Dr. Ruth C(lifford) Engs - Presentations, Publications & Research Data Collection.

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The Collection

This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

Citation for this item

To obtain citation format and information for this document go to: http://hdl.handle.net/2022/17338

Indiana University Archives

Paper manuscripts and material for Dr. Engs can be found in the IUArchives http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859
STUDENT HEALTH QUESTIONNAIRE
DRAFT

Please do not put your name on this questionnaire as we wish to retain your anonymity. Please put on the line a code name known only to you (examples: your grandmothers maiden name, your dog or favorite movie actor, etc.)

YOUR CODE NAME_____________________________________

Check the following items which apply to you:

Sex:  ____ Male  ____ Female

Age:  ______

Race:  ____ White  ____ Black  ____ Hispanic  ____ NA Indian
       ____ Asian  ____ Other

Living arrangements:  ____ Off campus without parents
                      ____ On Campus  ____ Off campus with parents

Health problems

On the line beside each health problem write in how many times you have experienced it OVER THE PAST MONTH

(note: if you experience it just about every day this would be about 28, about twice a week would be equal to 8, one a week 4, once a month 1, not at all all leave blank)

____ headache
____ ear infection
____ eye infection
** sinus infection
____ nose bleeds
____ bronchitis or laryngitis
____ pneumonia
____ cough
___ a "cold" or the flu
___ sore-throat
___ "mono"
___ Acne flair-up
___ hay feaver/asthma flair up
___ bleeding gums
___ tooth abscess
___ stomach upset
___ nausea or vomiting
___ ulcer
___ diarrhea
___ high blood pressure
___ muscle strain
___ a sprain
___ a broken bone
___ cut or hurt myself so that I needed to see a doctor
___ lack of energy

Other health problem(write in)______________________________

Women only:
___ menstrual irregularity
___ menstrual cramps
___ vaginal yeast infection
___ other kind of vaginal infection
___ bladder/urinary tract infection
___ sexually transmitted disease

Write in which ones ________________________________
Men only:

burning on urination

urinary tract infection

Sexually transmitted disease

Write in which ones

Health related problems over the past month for all students

1. Over the past month how many times did you visited a doctor or the student health service because you were sick

2. How many times have you missed class or other commitment because you were sick during the past month

3. How many courses of antibiotics have you taken during the past month

Lifestyle Habits over the past month

1. How many times did you exercise during the past month

2. When you exercised on the average how many minutes did you engage in the exercise

3. How many times did you feel "stressed out" (under stress) during the past month

4. When you felt stressed out how many hours did it usually last

5. How many times did you feel angry or irritated during the past month

6. When you felt angry or irritated how many hours did it usually last

7. Over the past month how many times did you feel depressed

8. When you felt depressed how many hours did it last?

9. During the past month circle how many times you drank beer

a. Every day

b. Two or three times a week

c. Once a week

d. At least once a month but less than once a week

e. Not at all
10. When you drank beer how many average size glasses or cans did you usually consume at any one sitting? ________

11. During the past month circle how many times you drank wine or a wine cooler?
   a. Every day
   b. Two or three times a week
   c. Once a week
   d. At least one a month but less than once a week
   e. Not at all

12. When you drank wine how many average size glasses or small bottles of wine coolers did you usually consume at any one sitting? ________

13. During the past month circle how many times you drink a hard liquor (vodka, rum, whiskey, etc.)
   a. Every day
   b. Two or three times a week
   c. Once a week
   d. At least once a month but less than once a week
   e. Not at all

14. When you drank liquor how many shot glasses or shots in mixed drinks did you usually consume at any one sitting? ________

15. During the past month how many days did you use tobacco? ________

16. How many cigarettes did you smoke on the days you smoked? ________

17. How many dips of chewing tobacco/snuff did you use on days you used it? ________

18. How many days did you smoke marijuana during the past month? ________

19. How many joints did you smoke on the days you used marijuana? ________
Lifestyle questions over the **PAST THREE DAYS**:

1. Over the past three days how many **drinks** (cans, glasses, etc.) of any alcoholic beverages did you consume? ________

2. Over the past three days how many minutes did you **exercise**? ________

3. Over the past three days how many **cigarettes or dips of tobacco** did you use? ________

4. Over the past three days how many **joints** of marijuana did you use? ________

5. Over the past three days how many hours did you feel **stressed**? ________

6. Over the past three days how many hours did you feel **depressed**? ________

7. Over the past three days how many hours did you feel **angry or irritated**? ________

8. Do you have any long term health problems? If so please list them:

9. Please list any medications you regularly take: ________

THANK YOU FOR YOUR HELP!