

Undergraduate Health Survey Questions

Demographic Variables:

2. What is your age in years? _____
3. What ethnic/racial background do you consider yourself to be? (*Check all that apply.*)
- White (Caucasian)
 - African descent
 - Aboriginal (*specify*) _____
 - Asian
 - Middle Eastern
 - Other (*describe*) _____
7. Who do you live with?
- I live alone
 - I live with one or both of my parent(s)
 - I live with my partner (i.e., sexual or romantic partner, spouse or girlfriend/boyfriend)
 - I live with a roommate(s) (not a sexual or romantic partner)
10. What is your sex?
- Male Female Transgendered Other (*describe*)

11. People have different feelings about themselves when it comes to questions of being attracted to other people. Which of the following best describes your feelings?
- 100% heterosexual (attracted to persons of the opposite sex)
 - Mostly heterosexual
 - Bisexual (attracted to both males and females)
 - Mostly homosexual
 - 100% homosexual (gay/lesbian, attracted to persons of the same sex)
 - Transgendered
 - Not sure

Sexual Health Knowledge

14. Please indicate whether you believe each of the following statements are true or false by checking the appropriate response. If you do not know the answer, please do not guess, but answer "Don't Know".

	True	False	Don't Know
If you know a person's sexual history and lifestyle before you have sex with them, you don't need to use condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men with chlamydia always have symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women with chlamydia always have symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia infection in women can result in being unable to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a guy or girl aged 18 – 24 gets chlamydia and is treated properly, he or she can never get chlamydia again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If both are used properly, condoms are just as effective as birth control pills in preventing pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills are available at pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills always prevent pregnancies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be effective, emergency contraceptive pills must be taken within 12 hours of unprotected sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills are more effective the earlier they are taken after unprotected sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors will always test for STIs when they do a PAP test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time in the monthly menstrual cycle during which a female is most likely to become pregnant is about two weeks before her period begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Support

18. Please describe how true you believe each of the following statements about your social relationships and support networks, where 1 = not at all true and 5 = completely true

	1	2	3	4	5
I participate in volunteer/service projects	<input type="checkbox"/>				
I have meaningful conversations with my parents and or/siblings	<input type="checkbox"/>				
I have a mentor(s) in my life I can go to for support/advice	<input type="checkbox"/>				
I seldom invite others to join me in my social and or/recreational activities	<input type="checkbox"/>				
There is at least one person I feel a strong emotional tie with	<input type="checkbox"/>				
There is no one I can trust to help solve my problems	<input type="checkbox"/>				
I take time to visit my neighbours	<input type="checkbox"/>				
If a crisis arose in my life, I would have the support I need from family and/or friends	<input type="checkbox"/>				
I belong to a club (e.g., sports, hobbies, support group, special interests)	<input type="checkbox"/>				
I have friends from work that I see socially (movie, dinner, sports etc)	<input type="checkbox"/>				
I have friendships that are mutually fulfilling	<input type="checkbox"/>				
There is no one I can talk to when making important decisions in my life	<input type="checkbox"/>				
I make an effort to keep in touch with friends	<input type="checkbox"/>				
My friends and family feel comfortable asking me for help	<input type="checkbox"/>				
I find it difficult to make new friends	<input type="checkbox"/>				
I look for opportunities to help and support others	<input type="checkbox"/>				
I have a close friends(s) who I feel comfortable sharing deeply about myself	<input type="checkbox"/>				
I seldom get invited to do things with others	<input type="checkbox"/>				

I feel well supported by my friends and/or family	<input type="checkbox"/>				
I wish I had more people in my life that enjoy the same interests and activities as I do	<input type="checkbox"/>				
There is no one that shares my beliefs and attitudes	<input type="checkbox"/>				

Barriers to Help-Seeking

19. Please indicate how much you disagree or agree with the following statements by checking the appropriate number on the 5 point scale, where 1 = “Strongly disagree” and 5 = “Strongly agree”.

	1	2	3	4	5
I would think less of myself for needing help	<input type="checkbox"/>				
I don't like other people telling me what to do	<input type="checkbox"/>				
Nobody knows more about my problems than I do	<input type="checkbox"/>				
I'd feel better about myself knowing I didn't need help from others	<input type="checkbox"/>				
I don't like feeling controlled by other people	<input type="checkbox"/>				
It would seem weak to ask for help	<input type="checkbox"/>				
I like to make my own decision and not be too influenced by others	<input type="checkbox"/>				
Asking for help is like surrendering authority over my life	<input type="checkbox"/>				

Sexual Health Service Use

47. Have you ever seen a health professional in order to obtain the following services? If you answer 'Yes' for a particular service, please indicate the location where you access that service.

Service:	Accessed?		If yes, please indicate location	
	Yes	No	University health centre	Other
STI testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAP testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>