

Scroll down to page 2 for the questionnaire

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 First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research.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 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 !