

## Survey Questions

The UO Sexual Violence and Institutional Behavior Campus Survey

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For more information see: <http://dynamic.uoregon.edu/jjf/campus/>

### Overview of Survey Questions

This survey is based on a compilation of social science survey instruments with a focus on sexual victimization, perpetration, institutional behaviors, and student well-being. We used and modified existing instruments and we created some new items specifically for this study, as noted below. This on-line study was administered by Qualtrics software licensed to the University of Oregon. We used Qualtrics "Display Logic" such that questions presented to participants often depended upon their answers to prior questions. An electronic print-out of the on-line survey starts on page 3 of this document.

### Measures Used

#### Existing Scales:

- Sexual Experiences Survey: Modified for gender neutral language and additionally modified for use as a measure of sexual assault perpetration. Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., ... White, J. (2007). Revising the SES: A Collaborative Process to Improve Assessment of Sexual Aggression and Victimization. *Psychology of Women Quarterly*, 31(4), 357–370. doi:10.1111/j.1471-6402.2007.00385.x
- Brief Betrayal Trauma Survey for a Campus Climate Survey: Modified to request counts be entered as responses and given timeframe related to college. Goldberg, L. R., & Freyd, J. J. (2006). Self-Reports of Potentially Traumatic Experiences in an Adult Community Sample: Gender Differences and Test-Retest Stabilities of the Items in a Brief Betrayal-Trauma Survey. *Journal of Trauma & Dissociation*, 7(3), 39–63. doi:10.1300/J229v07n03\_04
- Sexual Harassment Victimization: Modified to accommodate a timeframe related to college and additionally modified for use as a measure of sexual assault perpetration. Hay, M. S., & Elig, T. W. (1999). The 1995 Department of Defense sexual harassment survey: Overview and methodology. *Military Psychology*, 11(3), 233–242. doi:10.1207/s15327876mp1103\_2
- Institutional Betrayal: Added items to account for discrimination based on sexual orientation and race and additionally modified to assess friends' experiences as well. Smith, C. P., & Freyd, J. J. (2013). Dangerous Safe Havens: Institutional Betrayal Exacerbates Sexual Trauma. *Journal of Traumatic Stress*, 26(1), 119–124. doi:10.1002/jts.21778
- Bystander Behavior: Modified to assess actual, not intended, behavior. Banyard, V. L., Moynihan, M. M., Cares, A. C., & Warner, R. (2014). How do we know if it works? Measuring outcomes in bystander-focused abuse prevention on campuses. *Psychology of Violence*, 4(1), 101–115. doi:10.1037/a0033470

- Illinois Rape Myth Acceptance Scale. McMahon, S., & Farmer, G. L. (2011). An Updated Measure for Assessing Subtle Rape Myths. *Social Work Research*, 35(2), 71.
- Psychological and Physical Health. Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2002). The PHQ-15: validity of a new measure for evaluating the severity of somatic symptoms. *Psychosomatic Medicine*, 64(2), 258–266.
- Participant Attitudes and Reactions to survey: Participants were asked about their general attitude about the University. One open-ended comment write-in added and three multiple choice questions adapted from DePrince, A.P. & Freyd, J.J. (2004). Costs and benefits of being asked about trauma history. *Journal of Trauma Practice*, 4(3), 23-35.

**Created Items:**

- Basic demographic questions; educational history, activities, and status; and campus organizational affiliations were created for this survey.
- Recognition of unwanted sexual experiences: Participants were asked to indicate their agreement with three items assessing sexual harassment, assault, and rape as events they had experienced or perpetrated while in college.
- Some additional items were created and added for this survey assessing context of events reported including location, relation to school events, and disclosure/service seeking/academic impact.
- Open-ended items asking about friends' victimization and perpetration experiences

For more information see: <http://dynamic.uoregon.edu/jjf/campus/>

This survey is currently **LOCKED** to prevent invalidation of collected responses! Please [unlock](#) your survey to make changes.

Consent

Block Options ▼

## CONSENT

### Informed Consent

You are being asked to take part in a research study on campus sexual violence. You were selected as a possible participant because you are a currently enrolled University of Oregon student. Please read this form carefully before agreeing to take part in this study.

### Purpose

The purpose of the research is to learn more about various experiences UO students may have had. In particular, we are interested in experiences and attitudes related to sexual violence. Participants in this research are UO students. This research consists of a 30 minute online survey designed to assess this information.

### Participation

If you choose to participate in this study, we expect that it will take you no more than 30 minutes to complete the survey. As part of this study, you will be shown a variety of statements and questions in the form of a questionnaire and asked to answer them. These questions will ask about topics such as sexual experiences, mental health, and upsetting events you may have experienced. Your participation is voluntary and you are free to discontinue at any point. Due to the sensitive nature of these questions, there is some psychological risk associated with participating in this study. However, this risk does not go beyond those that may be encountered in daily life. If you agree to participate in this study you may skip any question that you wish without penalty.

Given that this study will ask you a variety of questions about illegal behavior, keeping your responses confidential is our priority. We do not have access to your IP address and will make no attempts to discover your identity. In the unlikely event of a subpoena, we may be required to disclose your responses to a court of law. Under no other circumstances will we disclose your responses to any party. Please keep this in mind if you choose to participate in this research.

### Payments

You will receive reimbursement in the form of a \$20 Amazon gift certificate for completing this survey. You will not receive reimbursement if you partially complete the survey; however, as previously stated, you may skip any items that you would prefer not to answer. After you complete the survey, you will be directed to a separate survey in order to provide your email address. Your email address will not be linked to your other responses.

If you voluntarily discontinue the survey prior to completion, you will not be compensated. However, if you accidentally lose access to the survey, you will be able to resume your session.

Your participation is extremely valuable because it will provide insight into an area of research that has been understudied. The specific information you provided will give us helpful information.

Who we are: Marina Rosenthal, M.S., and Carly Smith, M.A., M.S., both graduate students in clinical psychology at the University of Oregon and Jennifer Freyd, Ph.D, a professor of psychology at the University of Oregon. We welcome any questions or concerns. Our contact information:

Marina Rosenthal: [mnr@uoregon.edu](mailto:mnr@uoregon.edu)  
Carly Smith: [carlys@uoregon.edu](mailto:carlys@uoregon.edu)  
Jennifer Freyd: [jjf@uoregon.edu](mailto:jjf@uoregon.edu)

If you have questions about your rights as a participant in this research project, please contact the University of Oregon Research Compliance Services at (541) 346-2510 or [researchcompliance@uoregon.edu](mailto:researchcompliance@uoregon.edu).

Please click "I agree to participate" to continue.

I agree to participate

### Read\_Time

This question lets you record and manage how long a participant spends on this page. This question will not be displayed to the participant.

College History and Demographics

Block Options

### SCHOOL

Please describe your attendance at the University of Oregon:

Term and Year first enrolled (e.g.,  
Fall 2013):

Expected graduation term:

Expected degree:

**OTHER\_SCH**

Have you attended any other universities or colleges?

- No
- Yes

**PAST\_SCH**

**Display This Question:**

If Have you attended any other universities or colleges? **Yes** Is **Selected**

Please describe the **past** universities or colleges you have attended, starting with the most recent:

	Most recent past school	Second most recent school	Third most recent school
School:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Term and Year first enrolled (e.g., Fall 2013):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last term and year enrolled (e.g., Summer 2014):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expected degree:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## STATUS

What is your current student status?

- First year undergraduate
- Second year undergraduate
- Third year undergraduate
- Fourth year undergraduate
- Fifth year undergraduate
- Sixth year undergraduate
- Seventh or more year undergraduate
- Graduate or Professional Student
- Graduated!

## SO

What is your primary sexual orientation?

- Heterosexual
- Lesbian
- Gay
- Bisexual
- Other:

## GENDER

Which best describes your gender?

- Man
- Woman
- Genderqueer/non-conforming
- Transgender

## RACE

Which best describes your race? You may select multiple options.

- Asian/Asian American
- Black/African American
- Hawaiian/Pacific Islander
- Hispanic/Latino/a
- Native American/Alaska Native
- White/Caucasian

Page Break

## AGE

What is your age?

**INTSTU**

Are you an international student?

No

Yes

**ATHLETE**

Please describe your participation in athletics in college:

None

Intramural sports

Club sports

Varsity athletics



**SPORT**

**Display This Question:**

**If** Please describe your participation in athletics in college: **Varsity athletics** Is **Selected**

**Or** Please describe your participation in athletics in college: **Club sports** Is **Selected**

Which sport/s did/do you play at the club or varsity level?

Acrobatics and Tumbling

Cheer

Baseball

Basketball

Cross Country

Football

Golf

Lacrosse

Sand Volleyball

Soccer

Softball

Tennis

Track and Field

Volleyball

GREEK

Are you a member of the Greek system?

- No
- Previously, but not currently
- Yes

GREEK1

**Display This Question:**

**If** Are you a member of the Greek system? **No** Is **Not Selected**

How important to you is/was your membership in the Greek system?

- Not at all
- Somewhat
- Quite
- Very

GREEK2

**Display This Question:**

**If** Are you a member of the Greek system? **No** Is **Selected**

Do you intend to rush a Fraternity or Sorority?

- No
- Yes

Page Break

**HONORS**

Are you a member of any honors or academic societies?

No

Yes

**CLUBS**

Are you a member of any clubs or student organizations (not including the Greek system or athletics)?

No

Yes

**ABROAD**

Did you study abroad during your time at the University of Oregon?

No

Yes

**GPA**

What is your current or most recent GPA?

**CREDITS**

How many credits were you enrolled in during the most recent term (not counting summer)?

**CLASSES**

During your time at the University of Oregon, how many classes have you....

Dropped?

Withdrawn from?

Received an incomplete in (even if you later made it up)?

Page Break

**ATT**

How would you describe your current attitude towards the University of Oregon?

- Extremely Negative
- Somewhat Negative
- Neither Positive nor Negative
- Somewhat Positive
- Extremely Positive

**INSTR** **BBTS**

The next sections will ask about a variety of potentially difficult experiences that you may have had. We are interested in whether these experiences have occurred during three different times in your life:

1. before you began college,
2. during the time you were attending college (this includes study abroad time, school trips, etc.), and
3. during the time you were enrolled in college but not actually at the college (e.g., while you were home on break, taking a vacation, etc.).

**INSTR** **SCH**

**Display This Question:**

If Have you attended any other universities or colleges? **Yes** is **Selected**

You indicated that you have attended more than one university. We are trying to understand experiences you have had while attending the University of Oregon. Colleges you previously attended would fall into the "Before College" category. Please keep your time at the the University of Oregon in mind when you indicate your experiences during college.

**This instruction will apply to all questions that refer to "during college." We are interested in understanding your experiences at the University of Oregon.**

----- Page Break -----

**SEXHARR**

Please indicate whether you have experienced any of the following **before, during and/or outside** of your college attendance by checking the boxes.

If you have not had the experience, simply leave the boxes unchecked.

	Before college	During college	During college but not while you were at college
Someone repeatedly told sexual stories or jokes that were offensive to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made unwelcome attempts to draw you into a			

discussion of sexual matters (for example, attempted to discuss or comment on your sex life)?

Someone made offensive remarks about your appearance, body, or sexual activities?

Someone gestured or used body language of a sexual nature that embarrassed or offended you?

Someone made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it?

Someone continued to ask you for dates, drinks, dinner, etc., even though you said "No"?

Before college

During college

During college but not while you were at college

Someone touched you in a way that made you feel uncomfortable?

Someone made unwanted attempts to stroke, fondle, or kiss you?

Someone made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behavior?

Someone made you feel threatened with some sort of retaliation for not being sexually cooperative?

Someone treated you badly for refusing to have sex?

Someone implied faster promotions or better treatment if you were sexually cooperative?

Before college

During college

During college but not while you were at college

Someone referred to people of your gender in insulting or offensive terms?

Someone treated you "differently" because of your gender (for example, mistreated, slighted, or ignored you)

Someone made offensive sexist remarks (for example, suggesting that people of your gender are not suited for the kind of work or activities you do)?

Someone put you down or acted condescendingly to you because of your gender?

BBTS#

Please indicate whether each of the following events happened to you **before, during and/or outside** of your college/university attendance by entering a number in the corresponding box.

If you have experienced an event more times than you can count, please enter 10. If you have not experience the event, just leave it blank -- you do not need to enter 0.

	Before college	During college	During college but not while you were at college
You were in a major earthquake, fire, flood, hurricane, or tornado that resulted in significant loss of personal property, serious injury to yourself or a significant other, the death of a significant other, or the fear of your own death.	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were in a major automobile, boat, motorcycle, plane, train, or industrial accident that resulted in similar consequences.	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were <u>not close</u> .	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u> .	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Before college	During college	During college but not while you were at college
You were neglected or had such basic essential needs or resources withheld from you by someone with whom you were <u>not close</u> . This neglect or withdrawal of basic needs could have been willful or not.	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were emotionally or psychologically mistreated by someone with whom you were <u>not close</u> .	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were neglected or had basic essential needs or resources withheld from you by someone with whom you were <u>very close</u> . This neglect or withdrawal of basic needs could have been willful or not.	<input type="text"/>	<input type="text"/>	<input type="text"/>
You were deliberately attacked so severely as to result in marks, bruises, blood, broken bones, or broken teeth by someone with whom you were <u>very close</u> (such as a parent or lover)	<input type="text"/>	<input type="text"/>	<input type="text"/>

parent or lover).

You were emotionally or psychologically mistreated by someone with whom you were very close.

You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were very close.

You learned that someone who you were very close to was made to have such sexual contact by someone else.

Before college

During college

During college but not while you were at college

SES - College

Block Options ▼



## SES\_Screen

Have you experienced any of the events **during your time in college?**

- Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration)
- Someone performed oral sex on me or made me have oral sex with them without my consent
- Someone inserted their penis, fingers, or objects into my vagina without my consent
- Someone inserted their penis, fingers, or objects into my anus without my consent
- Even though it didn't happen, someone TRIED to perform oral sex on me, or make me have oral sex with them without my consent
- Even though it didn't happen, someone TRIED to insert their penis, fingers, or objects into my vagina without my consent
- Even though it didn't happen, someone TRIED to insert their penis, fingers, or objects into my anus without my consent

Show Discussion (0)

Page Break

**Display This Question:**

If Have you experienced any of the events during your time in college? q://QID115/SelectedChoicesCount Is Greater Than 0

The following questions ask more detail about sexual experiences you had **during college** that were done to you without your consent.

For each experience, we are interested in knowing about **how** these experiences may have occurred and **what type of person** was involved.

If you have experienced the same type of event multiple times or multiple individuals were involved in a given event, you may choose more than one option for the different descriptions (e.g., both someone you knew AND a stranger).



Fond#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (but did not attempt sexual penetration)**  
Is **Selected**

How many times has this happened to you in college?

Page Break



Oral#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Someone performed oral sex on me or made me have oral sex with them without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break



VPen#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Someone inserted their penis, fingers, or objects into my vagina without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break





APen#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Someone inserted their penis, fingers, or objects into my anus without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break



**AOral#**

**Display This Question:**

If Have you experienced any of the events during your time in college? **Even though it didn't happen, someone TRIED to perform oral sex on me, or make me have oral sex with them without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break



AVag#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Even though it didn't happen, someone TRIED to insert their penis, fingers, or objects into my vagina without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break



AAAnal#

**Display This Question:**

If Have you experienced any of the events during your time in college? **Even though it didn't happen, someone TRIED to insert their penis, fingers, or objects into my anus without my consent** Is **Selected**

How many times has this happened to you in college?

Page Break

**INSTR\_ RAPE**

Please indicate whether you agree with the following items:

**SHAR**

I have been sexually harassed while attending college

- No
- Yes
- Maybe

**RAPE**

I have been raped while attending college

- No
- Yes
- Maybe



## SASSAULT

I have been sexually assaulted while attending college

- No
- Yes
- Maybe

Campus Map

Block Options

## MAP

### Display This Question:

If Have you experienced any of the events during your time in college? `q://QID115/SelectedChoicesCount` Is Greater Than 0

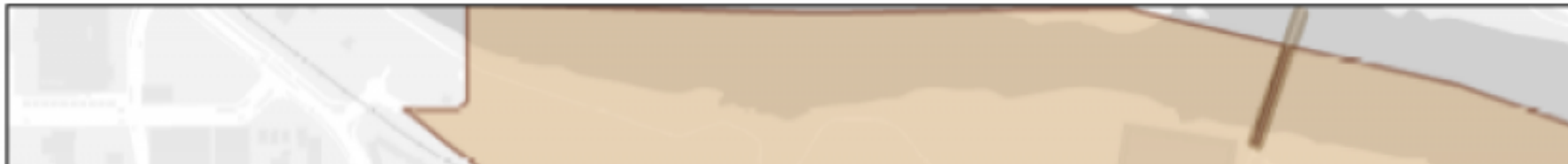
**Or** Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u>. - During college** Is Greater Than 0

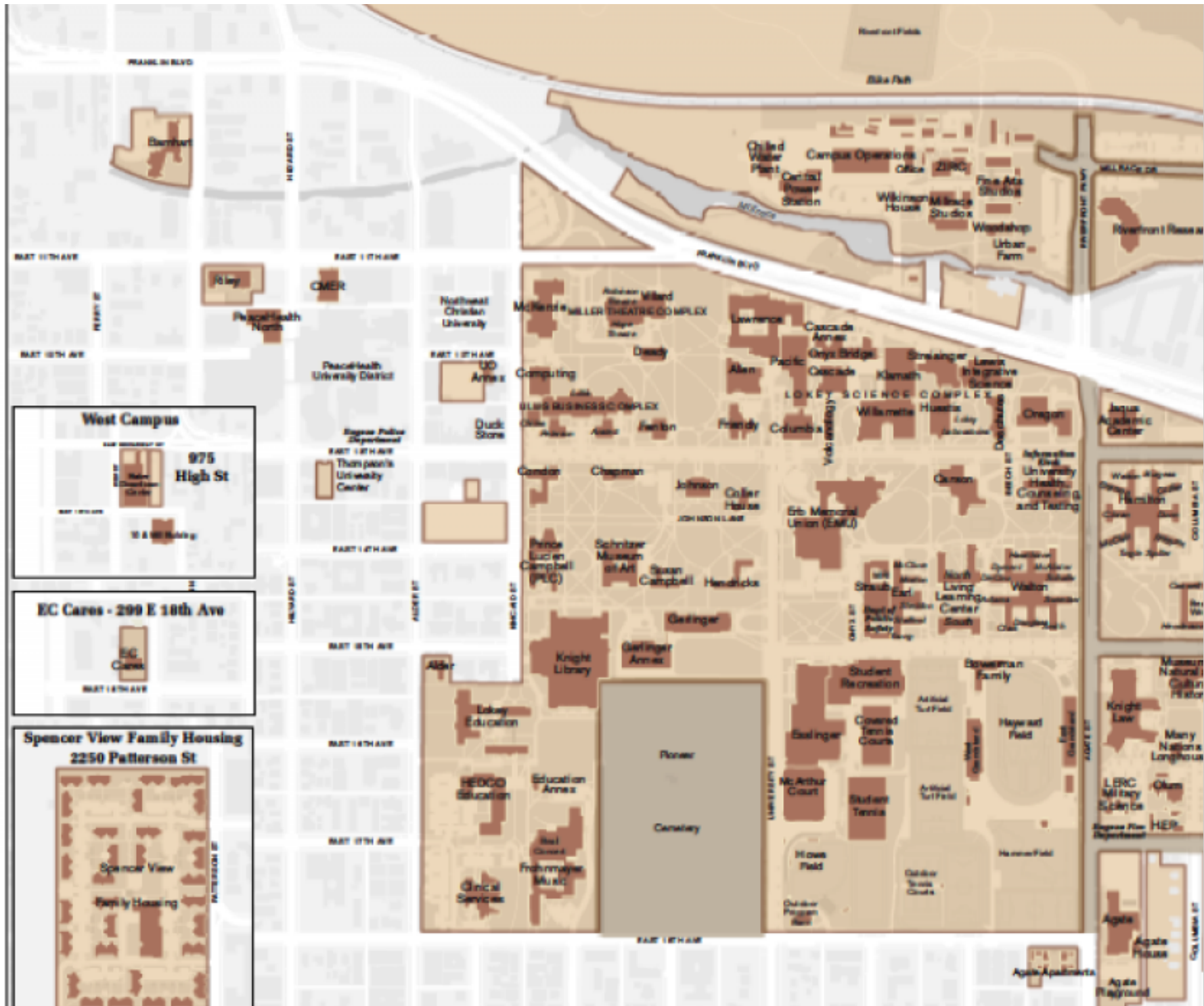
**Or** Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>very close</u>. - During college** Is Greater Than 0

You indicated having unwanted sexual experiences while attending college. We are interested in whether the events you described occurred on or off campus.

Please look at the map below for reference: All areas shaded in light brown or buildings depicted in brown are "on-campus" (please note insets of areas not directly adjacent to main campus).

All other areas including those not shown on the map are "off-campus." Note that the Pioneer Cemetery and some streets near campus (Millrace, Riverfront, Agate, parts of 13th, 15th, and 17th) are considered "off-campus."





WHERE

**Display This Question:**

If Have you experienced any of the events during your time in college? q://QID115/SelectedChoicesCount Is Greater Than 0

Or Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u>. - During college Is Greater Than 0**

Or Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>very close</u>. - During college Is Greater Than 0**

Where did the events take place?

On-campus (please briefly specify location, e.g., Carson Hall)

Off-campus (please briefly specify location, e.g., apartment)

Other location or unsure (please explain):

**EVENT**

**Display This Question:**

If You indicated having unwanted sexual experiences while attending college. We are interested in wh... Is **Displayed**

Did any of these experiences occur related to a school-related event? (e.g., fraternity/sorority rush, athletic event, orientation week, etc.)

No

Yes - Please briefly describe without naming any individuals (e.g., after a fraternity social):

Relationship to School

Block Options

**Q40**

**Display This Question:**

If Have you experienced any of the events during your time in college? q://QID115/SelectedChoicesCount Is **Greater Than 0**

**Or** Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u>. - During college Is Greater Than 0**

**Or** Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>very close</u>. - During college Is Greater Than 0**

The following questions ask about your relationship to your school at the time of the unwanted sexual experience/s.



**Display This Question:**

If Have you experienced any of the events during your time in college? q://QID115/SelectedChoicesCount Is Greater Than 0

Or Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u>. - During college Is Greater Than 0**

Or Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>very close</u>. - During college Is Greater Than 0**

What was your relationship to school at the time of the experience? Please include all that apply:

- Full time student
- Part time student
- School employee
- Living on campus
- Involved in Greek system
- Involved in clubs or organizations
- Part of an honors or specialized academic program
- Student athlete
- Receiving scholarship or institutional support

REL\_CHANGE



**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>not close</u>. - During college** Is **Greater Than 0**

Or Please indicate whether each of the following events happened to you before, during and/or outsi... **You were made to have some form of sexual contact (e.g., touching or penetration) or participate in sexual activity (e.g., masturbate or watch) by someone with whom you were <u>very close</u>. - During college** Is **Greater Than 0**

Or Have you experienced any of the events during your time in college? **q://QID115/SelectedChoicesCount** Is **Greater Than 0**

Which, if any, changed at any time while you were still a student at the school following this experience (i.e., not including after graduation)?

	No Change	More involved	Less involved	No longer involved
» Full time student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Part time student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» School employee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Living on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Involved in Greek system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Involved in clubs or organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Part of an honors or specialized academic program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Student athlete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Receiving scholarship or institutional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Carry Forward **All Choices - Displayed & Hidden** from "What was your relationship to school at the tim..." [Edit](#)

**DISC**

▼

Have you ever disclosed any unwanted sexual experiences to a university source?

- No
- Yes

**ID\_DISC**

▼

**Display This Question:**

If Have you ever disclosed any unwanted sexual experiences to a university source? **Yes** is **Selected**

To which institutional resources did you disclose directly (e.g., you chose to tell them vs. your report was passed on to them)?

- UOPD
- Student Health
- Counseling Staff
- Graduate Teaching Fellow (GTF)
- Office of Affirmative Action and Equal Opportunity
- Dean of Students
- Faculty
- Resident advisor or Housing employee
- Other:

IBQ\_UNI

▼

**Display This Question:**

If The following questions ask more detail about sexual experiences you had during college that were... Is **Displayed**

This section will ask you to think about larger educational institutions to which you belong or have belonged, which may or may not call to mind specific individuals. This may include large systems such as an entire university community. Or, this can refer to parts of these systems such as a campus dormitory, an athletic team, a specific fraternity or sorority, a disciplinary body, etc.

In thinking about the events described in the previous section, did an institution play a role by ...

Check all that apply	
<input type="checkbox"/>	Not taking proactive steps to prevent this type of experience/s?
<input type="checkbox"/>	Creating an environment in which this type of experience/s seemed common or normal?
<input type="checkbox"/>	Creating an environment in which this experience seemed more likely to occur?
<input type="checkbox"/>	Making it difficult to report the experience/s?
<input type="checkbox"/>	Responding inadequately to the experience/s, if reported?
<input type="checkbox"/>	Mishandling your case, if disciplinary action was requested?
<input type="checkbox"/>	Covering up the experience/s?
<input type="checkbox"/>	Denying your experience/s in some way?
<input type="checkbox"/>	Punishing you in some way for reporting the experience/s (e.g., loss of privileges or status)?
<input type="checkbox"/>	Suggesting your experience/s might affect the reputation of the institution?
<input type="checkbox"/>	Creating an environment where you no longer felt like a valued member of the institution?
<input type="checkbox"/>	Creating an environment where continued membership was difficult for you?
<input type="checkbox"/>	Responding differently to your experience/s based on your sexual orientation?
<input type="checkbox"/>	Creating an environment in which you felt discriminated against based on your sexual orientation?



sexual orientation:

Expressing a biased or negative attitude toward you and/or your experience/s based on your sexual orientation?

Responding differently to your experience/s based on your race?

Creating an environment in which you felt discriminated against based on your race?

Expressing a biased or negative attitude toward you and/or your experience/s based on your race?

IBQ\_ID

**Display This Question:**

If The following questions ask more detail about sexual experiences you had during college that were... Is **Displayed**

Prior to this experience, was this an institution you identified with or felt a part of?

Not at all

A little

A good deal

Very much

IBQ\_MEMBERSHIP

**Display This Question:**

If The following questions ask more detail about sexual experiences you had during college that were... Is **Displayed**

Are you still part of this institution?

No

Yes

IBQ\_DESC

**Display This Question:**

If The following questions ask more detail about sexual experiences you had during college that were... Is **Displayed**

Please briefly describe the institution involved (e.g., sorority, club, etc.):

Friend

Block Options

FRIEND\_DESC

**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You learned that someone who you were <u>very close</u> to was made to have such sexual contact by someone else. - During college** Is **Not Empty**

You indicated that someone close to you had experienced unwanted sexual contact during your time at college. Was this at the University of Oregon?

No

Yes

FRIEND\_055



**Display This Question:**

If You indicated that someone close to you had experienced unwanted sexual contact during your time... **Yes** Is **Selected**

Please briefly describe what happened, without naming individuals (e.g., my roommate was drugged at a party and someone performed oral sex on him/her).

⌵ Institutional Betrayal - Other

Block Options ⌵

**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You learned that someone who you were <u>very close</u> to was made to have such sexual contact by someone else. - During college Is Greater Than 0**

This section will ask you to think about larger educational institutions to which your friend belongs or has belonged, which may or may not call to mind specific individuals. This may include large systems such as an entire university community. Or, this can refer to parts of these systems such as a campus dormitory, an athletic team, a specific fraternity or sorority, a disciplinary body, etc.

In thinking about the events described in the previous section, did an institution play a role in your friend's experience by ...

Check all that apply

- | Check all that apply     |  |
|--------------------------|--|
| <input type="checkbox"/> | Not taking proactive steps to prevent this type of experience?                                       |
| <input type="checkbox"/> | Creating an environment in which this type of experience seemed common or normal?                    |
| <input type="checkbox"/> | Creating an environment in which this experience seemed more likely to occur?                        |
| <input type="checkbox"/> | Making it difficult to report the experience?  |
| <input type="checkbox"/> | Responding inadequately to the experience, if reported?  |
| <input type="checkbox"/> | Mishandling your friend's case, if disciplinary action was requested?                                |
| <input type="checkbox"/> | Covering up the experience?  |
| <input type="checkbox"/> | Denying your friend's experience in some way?  |
| <input type="checkbox"/> | Punishing your friend in some way for reporting the experience (e.g., loss of privileges or status)? |
| <input type="checkbox"/> | Suggesting your friend's experience might affect the reputation of the institution?                  |
| <input type="checkbox"/> | Creating an environment where your friend no longer felt like a valued member of the institution?    |
| <input type="checkbox"/> | Creating an environment where continued membership was difficult for your friend?                    |

IBQO\_ID

**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You learned that someone who you were <u>very close</u> to was made to have such sexual contact by someone else. - During college Is Greater Than 0**

Prior to this experience, was this an institution or organization your friend identified with or felt a part of?

- Not at all
- Very little
- A good deal
- Very much

IBQO\_MF<sup>MM</sup>

**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You learned that someone who you were <u>very close</u> to was made to have such sexual contact by someone else. - During college Is Greater Than 0**

Is your friend still part of this institution?

- No
- Yes

IBQO\_DESC

**Display This Question:**

If Please indicate whether each of the following events happened to you before, during and/or outsi... **You learned that someone who you were <u>very close</u> to was made to have such sexual contact by someone else. - During college Is Greater Than 0**

Please briefly describe the institution involved (e.g., sorority, club, etc.):

PERP\_SEXHA

Please consider the following items pertaining to various actions you may have taken. Have you engaged in any of the following actions **during college**?

- Told sexual stories or jokes that may have been offensive to others
- Made unwelcome attempts to draw someone into a discussion of sexual matters (for example, attempting to discuss or comment on his/her sex life)
- Made offensive remarks about someone's appearance, body, or sexual activities
- Made gestures or used body language of a sexual nature that may have been offensive or embarrassing to others
- Made attempts to establish a romantic or sexual relationship with someone despite his/her attempts to discourage you
- Continued to ask someone for dates, drinks, dinner, etc., even though he/she said no
- Touched someone's body in a way that may have made him/her feel uncomfortable
- Choose this item to indicate that you are reading each statement on this list
- Made attempts to stroke, fondle, or kiss someone even though he/she said no
- Attempted to bribe someone with a reward or special treatment to engage in sexual behavior
- Threatened someone with retaliation if he/she were not being sexually cooperative
- Treated someone badly after he/she refused to have sex
- Implied that someone would receive better treatment if he/she were sexually cooperative
- Referred to someone using insulting or offensive terms related to their gender
- Treated someone "differently" because of his/her gender (for example, mistreating, slighting, or ignoring him/her)

- Made sexist remarks (for example, suggesting that people of one gender are not suited for the certain kinds of work/activities)
- Put someone down or acted condescendingly because of his/her gender

----- Page Break -----

## PERP\_SCORE

Please consider the following behaviors that you may have engaged in and check each item that describes something you have done **during college**.

Your responses are completely confidential. We hope this helps you to feel comfortable answering each question honestly.

- I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/chest, crotch, or butt) or removed some of their clothes without their consent (but did not attempt sexual penetration)
- I performed oral sex on someone or had someone perform oral sex on me without their consent
- I put my penis or I put my fingers or objects into someone's vagina without their consent
- I put in my penis or I put my fingers or objects into someone's anus without their consent
- Even though it did not happen, I TRIED to perform oral sex on someone or have them perform oral sex on me without their consent
- Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's vagina without their consent
- Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's anus without their consent

----- Page Break -----

PERP\_IN<sup>c</sup>

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... q://QID58/SelectedChoicesCount Is  
Greater Than 0

The following questions ask more detail about sexual behaviors you indicated doing **since beginning college**.

For each experience, we are interested in knowing about **how** these experiences may have occurred and **what type of person** was involved.

If you have experienced the same type of event multiple times or multiple individuals were involved in a given event, you may choose more than one option for the different descriptions (e.g., both someone you knew AND a stranger).

----- Page Break -----





PERP\_FOND#

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **I fondled, kissed, or rubbed up against the private areas of someone's body (lips, breast/chest, crotch, or butt) or removed some of their clothes without their consent (but did not attempt sexual penetration)** Is Selected

About how many times total have you done this?

Page Break



PERP\_OPAL #

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **I performed oral sex on someone or had someone perform oral sex on me without their consent** Is **Selected**

About how many times total have you done this?

Page Break



**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **I put my penis or I put my fingers or objects into someone's vagina without their consent** Is **Selected**

I put my penis (men only) or I put my fingers or objects (all respondents) into a woman's vagina without her consent by:

	This was done to		This person was a		
	Someone I knew, at least a little	A Stranger	Student at my school	Student at another school	Unsure
Telling lies, threatening to end the relationship, threatening to spread rumors about them, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking advantage of them when they were too drunk or high to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening to physically harm them or someone close to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERP\_VPEN#

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **I put my penis or I put my fingers or objects into someone's vagina without their consent** Is **Selected**

About how many times total have you done this?

Page Break



PERP\_A<sup>PERM#</sup>

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **I put in my penis or I put my fingers or objects into someone's anus without their consent** Is **Selected**

About how many times total have you done this?

Page Break





PERP\_OP^#

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **Even though it did not happen, I TRIED to perform oral sex on someone or have them perform oral sex on me without their consent** Is Selected

About how many times total have you done this?

Page Break

PERP\_VP^



**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's vagina without their consent** Is **Selected**

Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into a woman's vagina without their consent by:

	This was done to		This person was a		
	Someone I knew, at least a little	A Stranger	Student at my school	Student at another school	Unsure
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking advantage of them when they was too drunk or high to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening to physically harm them or someone close to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERP\_VP^#

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's vagina without their consent** Is Selected

About how many times total have you done this?

Page Break



**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's anus without their consent** Is Selected

Even though it did not happen, I TRIED to put in my penis (men only) or I tried to put my fingers or objects (all respondents) into someone's anus without their consent by:

	This was done to		This person was a		
	Someone I knew, at least a little	A Stranger	Student at my school	Student at another school	Unsure
Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring them after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showing displeasure, criticizing their sexuality or attractiveness, getting angry but not using physical force, after they said they didn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking advantage of them when they was too drunk or high to stop what was happening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatening to physically harm them or someone close to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using force, for example holding them down with my body weight, pinning their arms, or having a weapon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERP\_AP^#

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **Even though it did not happen, I TRIED to put in my penis or I tried to put my fingers or objects into someone's anus without their consent** Is Selected

About how many times total have you done this?

Page Break

PERP\_MAD

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... **q://QID58/SelectedChoicesCount** Is Greater Than 0

You indicated that you participated in some sexual activities that were non-consensual while attending college. We are interested in whether the events you described occurred on or off campus.

Please refer to map for reference: All areas shaded in light brown or buildings depicted in brown are "on-campus" (please note insets of areas not directly adjacent to main campus).

All other areas including those not shown on the map are "off-campus." Note that the Pioneer Cemetery and some streets near campus (Millrace, Riverfront, Agate, parts of 13th, 15th, and 17th) are considered "off-campus."





PERP\_LOC

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... q://QID58/SelectedChoicesCount Is Greater Than 0

Where did the events take place?

On-campus (please briefly specify location, e.g., Carson Hall)

Off-campus (please briefly specify location, e.g., apartment)

Other location or unsure (please explain):

PERP\_EVENT

**Display This Question:**

If Please consider the following behaviors that you may have engaged in and check each item that des... q://QID58/SelectedChoicesCount Is Greater Than 0

Did any of these experiences occur related to a school-related event? (e.g., fraternity/sorority rush, athletic event, orientation week, etc.)

No

Yes - Please briefly describe without naming any individuals (e.g., after a fraternity social):

Page Break

INS\_PERP\_Q

Please indicate whether you agree with the following statements.



**PERP\_HAR**

I have sexually harassed someone while I was in college

- No
- Yes
- Maybe

**PERP\_RAPE**

I have raped someone while I was in college

- No
- Yes
- Maybe

**PERP\_ASSA**

I have sexually assaulted someone while I was in college

- No
- Yes
- Maybe

**PERP\_FRIEN**

Has anyone you know had non-consensual sexual contact with a student at your school?

- No
- Yes

**PER\_FRIEN2**

**Display This Question:**

If Has anyone you know had non-consensual sexual contact with a student at your school? **Yes** Is **Selected**

Please briefly describe without naming individuals (e.g., my friend told me that they purposefully had sex with someone who was passed out):

**Bystander Behavior**

Block Options ▼

**BYST1**

Please identify which of the following actions you have taken while at college. You can check an item if you have done something similar, even if it is not exactly the same.

- Expressed my discomfort when someone made a sexual joke about someone's body.
- Expressed my discomfort when someone said that rape victims are to blame for being raped.
- Called for help (i.e. call 911) when I hear someone in my dorm yelling "help."
- Talked to a friend who I suspected was in a sexually abusive relationship.
- Got help and resources for a friend who told me they had been raped.

- Asked a stranger who looked very upset at a party if they were ok or need help.
- Asked a friend if they needed to be walked home from a party.
- Asked no question, but checked this item to indicate I'm reading each one.
- Asked a stranger if they needed to be walked home from a party.
- Criticized a friend who told me that they had sex with someone who was passed out or who didn't give consent.
- Did something to help a very drunk person who was being brought upstairs to a bedroom by a group of people at a party.
- Did something when I saw a woman who looked very uncomfortable surrounded by a group of men at a party.
- Told an RA or other campus authority about information I had that might help in a sexual assault case (even if pressured by my peers to stay silent).
- Spoke up to someone who was making excuses for forcing someone to have sex with them.
- Spoke up to someone who was making excuses for having sex with someone who was unable to give full consent.
- Confronted other students who make inappropriate or negative sexual comments and gestures.
- Reported other students who continue to engage in sexual harassing or unwanted sexual behaviors after having been previously confronted.
- Reported other students who used force or pressure to engage in sexual contact.
- Allowed personal loyalties to affect the reporting of sexual assault

**BYST2**

Please identify which of the following actions you have taken while at college. You can check an item if you have done something similar, even if it is not exactly the same.

- Chose not to report sexual assault out of concern that you or others will be punished for infractions, such as underage drinking or fraternization.
- Was interviewed as or served as a witness in a sexual assault case.
- Asked for verbal consent when I was intimate with someone, even if we are in a long-term relationship.
- Stopped sexual activity when asked to, even if I was already sexually aroused.
- I will check this item to indicate that I am paying attention to each option.
- Checked in with my friend who looked drunk when they went to a room with someone else at a party.
- Said something to my friend who was taking a drunk person back to their room at a party.
- Challenged a friend who made a sexist joke.
- Expressed my concern to a family member who made a sexist joke.
- Challenged a friend who used insulting words to describe girls.
- Confronted a friend who planned to give someone alcohol to get sex.
- Refused to participate in activities where girls' appearances are ranked/rated.
- Confronted a friend who was hooking up with someone who was passed out.
- Confronted a friend about whom I heard rumors that they forced sex on someone.
- Reported a friend that committed a rape.
- Stopped having sex with someone if they said to stop, even if it started consensually.
- Decided not to have sex with someone when they were drunk.

**RAPE\_MYTHS**

▼

Please indicate the degree to which you agree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
If a girl is raped while she is drunk, she is at least somewhat responsible for letting things get out of hand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls go to parties wearing slutty clothes, they are asking for trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl goes to a room alone with a guy at a party, it is her own fault if she is raped.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl acts like a slut, eventually she is going to get into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When girls get raped, it's often because the way they said "no" was unclear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a girl initiates kissing or hooking up, she should not be surprised if a guy assumes she wants to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
When guys rape, it is usually because of their strong desire for sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guys don't usually intend to force sex on a girl, but sometimes they get too sexually carried away.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape happens when a guy's sex drive goes out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a guy is drunk, he might rape someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

unintentionally.

I will choose agree for this item to indicate I am reading each statement.

It shouldn't be considered rape if a guy is drunk and didn't realize what he was doing.

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

If both people are drunk, it can't be rape.

If a girl doesn't physically resist sex—even if protesting verbally—it can't be considered rape.

If a girl doesn't physically fight back, you can't really say it was rape.

A rape probably doesn't happen if a girl doesn't have any bruises or marks.

If the accused "rapist" doesn't have a weapon, you really can't call it rape.

If a girl doesn't say "no" she can't claim rape.

Strongly Disagree      Disagree      Neither Agree nor Disagree      Agree      Strongly Agree

A lot of times, girls who say they were raped agreed to have sex and then regret it.

Rape accusations are often used as a way of getting back at guys.

A lot of times, girls who say they were raped often led the guy on and then had regrets.

A lot of times, girls with emotional problems falsely claim they were raped.

Girls who are caught cheating on their boyfriends sometimes claim it was rape.

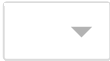


PHQ - Physical and Mental Health

Block Options ▼

### INSTR\_HEAL

The following questions will ask about your physical and mental health. Please pay attention to the time period to which they refer and the response options as both vary between questions.



**PAIN**

During the last **4 weeks**, how much have you been bothered by any of the following symptoms?

	Not bothered at all	Bothered a little	Bothered a lot
Stomach pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain or problems during sexual intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling your heart pound or race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation, loose bowels, or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea, gas, or indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



## DEPRESSION



Over the last **2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading or watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**PANIC\_SCORE**

In the last **4 weeks**, have you had an anxiety attack - suddenly feeling fear or panic?

No

Yes

**PANIC**



**Display This Question:**

If In the last 4 weeks, have you had an anxiety attack - suddenly feeling fear or panic? **Yes** is **Selected**

Regarding the anxiety attack you recently experienced:

	No	Yes
Has this ever happened before?	<input type="radio"/>	<input type="radio"/>
Do some of these attacks come suddenly out of the blue - that is, in situations where you don't expect to be nervous or uncomfortable?	<input type="radio"/>	<input type="radio"/>
Do these attacks bother you a lot or are you worried about having another attack?	<input type="radio"/>	<input type="radio"/>
Were you short of breath?	<input type="radio"/>	<input type="radio"/>
Did your heart race, pound, or skip?	<input type="radio"/>	<input type="radio"/>
Did you have chest pain or pressure?	<input type="radio"/>	<input type="radio"/>
Did you sweat?	<input type="radio"/>	<input type="radio"/>
Did you feel as if you were choking?	<input type="radio"/>	<input type="radio"/>
Did you have hot flashes or chills?	<input type="radio"/>	<input type="radio"/>
Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	<input type="radio"/>	<input type="radio"/>
Did you feel dizzy, unsteady, or faint?	<input type="radio"/>	<input type="radio"/>
Did you have tingling or numbness in parts of your body?	<input type="radio"/>	<input type="radio"/>
Did you tremble or shake?	<input type="radio"/>	<input type="radio"/>
Were you afraid you were dying?	<input type="radio"/>	<input type="radio"/>

**WORRY**

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

**EATING**

Over the past **3 months**, have either of the following happened **more than twice in one week**?

	No	Yes
Felt that you couldn't control what or how much you eat?	<input type="radio"/>	<input type="radio"/>
You ate, within any 2-hour period, what most people would regard as an unusually large amount of food?	<input type="radio"/>	<input type="radio"/>

BINGE/PURGE

**Display This Question:**

If Over the past 3 months, have either of the following happened more than twice in one week? - Yes Is Greater Than 0

Over the past **3 months**, have either of the following happened **more than twice in one week**?

	No	Yes
Made yourself vomit?	<input type="radio"/>	<input type="radio"/>
Took more than twice the recommended dose of laxatives?	<input type="radio"/>	<input type="radio"/>
Fasted - not eaten anything at all for at least 24 hours?	<input type="radio"/>	<input type="radio"/>
Exercised for more than an hour specifically to avoid gaining weight after binge eating?	<input type="radio"/>	<input type="radio"/>

Page Break

ALC\_SCREEN

Do you drink alcohol?

No

Yes

ALC\_ABUSE

**Display This Question:**

If Do you drink alcohol? Yes Is Selected

Have any of the following happened to you **more than once in the last 6 months**?

	No	Yes
You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	<input type="radio"/>	<input type="radio"/>
You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	<input type="radio"/>	<input type="radio"/>
You missed or were late for work, school, or other activities because you were drinking or hung over	<input type="radio"/>	<input type="radio"/>
You had a problem getting along with other people while you were drinking	<input type="radio"/>	<input type="radio"/>
You drove a car after having several drinks or after drinking too much	<input type="radio"/>	<input type="radio"/>

ALC\_PROBS

**Display This Question:**

If Have any of the following happened to you more than once in the last 6 months? - Yes Is Greater Than 0

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

**STRESS**

During the last **4 weeks**, how much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
Worrying about your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your weight or how you look	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Little or no sexual desire or pleasure during sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The stress of taking care of children, parents or other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress at work or outside of the home or at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial problems or worries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having no one to turn to when you have a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something bad that happened recently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MEDS

Are you currently taking any medication for anxiety, depression, or stress?

- No
- Yes

## Periods

### Display This Question:

If Which best describes your gender? **Woman** Is **Selected**

Which best describes your menstrual periods?

- Periods are unchanged
- No periods because pregnant or recently gave birth
- Periods have become irregular or changed in frequency, duration or amount
- No periods for at least a year
- Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive

## PMDD

### Display This Question:

If Which best describes your gender? **Woman** Is **Selected**

During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger, or mood?

- No
- Yes



PMDD\_Fo"

**Display This Question:**

If During the week before your period starts, do you have a serious problem with your mood - like d... **Yes** Is **Selected**

Do these problems go away by the end of your period?

No

Yes

BIRTH

**Display This Question:**

If Which best describes your gender? **Woman** Is **Selected**

Have you given birth within the past 6 months?

No

Yes

MISCAR

**Display This Question:**

If Which best describes your gender? **Woman** Is **Selected**

Have you had a miscarriage within the past 6 months?

No

Yes

**MANIA**



In the past year, was there ever been a period of time when you were not your usual self and...

	No	Yes
You felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
You were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
You felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
You got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
You were much more talkative or spoke faster than usual?	<input type="radio"/>	<input type="radio"/>
Thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
You were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
You had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
You were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
You were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
Spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>

MANIA\_FOL

**Display This Question:**

If In the past year, was there ever been a period of time when you were not your usual self and... - Yes Is Greater Than 3

Have several of these ever happened during the same period of time?

No

Yes

MANIA\_PROB

**Display This Question:**

If In the past year, was there ever been a period of time when you were not your usual self and... - Yes Is Greater Than 3

How much of a problem did any of these cause you – like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

No problems

Minor problems

Moderate problems

Serious problems

Survey Experience

Block Options

Sur\_Ins

Thank you for your participation in this research. Having completed this study, please consider your experience as a participant as you answer the following questions:

SE\_1

For the questions that were asked about different experiences you may have had such as non-consensual sexual experiences or touching someone without their consent, please rate whether you found answering these questions to be more or less distressing than other things you sometimes encounter in day to day life.

- Much more distressing
- Somewhat more distressing
- Neutral
- Somewhat less distressing
- Much less distressing

SE\_2

For the questions that were asked about different experiences you may have had such as non-consensual sexual experiences or touching someone without their consent, please rate how important you believe it is for researchers to ask about these types of events in order to study the impact of such experiences.

- Definitely not important
- Somewhat not important
- Neutral
- Somewhat important
- Definitely important

**SE\_3**

For the questions that were asked about different experiences you may have had such as non-consensual sexual experiences or touching someone without their consent, please consider both your experience answering the questions, and your feelings about how important it is we ask the questions, and then rate how good of an idea it is to include such measures in research.

- Very bad
- Somewhat bad
- Neutral
- Somewhat good
- Very good

**SE\_4**

If you have any additional thoughts about your experience participating in this research, please share them below. Remember, please do not use names or other identifying information if you choose to describe people or events.