)
- 3 (myself plus 2) (3)
- 4 (myself plus 3) (4)
- 5 (myself plus 4) (5)
- 6 (myself plus 5) (6)
- 7 (myself plus 6) (7)
- 8 or more (myself plus 7, etc.) (8)
- Prefer not to answer (9)

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

How much money is added to your CalFresh EBT card **each month** for your CalFresh household (i.e. the people you purchase and prepare food with)?

- Dollar amount (1) _____

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

Please respond to the following statement:

I feel that the amount that is added to my CalFresh EBT card each month is enough money to provide healthy food for the month.

- Strongly disagree (1)
- Disagree (2)
- Neither agree nor disagree (3)
- Agree (4)
- Strongly agree (5)
- Prefer not to answer (6)

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

When do you typically use up the balance on your CalFresh EBT card?

- First week after receiving benefits (1)
- Second week after receiving benefits (2)
- Third week after receiving benefits (3)
- Fourth week after receiving benefits (4)
- I don't use up all of the balance (5)
- Prefer not to answer (6)

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Currently use as a college student]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it in the past as a college student]

For the following questions, please choose how much you agree or disagree with the impact CalFresh has or had on your life.

Because I received CalFresh benefits:

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Prefer not to answer (6)
I worked fewer hours each week in a PAID position. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to do an UNPAID internship or volunteer work. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not worry about whether I would run out of food or whether my food would last each month. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more money to pay for bills (rent, utility bills, clothes, etc.). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more money for entertainment and social activities (e.g. attending movies, shopping, going to bars or parties, etc.). (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I shopped more frequently at the farmers' market. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I purchased healthier foods. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cooked more frequently at home. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed a healthier diet. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I consumed less fast food. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer processed foods. (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer ready-to-eat meals. (e.g. frozen/refrigerated microwavable food ready-to-eat after microwaving/heating, canned meals, or refrigerated meals served in a disposable plastic tray). (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed less junk food. (e.g. foods high in fat and/or sugar such as chips, candy, chocolate, pastries, cookies, etc.). (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer sugar-sweetened beverages like soda and energy drinks. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I concentrated more in class(es). (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My grades had improved. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I kept up with course materials, for example reading, writing, and preparing for exams and course assignments (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to go to my professors' office hours and tutoring services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

when needed. (18)

I had more time to attend all my classes. (19)

I had more time to go on field trips or do internships. (20)

My sleep quality had improved. (21)

My stress/anxiety level had decreased. (e.g. I'm not stressed/anxious about having money for food or bills). (22)

Display This Question:

If Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Never heard of it]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Heard of it, but never used it]

Or Please mark all the statements that apply to you. = CalFresh (also known as Food Stamps or SNAP benefits) [Used it before attending college]

What are the reasons you do not have CalFresh or have never used CalFresh? **(Select all that apply)**

- I don't need CalFresh (14)
- No time to complete the application/application is too long (1)
- The application is too difficult (2)
- The CalFresh Outreach team on campus was not helpful or supportive during my application process (3)
- The staff in my local county social service office were not helpful or supportive during my application process (4)
- It's too difficult to get my verification documents (5)
- No time to call or go to the local social service office for my CalFresh interview (6)
- I feel other students need CalFresh more than I do (7)
- No transportation to CalFresh office or social services office (8)
- I do not think I am eligible (9)
- I have heard that it's not worth my time because I won't be eligible or I won't receive much money (10)
- My family or household does not want me to apply for CalFresh (11)
- I am embarrassed or ashamed to apply for CalFresh (12)
- I feel uncomfortable about receiving help with basic needs, like food (17)
- I would think less of myself if I apply for CalFresh (18)
- I don't want my friends to find out I'm receiving food assistance (19)

My friends and peers would think less of me if I apply for CalFresh (20)

I don't believe in social services like CalFresh, WIC, or Welfare (13)

Other (Please specify): (15)

Prefer not to answer (16)

Page Break

Display This Question:

If Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Used it in the past as a college student]

Or Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Currently use as a college student]

How often do you normally use the food pantry?

(If you are not currently using it, how often did you use it?)

- Not every week (1)
- About once a week (2)
- More than once a week (3)
- Other (Please specify): (4) _____
- Prefer not to answer (5)

Display This Question:

If Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Currently use as a college student]

Or Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Used it in the past as a college student]

For the following questions, please choose how much you agree or disagree with the impact campus food pantries have or had on your life.

Because I utilized campus food pantries:

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Prefer not to answer (6)
I worked fewer hours each week in a PAID position. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to do an UNPAID internship or volunteer work. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not worry about whether I would run out of food or whether my food would last each month. (23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more money to pay for bills (rent, utility bills, clothes, etc.). (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more money for entertainment and social activities (e.g. attending movies, shopping, going to bars or parties, etc.). (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I shopped more frequently at the farmers' market. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I purchased healthier foods. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cooked more frequently at home. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed a healthier diet. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I consumed less fast food. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer processed foods. (26)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer ready-to-eat meals. (e.g. frozen/refrigerated microwavable food ready-to-eat after microwaving/heating, canned meals, or refrigerated meals served in a disposable plastic tray). (24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed less junk food. (e.g. foods high in fat and/or sugar such as chips, candy, chocolate, pastries, cookies, etc.). (25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consumed fewer sugar-sweetened beverages like soda and energy drinks. (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I concentrated more in class(es). (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My grades had improved. (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I kept up with course materials, for example reading, writing, and preparing for exams and course assignments (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to go to my professors' office hours and tutoring services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

when needed. (18)

I had more time to attend all my classes. (19)

I had more time to go on field trips or do internships. (20)

My sleep quality had improved. (21)

My stress/anxiety level had decreased. (e.g. I'm not stressed/anxious about having money for food or bills). (22)

Display This Question:

If Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Never heard of it]

Or Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Heard of it, but never used it]

Or Please mark all the statements that apply to you. = Campus food pantry (e.g., food, toiletries, feminine products) [Used it before attending college]

What are the reasons you do not go to campus food pantries? **(Select all that apply)**

- I don't need to use campus food pantries (11)
 - My family doesn't want me to go to campus food pantries or local food banks (1)
 - I am embarrassed or scared to go to campus food pantries or local food banks (2)
 - I feel uncomfortable about receiving help with basic needs, like food (12)
 - I would think less of myself if I went to campus food pantries or local food banks (13)
 - I don't want my friends to find out I go to campus food pantries or local food banks (14)
 - My friends and peers would think less of me if I went to food pantries or local food banks (15)
 - I do not believe in using campus food pantries or local food banks (3)
 - Inconvenient to access due to lack of transportation or out-of-the way location (4)
 - Inconvenient times of operation/limited pantry hours (5)
 - I feel other students need the food more than I do (6)
 - I am not aware of any campus food pantries or local food banks (7)
 - There are no food pantries close to campus or my residence (8)
 - Other (Please specify): (9)
-
- Prefer not to answer (10)

Display This Question:

If Please mark all the statements that apply to you. = Medi-Cal [Used it in the past as a college student]

Or Please mark all the statements that apply to you. = Medi-Cal [Currently use as a college student]

For the following questions, please choose how much you agree or disagree with the impact Medi-Cal has or had on your life.

Knowing that I have Medi-Cal:

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Prefer not to answer (6)
My mental health had improved. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical health had improved. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep quality had improved. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My stress/anxiety level had decreased. (e.g. I'm not stressed/anxious about having money for food or bills). (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Please mark all the statements that apply to you. = Medi-Cal [Never heard of it]

Or Please mark all the statements that apply to you. = Medi-Cal [Heard of it, but never used it]

Or Please mark all the statements that apply to you. = Medi-Cal [Used it before attending college]

What are the reasons you do not have Medi-Cal or have never used Medi-Cal? (Select all that apply)

- I don't need Medi-Cal (1)
 - I do not know what Medi-Cal is or I think I already have health insurance (2)
 - I only need medical services at the student health center associated with my campus (3)
 - No time to complete the Medi-Cal application/Medi-Cal application is too long (4)
 - The Medi-Cal application is too difficult to complete (5)
 - I do not think I am eligible for Medi-Cal (6)
 - I have heard from other students that it is not worth my time because I won't be eligible (7)
 - My family or household does not want me to apply for Medi-Cal (8)
 - I am embarrassed or ashamed to apply for Medi-Cal (9)
 - I feel uncomfortable about receiving help with basic needs, like medical care (13)
 - I would think less of myself if I applied for Medi-Cal (14)
 - I don't want my friends to find out that I applied for Medi-Cal (15)
 - My friends and peers would think less of me if I applied for Medi-Cal (16)
 - I don't believe in social services like Medi-Cal, CalFresh, WIC, or Welfare/Cash Aid (10)
 - Other (Please specify): (11)
-



Prefer not to answer (12)

Page Break

Display This Question:

If Please mark all the statements that apply to you. = Emergency Housing Services [Currently use as a college student]

Or Please mark all the statements that apply to you. = Emergency Housing Services [Used it in the past as a college student]

For the following questions, please choose how much you agree or disagree with the impact Emergency Housing Services have or had on your life.

Because I received Emergency Housing Services:

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Prefer not to answer (6)
I concentrated more in class(es). (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My grades had improved. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I kept up with course materials, for example reading, writing, and preparing for exams and course assignments. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to go to my professors' office hours and tutoring services when needed. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to attend all my classes. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had more time to go on field trips or do internships. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep quality had improved. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My stress/anxiety level had decreased. (e.g. I'm not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

stressed/anxious about having money for food or bills). (9)

I was less concerned about housing issues. (10)

I felt more confident in my ability to maintain healthy relationships. (11)

Display This Question:

If Please mark all the statements that apply to you. = Emergency Housing Services [Never heard of it]

Or Please mark all the statements that apply to you. = Emergency Housing Services [Heard of it, but never used it]

Or Please mark all the statements that apply to you. = Emergency Housing Services [Used it before attending college]

What are the reasons you do not use Emergency Housing Services or have never used Emergency Housing Services? (Select all that apply)

- I don't need Emergency Housing Services (1)
 - I was not aware that my campus had Emergency Housing Services like grants and housing placements in an emergency (2)
 - No time to complete the Emergency Housing application or contact the Emergency Housing staff (3)
 - The Emergency Housing Services application is too difficult to complete (4)
 - The emergency housing grant/money is not enough to support what I need, so not worth my time to apply for it (5)
 - I am embarrassed or ashamed to apply for Emergency Housing Services (6)
 - I feel uncomfortable about receiving help with basic needs, like housing (10)
 - I would think less of myself if I applied for Emergency Housing Services (11)
 - I don't want my friends to find out that I applied for Emergency Housing Services (12)
 - I don't believe in social services like Emergency Housing Services, Medi-Cal, CalFresh, or Welfare/Cash Aid (7)
 - My friends and peers would think less of me if I applied for Emergency Housing Services (13)
 - Other (Please specify): (8)
-
- Prefer not to answer (9)

End of Block: Basic Needs Programs and Services (BNPS)

Start of Block: USDA Food Security Questions (FS)

These next questions are about the food eaten in your household.

Remember that household is determined by the number of people you purchase and prepare food with. This may or may not include your roommates.

For the following statements, please state whether they were often true, sometimes true, or never true for you/your household in the **last 30 days**.

“I/We worried whether food would run out before I/we got money to buy more.”

Was that often true, sometimes true, or never true for you/your household in the **last 30 days**?

- Often true (1)
 - Sometimes true (2)
 - Never true (3)
 - I don't know (4)
 - Prefer not to answer (5)
-

“The food that I/we bought just didn't last, and I/we didn't have money to get more.”

Was that often, sometimes, or never true for you in the **last 30 days**?

- Often true (1)
 - Sometimes true (2)
 - Never true (3)
 - I don't know (4)
 - Prefer not to answer (5)
-

In the **last 30 days**, if you ran out of money for food, what did you do? (**Select all that apply**):

- I did not run out of money for food in the last 30 days (1)
- My friends, family or roommates gave me money for groceries (2)
- My friends, family or roommates fed me or took me out to eat (3)
- I started skipping meals (4)
- I went to the food pantry or other free food organizations (5)
- I got free food/meals from my work (6)
- I used my credit card (not debit card) to buy food (7)
- Other (Please specify): (9)

- Prefer not to answer (8)

End of Block: USDA Food Security Questions (FS)

Start of Block: Eating and Cooking Habits (EH)

For each of the following statements, indicate how strongly you agree or disagree about your current eating and cooking habits:

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)	Prefer not to answer (6)
I do not regularly have access to a kitchen where I can prepare meals. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a secure place to store fresh food and pantry items. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have enough room to store food items. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about food is stressful/causes anxiety. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I had more food to eat. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I almost always skip meals. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't cook or shop for food. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No one cooks at home. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not think about my eating/food habits. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many servings of fruits and vegetables do you usually consume per day? (1 serving= 1 medium piece of fruit; 1/2 cup fresh, frozen, or canned fruits/vegetables; 1 cup salad greens; or 1/4 cup dried fruit.)

Do NOT include fruit juices.

- 0 servings per day (1)
 - 1-2 servings per day (2)
 - 3-4 servings per day (3)
 - 5 or more servings per day (4)
 - I don't know (5)
 - Prefer not to answer (6)
-

How many ounces of regular soda/cola/pop, sports drinks, energy drinks, or sweetened coffee and tea beverages do you consume each day?

Do NOT count diet or zero-calorie drinks

Consider 8 ounces is 1 cup/glass of soda; 1 can of soda is 12 ounces; 1 bottle of juice is typically 16-20 ounces; 2 Liter bottle of soda is 68 oz; 1 Liter sweetened iced tea is 34 oz

- Zero (1)
 - 1-8 ounces (2)
 - 9-16 ounces (3)
 - 17-24 ounces (4)
 - 25-36 ounces (5)
 - 37-48 ounces (6)
 - 49-56 ounces (7)
 - 57-64 ounces (8)
 - 64 ounces or more (9)
 - I don't know (10)
 - Prefer not to answer (11)
-

How frequently do you eat from fast food restaurants, convenience stores, or vending machines for a meal or meal replacement?

- Zero (1)
 - 1-2 times per week (2)
 - 3-4 times per week (3)
 - 5-6 times per week (4)
 - 7-8 times per week (5)
 - 9-10 times per week (6)
 - 11 times or more per week (7)
 - I don't know (8)
 - Prefer not to answer (9)
-

How often do you consume at least one serving of alcohol? (*1 serving= 12 ounces of beer, a 5-ounce glass of wine, or a drink containing 1 shot of liquor or hard alcohol*)

- Zero (1)
 - 1-2 days per week (2)
 - 3-4 days per week (3)
 - 5-6 days per week (4)
 - Everyday (5)
 - I don't know (6)
 - Prefer not to answer (7)
-

Display This Question:

If How often do you consume at least one serving of alcohol? (1 serving= 12 ounces of beer, a 5-oun... = 1-2 days per week

Or How often do you consume at least one serving of alcohol? (1 serving= 12 ounces of beer, a 5-oun... = 3-4 days per week

Or How often do you consume at least one serving of alcohol? (1 serving= 12 ounces of beer, a 5-oun... = 5-6 days per week

Or How often do you consume at least one serving of alcohol? (1 serving= 12 ounces of beer, a 5-oun... = Everyday

Typically, how many servings of alcohol do you consume when you drink alcohol? (1 serving= 12 ounces of beer, a 5-ounce glass of wine, or a drink containing 1 shot of liquor or hard alcohol)

- Less than 1 serving (1)
 - 1-2 servings (2)
 - 3-4 servings (3)
 - 5 or more servings (4)
 - I don't know (5)
 - Prefer not to answer (6)
-

The following questions pertain to how comfortable you feel about buying or preparing food:

	Not at all confident (1)	Not very confident (2)	Neutral (3)	Somewhat confident (4)	Very Confident (5)	Does not apply (6)	Prefer not to answer (7)
How confident are you that you can use the same healthy ingredient in more than one meal? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can use basic cooking skills, like cutting fruits and vegetables, measuring out ingredients, or following a recipe? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you that you can buy healthy foods for your family on a budget? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How confident are you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

that you
can cook
healthy
foods for
your family
on a
budget? (4)

End of Block: Eating and Cooking Habits (EH)

Start of Block: Time management and Academic Performance

For each of the following statements, indicate how strongly you agree or disagree about the *time you have available* for these academic activities and your confidence in your academic performance.

	Strongly disagree (1)	Disagree (3)	Neither agree nor disagree (4)	Agree (5)	Strongly agree (6)	Does not apply (7)	Prefer not to answer (8)
I am confident in my writing skills or ability to write well for university-level courses. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident in my test-taking ability for university-level courses. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to keep up with course materials, for example reading, writing, and preparing for exams and course assignments. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to go to my professors' office hours and tutoring services when needed. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I have
enough time
to attend all
my classes.
(5)

I have
enough time
to go on field
trips or do
internships.
(6)

End of Block: Time management and Academic Performance

Start of Block: Physical Activity (PA)

On how many of the **past 7 days** did you: *(Please mark the appropriate column for each row)*

	0 days (1)	1 day (2)	2 days (3)	3 days (4)	4 days (5)	5 days (6)	6 days (7)	7 days (8)	Prefer not to answer (9)
Do moderate-intensity cardio or aerobic exercise (caused a noticeable increase in heart rate, such as brisk walk) for at least 30 minutes? (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"/>
Do vigorous-intensity cardio or aerobic exercise (caused large increases in breathing or heart rate, such as jogging) for at least 20 minutes? (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"/>
Do 8-10 strength training exercises (such as resistance weight machines) for at least	<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"/>

8
repetitions
each? (3)

End of Block: Physical Activity (PA)

Start of Block: Sensitive Topic warning

Sensitive Topics Warning

These next questions are about mental health and suicidal thoughts. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life. These questions may be upsetting for you, and so we want to be sure that you feel comfortable continuing. Please remember that you may discontinue the survey at any time. Additionally, the following resource is available to you, should you become distressed: National Suicide Prevention Lifeline (1-800-273-8255).

Do you wish to continue the survey?

- Yes (1)
- No, I would like to discontinue the survey (2)
- I choose to not answer these questions, but would like to continue the survey (3)

End of Block: Sensitive Topic warning

Start of Block: Anxiety and Depression Scales

Over the **last two weeks**, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)	Prefer not to answer (5)
Feeling nervous, anxious, or on edge (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid, as if something awful might happen (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the **last two weeks**, how often have you been bothered by the following problems?

	Not at all (1)	Several days (2)	More than half the days (3)	Nearly every day (4)	Prefer not to answer (5)
Little interest or pleasure in doing things (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual (8)

Thoughts that you be better off dead, or of hurting yourself (9)

Display This Question:

If Over the last two weeks, how often have you been bothered by the following problems? = Thoughts that you be better off dead, or of hurting yourself [Several days]

Or Over the last two weeks, how often have you been bothered by the following problems? = Thoughts that you be better off dead, or of hurting yourself [More than half the days]

Or Over the last two weeks, how often have you been bothered by the following problems? = Thoughts that you be better off dead, or of hurting yourself [Nearly every day]

Thank you for responding honestly to these questions. As we want to ensure your safety, we would like to ask you a few additional questions.

Which statement best describes how you are feeling right now?

- I am safe right now (I am not thinking of hurting myself) (1)
- I am having thoughts of suicide currently, but am not planning on hurting myself (2)
- I am having thoughts of suicide currently and have a plan for how I might do it (3)

Display This Question:

If Thank you for responding honestly to these questions. As we want to ensure your safety, we would... = I am safe right now (I am not thinking of hurting myself)

That's great! Please follow-up with a health care provider or mental health practitioner to discuss your experiences with suicidal thoughts and feelings. A list of mental health resources will be sent to the email address you provided.

Please click the forward arrow to continue with the survey.

Display This Question:

If Thank you for responding honestly to these questions. As we want to ensure your safety, we would... = I am having thoughts of suicide currently, but am not planning on hurting myself

Thank you again for your honesty! A list of mental health resources will be sent to the email address you provided. Please follow-up with a health care provider or mental health practitioner to discuss these thoughts and feelings.

Do you feel you can continue with the survey?

- Yes (1)
- No (2)

End of Block: Anxiety and Depression Scales

Start of Block: Mental Health Services

We are interested in understanding your experience with **campus-based** mental health supports. This might include a counselor, therapist, or group-based counseling.

Do you have access to mental health services on your campus?

- Yes (1)
 - No (2)
 - Unsure (3)
 - Prefer not to answer (4)
-

Display This Question:

If We are interested in understanding your experience with campus-based mental health supports. This... = Yes

Have you used any of these campus-based mental health services within the **last 12 months**?

- Yes (1)
- No (2)
- Prefer not to answer (3)

Display This Question:

If Have you used any of these campus-based mental health services within the last 12 months? = Yes

What type(s) of services did you use? *(Please select all that apply)*

- Counseling (one-on-one) (1)
 - Counseling (drop-in) (2)
 - Counseling (group) (3)
 - Other support services (Please specify): (4)
-
- Prefer not to answer (5)

Display This Question:

If What type(s) of services did you use? *(Please select all that apply)* = Counseling (one-on-one)

Based on your experiences with **one-on-one counseling**, please respond to the following statements:

	Strongly disagree (2)	Disagree (3)	Neither agree nor disagree (4)	Agree (5)	Strongly agree (7)	Does not apply (6)	Prefer not to answer (8)
It was easy to access services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The wait time from when I contacted to when I could be seen was acceptable (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff were friendly and I felt welcomed (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support I received was what I wanted (e.g., if I wanted one-on-one support, I was able to receive that) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The support I received helped me (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was able to schedule a follow-up if needed (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would recommend these services to someone else (7)

Display This Question:

If Have you used any of these campus-based mental health services within the last 12 months? = No

What best describes your reason(s) for not using campus-based mental health services?
(Please select all that apply)

- I haven't needed these services (1)
- I don't know what services are available (2)
- I don't know how to access these services (3)
- I had trouble finding the location or getting contact information for these services (4)
- I'm not sure how to pay for these services or if my insurance covers it (5)
- I cannot afford these services (6)
- I couldn't get an appointment (7)
- I have mental health support off campus (8)
- I find support in other places (e.g., friends, family) (9)
- I was afraid others would find out I was seeking help (10)
- I am embarrassed to say I need help (11)
- I don't believe in therapy (12)
- I don't think these services will help (13)
- Prefer not to answer (14)

Display This Question:

If What best describes your reason(s) for not using campus-based mental health services? (Please sel... = I don't think these services will help

Please elaborate on why you don't think that campus-based mental health services will help you.

Display This Question:

*If We are interested in understanding your experience with campus-based mental health supports.
This... = No*

*Or We are interested in understanding your experience with campus-based mental health supports.
This... = Unsure*

What statement(s) best describe why you might feel unsure about your ability to access mental health services on campus? *(Please select all that apply)*

- I'm not sure what these kinds of services are (1)
- I haven't needed these services, so I haven't looked into them (2)
- I don't believe in therapy, so I haven't looked into them (5)
- I don't know what services are available (3)
- I haven't heard anyone talking about these services (4)
- I don't know where to find information about them, so I'm not sure about what they are (6)
- Prefer not to answer (7)

End of Block: Mental Health Services
