QUESTIONNAIRE

The following is a Sociology 300/Nursing 300 survey. We would greatly appreciate your cooperation in filling out this questionnaire. Since your responses will be treated as confidential, please do not write your name on this questionnaire.

Background Questions:

1. I am studying towards a degree in:
   - Bachelor of Science----------------------------------------------- 01
   - Bachelor of Science in Nutrition and Consumer Studies ---- 02
   - Bachelor of Science in Physical Education---------------------- 03
   - Engineering Diploma ------------------------------------------ 04
   - Bachelor of Arts----------------------------------------------- 05
   - Bachelor of Arts in Music-------------------------------------- 06
   - Bachelor of Secretarial Arts---------------------------------- 07
   - Bachelor of Business Administration-------------------------- 08
   - Bachelor of Science in Nursing------------------------------- 09
   - Bachelor of Education---------------------------------------- 10
   - Other -------------------------------------------------------- 11
   Please specify___________________________________________

2. In which type of program are you presently enrolled in?
   - Honors -------------------------- 1
   - Major -------------------------- 2
   - General ------------------------- 3
   - Other --------------------------- 4
   Please specify_____________________

3. What year of study are you in?
   - First year ----------------------- 1
   - Second year -------------------- 2
   - Third year ---------------------- 3
   - Fourth year--------------------- 4
   - Fifth year and above ---------- 5

4. Are you presently employed?
   - Yes ------------ 1
   - No ------------- 0

   If yes, how many hours a week do you work? _______ hrs.
5. Age: Year of birth is 19 __ __

6. What was the approximate population of your hometown or city prior to coming to university?

- Rural Area ---------------------------- 1
- Under 4,999 -------------------------- 2
- 5,000 - 9,999 ------------------------- 3
- 10,000 - 19,999 ---------------------- 4
- 20,000 - 29,999----------------------- 5
- 30,000 - 39,999----------------------- 6
- 40,000 - 49,999----------------------- 7
- Over 50,000--------------------------- 8

7. What is your religious affiliation?

- Anglican (Episcopalian) -----------------01
- Baptist --------------------------------------02
- Buddhist------------------------------------03
- Jewish --------------------------------------04
- Muslim -------------------------------------05
- Presbyterian -------------------------------06
- Roman Catholic -------------------------- 07
- United-------------------------------------- 08
- Other Protestant -------------------------- 09
- Other ---------------------------------------10
- Please specify_____________

8. How often do you attend church services?

At Home At University

- More than once a week ------- 1------------------ 1
- Once every week --------------2------------------ 2
- 2-3 times every month---------3------------------ 3
- Once in a month -------------4------------------ 4
- 7-11 times in a year ------- 5------------------ 5
- 2-6 times in a year ---------6------------------ 6
- Once in a year -------------7------------------ 7
- Never ------------------------8------------------ 8

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

<table>
<thead>
<tr>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>None --------------- 1</td>
<td>None --------------- 1</td>
</tr>
<tr>
<td>Elementary -------------2</td>
<td>Elementary -------------2</td>
</tr>
<tr>
<td>Grades 7 to 9 ---------3</td>
<td>Grades 7 to 9 ---------3</td>
</tr>
<tr>
<td>High School -----------4</td>
<td>High School -----------4</td>
</tr>
<tr>
<td>Trade School ---------5</td>
<td>Trade School ---------5</td>
</tr>
<tr>
<td>Diploma -----------6</td>
<td>Diploma -----------6</td>
</tr>
<tr>
<td>University -------------7</td>
<td>University -------------7</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>
10. What is (or was) your father's main occupation? (e.g., foreman for CNR)
   Job __________________________________________________________
   Brief Job Description__________________________________________
   ____________________________________________________________

11. What is (or was) your mother's main occupation? (e.g., Registered Nurse)
   Job __________________________________________________________
   Brief Job Description__________________________________________
   ____________________________________________________________

12. When not at university who do you live with?
   Nuclear family (e.g., mother, father, siblings, including step families ------------ 1☐
   Extended family-------------------------------------------------- 2☐
   Single parent---------------------------------------------------- 3☐
   Alone ---------------------------------------------------------- 4☐
   Other----------------------------------------------------------- 5☐
   Please specify __________________

13. Do you have any family members (blood relation) that have experienced depression
   Yes ------------ 1☐
   No ------------- 0☐

14. In the last 6 months, have you experienced a noticeable weight gain or loss?
   Yes ------------ 1☐
   No ------------- 0☐

15. Do you consider yourself to be… (check the most appropriate answer)
   Below average weight ---------------------------------- 1☐
   Average weight------------------------------------------- 2☐
   Above average weight----------------------------------- 3☐
16. Have you ever experienced a traumatic life event?

Yes --------- 1 [ ]
No ----------- 0 [ ]

If yes, check the ones that apply:

- Family member dying ___
- Divorce of parents/self ___
- Friend dying ___
- Miscarriage ___
- Unwanted Intimacy ___
- Abortion ___
- Assault/Emotional/Physical Abuse ___
- Other ___
- Car accident ___
- Please specify ________

17. In the last year, estimate how many times you have consulted a:

- Doctor (general practitioner) ___ ___
- Doctor (specialist) ___ ___
- Psychiatrist ___ ___

18. I often feel that there is no one available to help me with my problems.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

19. I often feel downhearted and blue.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

20. I often feel like crying.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

21. I often feel lonely.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

22. I feel hopeful about the future.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

23. I sometimes feel that others would be better off if I were dead.

Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
24. I worry about whether other people like me.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

25. I prefer to spend my time in the company of others.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

26. I would like to be someone else.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

27. I don't feel good about myself.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

28. I often feel stressed.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

29. I sometimes feel that there is not enough time in a day to complete daily tasks.
   Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

30. Have you ever had any thoughts of committing suicide?
   Yes 1
   No 0

31. Have you ever actually attempted suicide?
   Yes 1
   No 0

32. What type of relationship are you presently involved in?
   I am married 1
   I am living with someone 2
   I am engaged 3
   I date one person regularly 4
   I date more than one person 5
   I date occasionally 6
   I have never dated 7
   Other 8
   Please specify
33. Have you ever been sexually active?

Yes ----------- 1☐  
No ----------- 0☐  

If yes, at what age did you first have sexual intercourse? Please specify age ____ yrs.

34. Do you use any birth control methods?

Yes ----------- 1☐  
No ----------- 0☐  

If yes, which method was used in the last six months? (Check those that apply)

- Hormonal Contraceptives (ex. pill, depo-provera, norplant, patch) ___
- Intrauterine device (IUD) ___
- Cervical cap ___
- Diaphragm ___
- Condom ___
- Spermcidal foams/jellies ___
- Rhythm method ___
- Coitus interruptus ___
- Other ___

Please specify________________________

35. If you have ever used hormonal contraceptives (pill, patch, depo-provera, norplant), what age were you when you started ____ yrs.

36. If you are currently using hormonal contraceptives (last six months) what type are you using? (If more than one method is used, please check only the main one)

- Allese ------------------------------- 1☐
- Tri-Cyclin --------------------------- 2☐
- Ortho-Evra (patch) ------------------ 3☐
- Norplant --------------------------- 4☐
- Depo-provera --------------------- 5☐
- Other ------------------------------ 6☐

Please specify________________________

37. Do you take hormonal contraceptives as prescribed? (ex. Same time each day)

Yes ----------- 1☐  
No ----------- 0☐
38. Have you ever been pregnant?

Yes ------------ 1
No ------------ 0

If yes, was this pregnancy planned?

Yes ------------ 1
No ------------ 0

39. Have you ever given birth to a baby?

Yes ------------ 1
No ------------ 0

If yes, how many times? ______ times

THANK YOU FOR PARTICIPATING IN OUR SURVEY