

Fall 2011 Health Behavior Needs Assessment Survey

Dear Student,

You are invited to be in a research study of the Campus Health Needs Assessment Survey. You were randomly selected as a possible participant. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: The Health and Wellness Office.

Background Information:

The purpose of this study is to identify health risk behaviors of Stonehill students in order to improve upon awareness and prevention programming. The information provided will be used by the Health and Wellness Office and other departments on campus to identify key topics for the creation of future programs, events, presentations and resources.

Procedures:

If you agree to be in this study, we would ask you to do the following things. Complete the following survey. The survey should take approximately fifteen minutes to complete and should be completed only once by each participant. The survey will be administered from **October 3 through October 21, 2011**.

Risks of Being in the Study:

The survey is completely voluntary and confidential. You may terminate the survey at any point and you are under no obligation to answer questions you choose not to or to complete the survey. This survey will ask specific questions about your health behaviors and some of the questions may be sensitive.

There may be minimal psychological risk due to the incentive nature of some of the questions. You may contact the Counseling and Testing Center at 508-565-1331 if you experience any distress.

Compensation:

At the conclusion of the survey, you will be asked if you would like to enter a drawing to win one of the following prizes.

- One of four \$25 Mastercard Gift Cards
 - One of four \$10 I-Tunes Gift Cards
- One of two \$25 Stonehill Bookstore Gift Cards
- One of five \$10 Dunkin Donut Gift Cards

If you choose to enter the drawing, you will be directed to a confidential page and will be asked for your email address which will be used only for the purpose of contacting you if you are a winner in the drawing. Please be assured that your email address will not be connected to your survey responses.

Confidentiality:

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a participant. Research records will be kept in a locked or password-protected file; only the researchers will have access to the records.

Fall 2011 Health Behavior Needs Assessment Survey

Raw data will be retained but all identifying information will be removed by December 31, 2012.

Voluntary Nature of the Study:

Your decision whether or not to participate will not affect your current or future relations with Stonehill College or Health Services. If you decide to participate, you are free to withdraw at any time without affecting those relationships. Your reimbursement or class credit will not be altered if you decide to withdraw. Your ability to enter the drawing will not be affected if you choose to not take the survey or if you terminate the survey early.

Contacts and Questions:

The researcher conducting this study is: Jessica Greene

You may ask any questions you have now, or if you have questions later, you may contact her at: Phone: 508-565-1544

Statement of Consent:

I have read the above information and by continuing with the survey I give my consent to participate in this study.

Prepared by the Office of Planning and Institutional Research



4% Complete

1. Please rate your overall health status.

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know

Reset

Fall 2011 Health Behavior Needs Assessment Survey



9% Complete

Health Behavior Needs Assessment

Nutrition

0 servings per day 1-2 servings per day 3-4 servings per day 5 or more servings per day

1. How many servings of fruit and vegetables do you usually eat per day? (A serving = 1 cup salad greens, 1/2c fresh or cooked veggies, 1 medium fruit, 1/2c canned fruit.)

0 servings per day 1-2 servings per day 3-4 servings per day 5 or more servings per day

2. How many servings of dairy do you usually eat per day? (A serving is equal to 1 cup of milk, 1 slice of cheese, 8 oz. of yogurt.)

0 servings per day 1-2 servings per day 3-4 servings per day 5 or more servings per day

3. How many servings of protein do you usually eat per day? (A serving is equal to 1 oz. of meat or fish, 1 egg, 1 tablespoon of peanut butter, 1/4c of beans.)

Fall 2011 Health Behavior Needs Assessment Survey

1/2 oz. of nuts
or seeds.)

	0 servings per day	1-2 servings per day	3-4 servings per day	5 or more servings per day
4. How many servings of grains do you usually eat per day? (A serving of grain is equal to 1 slice of bread, 1/2c of ready to eat cereal, 1/2c cooked pasta/rice or cooked cereal.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



13% Complete

5. How often do you choose whole grain products? (For example, whole wheat bread, whole wheat rice, pasta, bran muffins, etc.)

- At least once a day
- At least 1-3 times a week
- A few times a month
- I rarely, if ever eat whole grains

6. Do you take a multivitamin?

- Yes
- No



17% Complete

7. If yes, how often do you take a multivitamin?

- Daily
- A few times a week
- Monthly
- Less than monthly

Fall 2011 Health Behavior Needs Assessment Survey

8. Do you believe that taking a multivitamin can make up for a poor diet? (i.e., not eating enough fruits and vegetables)?

- Yes
- No

9. Do you take any other vitamin supplement?

- Yes
- No

10. If yes, please state what supplement(s) you take.



11. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight



26% Complete

12. Are you trying to do any of the following about your weight?

- I am not trying to do anything about my weight
- Stay the same weight
- Lose weight
- Gain weight

Fall 2011 Health Behavior Needs Assessment Survey

13. Within the past 30 days did you do any of the following? (Check all that apply)

- Exercise to lose weight
- Diet to lose weight
- Taken a laxative or vomited to lose weight
- Taken diet pills to lose weight
- None of the above



30% Complete

14. How concerned are you about gaining weight this year at college?

- Frequently
- Occassionally
- Not at all

15. How easy is it to find healthy menu choices at the dining halls on campus?

- Frequently
- Occassionally
- Not at all



35% Complete

14. How concerned are you about gaining weight this year at college?

- Frequently
- Occassionally
- Not at all

15. How easy is it to find healthy menu choices at the dining halls on campus?

- Frequently
- Occassionally
- Not at all



35% Complete

Fall 2011 Health Behavior Needs Assessment Survey

Alcohol and Tobacco

1. Think back over the last two weeks. How many times have you had five or more drinks at a sitting?

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



43% Complete

2. Please state the average number of alcoholic drinks you consume a week.

3. If you choose not to drink, what is your primary reasoning for not drinking?



48% Complete

4. How satisfied are you with finding fun, non-alcohol related activities on campus?
(1=not satisfied at all, 5=extremely satisfied)

- 1
- 2
- 3
- 4
- 5

5. Would you participate in late night Alcohol free weekend activities such as: karaoke night, video game tournament, board game tournaments, movie marathons, etc.?

- Yes
- No
- Maybe

Fall 2011 Health Behavior Needs Assessment Survey

6. Are you concerned with your alcohol use?

- Yes
- No
- Maybe

	Yes	No	Maybe
7. Do you think your alcohol use negatively impacts your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Maybe
8. Do you think your alcohol use negatively impacts your academics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Maybe
9. Would you like to cut down on your alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



52% Complete

10. Within the last year how often have you used tobacco (smoke, chew, snuff)?

- Did not use
- One to six times a year
- One to two times a month
- One to five times a week
- Everyday

11. During the past 30 days how many days did you use tobacco (smoke, chew, snuff)?

- Did not use
 - One to two days
 - Three to nine days
 - Ten to twenty nine days
 - All thirty days
-

Fall 2011 Health Behavior Needs Assessment Survey



57% Complete

12. During the past 30 days how many days did you use marijuana?

- Did not use
- One to two days
- Three to nine days
- Ten to twenty nine days
- All thirty days



61% Complete

Stress

1. Within the last 12 months, how would you rate the overall level of stress you have experienced?

- No stress
- Less than average stress
- Average stress
- More than average stress
- Tremendous stress

2. Within the last 30 days have you ever: (Check all that apply)

- Felt things were hopeless
- Felt overwhelmed by all you had to do
- Felt exhausted
- Felt very lonely
- Felt very sad
- Felt so depressed that it was difficult to function
- Felt overwhelming anxiety
- Felt overwhelming anger
- Intentionally cut, burned, bruised or otherwise injured yourself
- Seriously considered suicide

Fall 2011 Health Behavior Needs Assessment Survey

Attempted suicide

3. So far this year, how often have you felt overwhelmed by all you've had to do?

- Frequently
 Occassionally
 Not at all

4. So far this year, how often have you felt depressed?

- Frequently Not at all
 Occassionally

5. Within the past 12 months have any of the following affected your academic performance causing you to receive a lower grade either on an exam or project? (Check all that apply)

- Alcohol use
 Anxiety
 Sexual assault
 Discrimination (e.g., homophobia, racism, sexism)
 Eating disorder
 Relationship difficulties
 Roommate difficulties
 Sleep difficulties
 Stress
 Other



65% Complete

Sleep

1. On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

- Zero
 1 day
 2 days

Fall 2011 Health Behavior Needs Assessment Survey

- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

2. So far this year, how often do you feel that you've had adequate sleep?

- Frequently
- Occassionally
- Not at all

Reset



70% Complete

Sexual Health

1. Did you have sexual intercourse within the last year?

- Yes
- No

2. If yes, did you drink alcohol the last time you had sexual intercourse?

- Yes
- No

3. Are you familiar with Stonehill's **Sexual Harassment Assault Resource and Education** program (**SHARE**); a resource for those affected by sexual assault?

- Yes
- No

Fall 2011 Health Behavior Needs Assessment Survey

exercises
(resistance
training,
weight
lifting) for 8-
12
repetitions
each?

4. If you don't exercise regularly (e.g., 5 or more days per week) what are the top three reasons which prevent you from exercising regularly?

a.

b.

c.

Yes

No

5. Would you be interested in learning more about how to exercise in your residence hall room?

Yes

No

6. Do you participate in athletics or recreational sports at Stonehill College?

7. How often do you utilize the fitness center in the Sports Complex (weight room, cardio room or fitness classes)?

- Daily
- Weekly
- Monthly
- Less than monthly



78% Complete

Fall 2011 Health Behavior Needs Assessment Survey

Spiritual Health

1. Do you engage in forms of meditation or prayer?
 - Yes
 - No
 - Maybe
2. If yes, how often do you typically engage in meditation or prayer?
 - Daily
 - Weekly
 - Monthly
 - Less than monthly
3. Do you feel that your spirituality has a positive impact on your health and wellbeing?
 - Yes
 - No
 - Maybe



83% Complete

Sources of Health Information

1. Which of the following services have you utilized within the past year? (Check all that apply)
 - Campus Health Center (i.e. Doctor, nurse)
 - Reliable Internet Sources (i.e. WebMD, CDC)
 - Family (i.e. Parents, Siblings, etc.)
 - Religious Leader (i.e. Priest, Pastor)
 - Community Health Clinic/Hospital
 - Health and Wellness Educator
 - Unreliable Internet Sources(i.e. Yahoo, Google)
 - Friends
 - Student Health 101 Newsletter
 - Health Fairs
 - Dietician
 - Minister or Clergy

Fall 2011 Health Behavior Needs Assessment Survey

Family Physician

Other

2. Where do you receive your health information from? (Please check all that apply)

Campus Health Center (i.e. Doctor, nurse)

Family Physician

Reliable Internet Sources (i.e. WebMD, CDC)

Unreliable Internet Sources (i.e. Yahoo, Google)

Family (i.e. Parents, Siblings, etc.)

Friends

Religious Leader (i.e. Priest, Pastor)

Student Health 101 Newsletter

Community Health Clinic/Hospital

Health Fairs

Health and Wellness Educator

Other



87% Complete

Other

1. What do you think is the number one thing that prevents you from living a healthier lifestyle?

2. Have you ever been diagnosed with any of the following health issues? (Please check all that apply)

High Blood Pressure

Legal Drug Dependency (ex. Prescription Drugs)

Underweight

Overweight or Obesity

Eating Disorder

Sexually Transmitted Infection

Illegal Drug Dependency

Alcohol Dependence

High Cholesterol

Insomnia

ADD or ADHD

Anxiety

Depression

3. What areas of health would you like to learn more about? (Please check all that apply)

Nutrition

Alcohol Addiction

Sports Nutrition

Sexual Health

Physical Activity

Cooking/Meal Planning

Fall 2011 Health Behavior Needs Assessment Survey

- Managing Finances
- Healthy Relationships
- Weight loss/maintenance
- Eating Disorders
- Stress Reduction
- Home Sickness/Transitioning Issues
- Alcohol Free Activities
- Mental Health
- Tobacco Cessation
- Other



91% Complete

Demographics

1. What is your gender?

- Male
- Female
- Transgender

2. What is your classification?

- Freshman
- Sophomore
- Junior
- Senior
- Non-degree seeking
- Other

3. Please state your height?

Feet (ft.)

Inches (in.)

4. Please state your weight?

Pounds (lbs.)

5. Please state your age?

Fall 2011 Health Behavior Needs Assessment Survey



96% Complete

Thank you for completing the Health Behavior Needs Assessment.
You may exit the survey now, or click the submit button below to enter the drawing.



100% Complete