

Questionnaire

The following questionnaire has been developed by students from St. Francis Xavier University. Your co-operation in completing this study by responding to the following questions would be greatly appreciated. Please do not put your name on the questionnaire since all the responses are confidential.

1. I am:

Male----- 1

Female----- 2

2. In what year were you born? 19__

3. Approximately, what is the population of your home community before coming to university?

Rural area under 1 000 ----- 1

1 000 – 4 999 ----- 2

5 000 – 9 999 ----- 3

10 000 – 19 999 ----- 4

20 000 – 49 999 ----- 5

50 000 and over ----- 6

4. What year of study are you currently in?

Freshman----- 1

Sophomore----- 2

Junior ----- 3

Senior----- 4

Other ----- 5

Please describe _____

5. What program of study are you currently enrolled in?

Bachelor of Arts----- 01

Bachelor of Business ----- 02

Bachelor of Education----- 03

Bachelor of Engineering ----- 04

Bachelor of Information Systems ---- 05

Human Kinetics ----- 06

Bachelor of Music ----- 07

Bachelor of Nutrition----- 08

Bachelor of Science ----- 09

Bachelor of Science in Nursing----- 10

Other ----- 11

Please describe _____

6. What is (or was) the main occupation of you mother (ex. teacher, home maker, lawyer, etc.)?

Job _____

Brief Job Description_____

7. What is or was the main occupation of you father (ex. teacher, social worker, doctor, etc.)?

Job _____

Brief Job Description_____

8. I get along well with my mother.

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

9. I get along well with my father.

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

10. I feel close to my siblings.

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

11. Upon entering university, I was initially very homesick.

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

12. I enjoy participating in class.

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

13. I have the distinct knowledge that I am a valued person.

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

14. I feel completely content with my physical appearance.

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

15. I feel sexually attractive.

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

16. Has a relationship of a significant value ended recently?

No 1 2 3 4 5 6 7 8 9 Yes

17. What type of intimate relationship are you currently in?

Single-----1

Casual Dating -----2

Dating (committed)-----3

Common Law Marriage -----4

Married-----5

18. I feel very intimate in my relationship with my significant other.

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

19. I worry a lot about my relationship problems.

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

20. I have experienced an irritable or sad mood, which has lasted more than 2 weeks.

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

21. I often experience:

Excessive sleepiness or insomnia -----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree
Appetite or weight changes -----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree
Tired, lack of energy or concern -----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree
Excessive guilt or hopelessness -----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree
Trouble concentrating/decisive-----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree
Thoughts of committing suicide-----	Strongly disagree	1	2	3	4	5	6	7	8	9	Strongly agree

22. I hate to lose.

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

23. I have trouble getting my day started because I feel emotionally overwhelmed.

Never 1 2 3 4 5 6 7 8 9 Often

24. I often feel blue.

Never 1 2 3 4 5 6 7 8 9 Often

25. I often feel overwhelmed, to the point I can't cope.

Never 1 2 3 4 5 6 7 8 9 Often

26. I lack interest in anything or anybody.

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

27. When I feel down I usually.... (Please describe)

28. I feel my life is very stressful.

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

29. I often lose interest in activities I usually enjoy.

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

30. When I feel upset or down, I am likely to drink or do drugs.

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

31. I prefer to spend time in the company of others.

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

32. I often feel impulsive, snappish, and impatient.

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

33. I worry about whether people like me.

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

34. When I am upset about something, I focus on the solution(s).

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

35. I often just want to be left alone.

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

36. Since coming to StFX, I often feel anxious or nervous.

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

37. I would like to be anyone but me.

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

38. I often lose control of my temper.

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

39. I frequently become physically aggressive towards others.

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

40. My mood often fluctuates.

Never 1 2 3 4 5 6 7 8 9 Often

41. How often do you use the following...

Alcohol -----	Never	1	2	3	4	5	6	7	8	9	Always
Marijuana -----	Never	1	2	3	4	5	6	7	8	9	Always
Nicotine -----	Never	1	2	3	4	5	6	7	8	9	Always
Hard Core drugs -----	Never	1	2	3	4	5	6	7	8	9	Always
Other drugs -----	Never	1	2	3	4	5	6	7	8	9	Always

42. Is there anyone in your immediate family who suffers from depression?

Yes-----1

No-----2

Uncertain-----3

43. Have you ever been clinically diagnosed with depression?

Yes-----1

No-----0

44. Have you ever been diagnosed with any other mental disorder other than depression?

Yes-----1

No-----0

45. Have you ever been treated for mental illness by counseling and/or drug therapy?

Yes-----1

No-----0

46. I could easily get help with problems if I needed it.

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

47. When you have a problem, who do you usually go to for help? (Check all that apply)

A friend -----	Never	1	2	3	4	5	6	7	8	9	Always
A parent -----	Never	1	2	3	4	5	6	7	8	9	Always
Other family member-----	Never	1	2	3	4	5	6	7	8	9	Always
Professional counselor-----	Never	1	2	3	4	5	6	7	8	9	Always
Significant other -----	Never	1	2	3	4	5	6	7	8	9	Always
No one -----	Never	1	2	3	4	5	6	7	8	9	Always
Work it out myself -----	Never	1	2	3	4	5	6	7	8	9	Always
Other -----	Never	1	2	3	4	5	6	7	8	9	Always

48. How much enjoyment do you get from...?

Friends -----	None	1	2	3	4	5	6	7	8	9	A Lot
Family -----	None	1	2	3	4	5	6	7	8	9	A Lot
Significant other -----	None	1	2	3	4	5	6	7	8	9	A Lot
Dating -----	None	1	2	3	4	5	6	7	8	9	A Lot
Exercise -----	None	1	2	3	4	5	6	7	8	9	A Lot
People you live with -----	None	1	2	3	4	5	6	7	8	9	A Lot
School -----	None	1	2	3	4	5	6	7	8	9	A Lot
Extra-curricular activities ---	None	1	2	3	4	5	6	7	8	9	A Lot

49. If I had more money all my problems would go away.

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

50. My living situation is very stressful.

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

51. I have personally experienced violence growing up.

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

52. I have experienced some emotional abuse.

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

53. I have frequently experienced some form of unwanted intimacy.

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

54. Have you experienced a traumatic life event such as: (check all that apply)

Loss of a loved one	_____
Car accident	_____
House fire	_____
Abortion	_____
Involvement in fist fights	_____
Rape	_____
Abuse (physical, emotional, verbal, financial, sexual, etc.)	_____
Other	_____

55. Currently, how often do you attend church services?

More than once a week -----	1 <input type="checkbox"/>
Once a week-----	2 <input type="checkbox"/>
2-3 times a month-----	3 <input type="checkbox"/>
Once a month-----	4 <input type="checkbox"/>
7-10 times a year-----	5 <input type="checkbox"/>
2-6 times a year -----	6 <input type="checkbox"/>
Once a year -----	7 <input type="checkbox"/>
Never -----	8 <input type="checkbox"/>

56. I feel very connected and supported by my religious community.

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

57. I am currently free of health problems

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

58. I am limited from doing most things I enjoy due to health problems or physical injury.

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

59. Do you have a chronic illness (ex. diabetes, Crohn's, severe asthma, etc.)?

Yes-----1

No-----0

60. Height ____ft. ____in. **or** ____cm.

61. Weight _____ lbs. **or** _____kg.

*******Thank you*******