

STUDENT SURVEY

1. Age: _____.
2. Sex: _____(M/F)
3. What year are you in college?
 - Freshman Sophomore Junior Senior Graduate Student Other
4. Ethnic / Racial Group
 - African American American Indian Asian American
 - Caucasian Hispanic Other
5. Do you live: (Check all that apply)
 - On Campus Off Campus Alone With Roommates

Over the <u>past two weeks</u> , how often have you:	None or little of the time	Some of the time	Most of the time	All of the time
1. Been feeling low in energy, slowed down?				
2. Been blaming yourself for things?				
3. Had poor appetite?				
4. Had difficulty falling asleep, staying asleep?				
5. Been feeling hopeless about the future?				
6. Been feeling blue?				
7. Been feeling no interest in things?				
8. Had feelings of worthlessness?				
9. Thought about or wanted to commit suicide?				
10. Had difficulty concentrating or making decisions?				

Please answer each question as best you can.	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...felt much more self-confident than usual?		
...you got so much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?		
...spending money got you or your family into trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?		
3. How much of a problem did any of these cause you—like being unable to work; having family, money or legal troubles; getting into arguments or fights? Please check <u>one response only</u>. <input type="checkbox"/> No problem <input type="checkbox"/> Minor problem <input type="checkbox"/> Moderate problem <input type="checkbox"/> Serious problem		

These questions are to ask about things you may have felt most days in the <u>past six months</u>.	YES	NO
1. Most days I feel very nervous.		
2. Most days I worry about lots of things.		
3. Most days I cannot stop worrying.		
4. Most days my worry is hard to control.		
5. I feel restless, keyed up or on edge.		
6. I get tired easily.		
7. I have trouble concentrating.		
8. I am easily annoyed or irritated.		
9. My muscles are tense and tight.		
10. I have trouble sleeping.		
11. Did the things you noted above affect your daily life (home life, or work, or leisure) or cause you a lot of distress?		
12. Were the things you noted above bad enough that you thought about getting help for them?		

If at any time you have experienced or witnessed a traumatic even, which involves loss of life, serious injury or threat of either: Please respond to these questions about how you have felt most days in the <u>past week</u>.	YES	NO
1. Have you been bothered by unwanted memories, nightmares, or reminders of this event?		
2. Have you been making an effort to avoid thinking or talking about this event, or doing things which remind you of what happened?		
3. Have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?		
4. Have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?		