



INSTRUCTIONAL EQUIPMENT REQUEST

Due in Dean/Unit Head's Office on September 19, 2011 (FALL) and March 1, 2012 (SPRING)

The Definition of Instructional Equipment can be found in the California Community College's Budget and Accounting Manual. A copy of these definitions is on the PBC webpage:

<http://grapevine/pbc/InstructionalEquipment.php>

Name of Requestor:

Division/Unit :

Brief title of request (equipment or materials being requested must be similar, related or part of a system.

Request amount (unit cost and total cost including tax and shipping.

Please include all costs including installation, modification to existing facilities to accomodate new equipment, etc.):

This should come from the vendor quote

Item (s) cost	\$ <u>2,100.00</u>
Tax (.0875)	\$ <u>183.75</u>
Shipping	\$ <u>50.00</u>
Installation	\$ <u>0</u>
Facilities Modification	\$ <u>0</u>
Other Assistant	\$ <u>2700.00</u>
for IR office	
Total Cost	\$ <u>5,033.75</u>

Attach copy of quote(s), estimate(s) and requisition(s):

(Must attach quote & requisition; absence of either will delay processing)

Brief description of specific equipment or materials requested and what they will be used for: (include the # pieces being requested; i.e.: 10 crayola crayons, sky blue, etc. in 250 words or less)

This request is for the American College Health Association (ACHA) Survey to be completed again in 2013 with Las Positas students. This national survey assists our institution in collecting data about our students' health behaviors and perceptions. Using the survey results, our institution can better understand our students' experiences and identify their health needs. We can then use this knowledge to inform our program planning, both within the Physical Education, Athletics, Health and Nutrition division and in Student Services. Survey topics include: alcohol, tobacco, and other drug use; sexual health; weight, nutrition, and exercise; mental health; and personal safety and violence. The survey also identifies health issues that students report compromising their academic performance. Having access to this data enables programs to seek out grant funding and use valid data to make resource allocation decisions. Please see sample survey (attached and available at http://www.acha-ncha.org/docs/ACHA-NCHAI_sample.pdf)

Is this in your Program Review? Yes No

The results of the 2007 survey were discussed in the Health and Nutrition Program Review. This data assisted our department in understanding the health needs of our students. Within the narrative of our self-study, the need to repeat the survey was identified and a program maintenance request form was submitted.

Within the Student Health and Wellness Center Program Review, data from the 2007 survey was used to develop an action plan of: increased mental health services, wellness academic outreach calendar of events and weekly tabling for prevention, and educational opportunities based on the compromising health risks identified in the survey. Conducting another survey is documented as a measurable objective.

Is it a replacement? Yes

Upgrade? Yes

New technology? Yes

Please explain?

The ACHA survey was last completed in 2007. Repetition of the survey will allow use of current, valid data.

Following is the evaluation criteria; please see corresponding Instructional Equipment Rubric.

Instructional and Service Impact

How will this item have a positive impact on instruction and/or teaching and learning in the classroom? Is this for use by the Instructor or students, or both?

The survey results can be used by faculty in health and related courses to illustrate how a specific health issue affects LPC's students. For example, I have used the 2007 data in my Health 1 classes regarding both students' reported alcohol use and their perceptions of other students' use. Comparing actual behavior to perceptions of alcohol use is an example of a social norms approach to health behavior change. See attachment for example from a class power point.

This data also benefits the Student Health and Wellness Center by the allowing the Center to make resource, staffing, and other decisions in response to documented student needs such as expanding services for specific health needs. Examples of educational events and strategies used by the Health and Wellness Center in response to the 2007 survey include expanding the mental health program, stress management program, fresh fruit tabling, massage therapy, and sexual assault awareness. Another benefit of this data is Associated Students and student clubs can use the results in planning events for students. Utilizing this data assists the Center and others on campus to apply for grants that require documentation.

Impact on Enrollment

Will the equipment impact enrollment, attract or increase the number of students participating in a course or program?

Repeating the survey and utilizing the data probably will not directly impact enrollment in specific courses or programs.

Utilizing accurate, current data will allow the Health and Wellness Center and other departments to better address student needs. By continuing to address health-related academic barriers students experience, there could be a positive impact on student retention and success.

Access

How does this item promote the principles of universal design, by providing opportunities for under-represented populations & accommodate students with diverse learning styles?

While the survey does not promote principles of universal design, it does provide self-reported prevalence data about learning-related disabilities. It also provides data about mental illness, which can be another barrier to student success. Also by using a larger sample size than the previous survey, the Office of Institutional Research can look at data for specific groups of students, such as by race/ethnicity.

Outcomes

How will this equipment enable or enhance SLOs? What are the consequences related to learning outcomes if request is not funded?

The survey does not directly relate to any of the SLOs that are currently assessed by the Health and Nutrition department. Health topics from the survey have been used in SLOs by the Health Center to assess students.

The survey does provide our institution with data on impediments to students' academic success.

Total Cost of Ownership (This is an attempt to identify what the ongoing costs of purchasing this equipment will be to the institution)

- a) What is the lifespan of the equipment? 5 years? 10 years? 20 years?
- b) Is there sufficient current/planned space available for the storage and use of this equipment? If so, where will it be housed? If not, is there a proposed location and are there any costs associated with installation or modifications to the space?
- c) Are there operating costs and how will they be covered by the department?
- d) What will be required to maintain the equipment, such as regular servicing or upkeep? Who will perform maintenance, and what will the estimated costs be?

- a) The lifespan of the data's currency is about 5 years.
- b) There are no storage needs for the survey.
- c) After paying for the survey, there are not any continuing operating costs.
- d) There is no regular servicing or upkeep required.

Visibility/Profile within Community

Is this a "flagship" item that will bring recognition/notoriety to the College or raise the stature of the program? Will it attract students and/or enhance the image of the College in the community because of its rare, one-of-a-kind status?

The survey is not a "flagship" item. Instead it is required to provide professional excellence to our students in various programs on campus by making decisions based on valid data. In turn, it will assist the Health Center in continuing to excel in providing useful and effective health services to our students.

Commitment to Sustainability

How does this equipment exceed basic sustainability goals and encourage renewable resources at the College? Is the design/operation of this item in keeping with the College's commitment to sustainable practices?

The survey can be completed either using paper or in a more sustainable electronic format. However, the Office of Institutional Research recommends using the paper survey format administered in classes for the survey results to be more valid. The purchase in general does not address sustainability practices.

Health, Safety & Security

Does this equipment address any health, safety & security concerns? If so, please explain below.

Yes, the survey identifies the most common health risks and behaviors affecting students and provides a needs assessment for specific health and safety issues on campus.

Signatures (required)

(If requesting computer-related equipment/software, LPC IT Department Review is **required**.)

Requested by Elizabeth Hopkins

Dean/
Unit Head [Signature]

IT Department Signature _____

Vice President [Signature]

LPC VP Business/President _____

LPC Business Office Use (Account Number) _____

Attachments for ACHA Survey Instructional Equipment Request

ACHA Survey Costs Spreadsheet

ACHA Participation and Processing Fees Chart

Sample Survey

Power point example

ACHA Survey Costs

		Cost	Explanation
Paper Survey Scan Forms	2,000 surveys at \$0.40 each	\$ 800.00	Institutional Research (IR) Office recommends using paper surveys and sample size of 2,000 students for valid results.
Survey Processing/Scanning Fee	2,000 survey at \$0.50 each	\$ 1,000.00	
Reports Package	1 at \$300.00	\$ 300.00	
	Subtotal	\$ 2,100.00	
Assistant pay	180 hours at \$15.00	\$ 2,700.00	IR Office will need assistance with logistics of administering the survey in classes (estimated 80 hours) and detailed data analysis beyond executive report provided by ACHA (estimated 100 hours). IR Office recommends salary of \$15.00 per hour.
Tax for survey cost	0.0875x\$2,100.00	\$ 183.75	
Shipping for return of surveys		\$ 50.00	
	Total Cost	\$ 5,033.75	

Health, Health Education and Safety

1. How would you describe your general health?

- Excellent
 Very good
 Good
 Fair
 Poor
 Don't know

2. Have you received information on the following topics from your college or university?

3. Are you interested in receiving information on the following topics from your college or university?

(Please mark the appropriate column for each question to the right)

	No	Yes	No	Yes
Alcohol and other drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold/Flu/Sore throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grief and loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to help others in distress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem use of Internet/computer games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault/Relationship violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease/infection (STD/I) prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Within the last 12 months, how often did you:

(Please mark the appropriate column for each row)

N/A, did not do this activity within the last 12 months

- Always**
Most of the time
Sometimes
Rarely
Never

Wear a seatbelt when you rode in a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you rode a bicycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you rode a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a helmet when you were inline skating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Within the last 12 months:

(Please mark the appropriate column for each row)

- Yes**
No

Were you in a physical fight?	<input type="radio"/>	<input type="radio"/>
Were you physically assaulted (do not include sexual assault)?	<input type="radio"/>	<input type="radio"/>
Were you verbally threatened?	<input type="radio"/>	<input type="radio"/>
Were you sexually touched without your consent?	<input type="radio"/>	<input type="radio"/>
Was sexual penetration attempted (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
Were you sexually penetrated (vaginal, anal, oral) without your consent?	<input type="radio"/>	<input type="radio"/>
Were you a victim of stalking (e.g., waiting for you outside your classroom, residence, or office; repeated emails/phone calls)?	<input type="radio"/>	<input type="radio"/>

9. Within the last 30 days, how often do you think the typical student at your school used:

(State your best estimate; Please mark the appropriate column for each row)

Have used, but not in last 30 days 3-5 days 6-9 days
 1-2 days 10-19 days
 Never used 20-29 days Used daily

Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco from a water pipe (hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, little cigars, clove cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (pot, weed, hashish, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other amphetamines (diet pills, bennies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids (Testosterone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (heroin, smack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA (Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other club drugs (GHB, Ketamine, Rohypnol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

One drink of alcohol is defined as a 12 oz. can or bottle of beer or wine cooler, a 4 oz. glass of wine, or a shot of liquor straight or in a mixed drink.

10. The last time you "partied"/socialized how many drinks of alcohol did you have? (If you did not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

D	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>
I	<input type="text"/>	<input type="text"/>
N	<input type="text"/>	<input type="text"/>
K	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

11. The last time you "partied"/socialized over how many hours did you drink alcohol? (If you did not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

H	<input type="text"/>	<input type="text"/>
O	<input type="text"/>	<input type="text"/>
U	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

12. How many drinks of alcohol do you think the typical student at your school had the last time he/she "partied"/socialized? (If you think the typical student at your school does not drink alcohol, please enter 00. If less than 10, enter 01, 02, 03, etc.)

D	<input type="text"/>	<input type="text"/>
R	<input type="text"/>	<input type="text"/>
I	<input type="text"/>	<input type="text"/>
N	<input type="text"/>	<input type="text"/>
K	<input type="text"/>	<input type="text"/>
S	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

13. Over the last two weeks, how many times have you had five or more drinks of alcohol at a sitting?

- | | | | |
|--|-------------------------------|-------------------------------|--|
| <input type="radio"/> N/A, don't drink | <input type="radio"/> 2 times | <input type="radio"/> 5 times | <input type="radio"/> 8 times |
| <input type="radio"/> None | <input type="radio"/> 3 times | <input type="radio"/> 6 times | <input type="radio"/> 9 times |
| <input type="radio"/> 1 time | <input type="radio"/> 4 times | <input type="radio"/> 7 times | <input type="radio"/> 10 or more times |

14. Within the last 30 days, did you:

(Please mark the appropriate column for each row)

Yes
No
N/A, don't drink
N/A, don't drive

Drive after drinking any alcohol at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive after drinking five or more drinks of alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sex Behavior and Contraception

19. Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse? (If you did not have a sex partner within the last 12 months, please enter 00. If less than 10, enter 01, 02, 03, etc.) →

P		
A	0	1
R	1	1
T	2	2
N	3	3
E	4	4
R	5	5
S	6	6
	7	7
	8	8
	9	9

20. Within last 12 months, did you have sexual partner(s) who were:

(Please mark the appropriate column for each row)

	Yes	No
Female	<input type="radio"/>	<input type="radio"/>
Male	<input type="radio"/>	<input type="radio"/>
Transgender	<input type="radio"/>	<input type="radio"/>

21. Within the last 30 days, did you have:

(Please mark the appropriate column for each row)

Oral sex?
Vaginal intercourse?
Anal intercourse?

Yes
No, have done this sexual activity in the past but not in the last 30 days
No, have never done this sexual activity

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

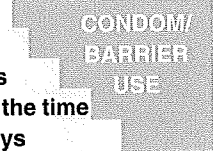
22. Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during:

(Please mark the appropriate column for each row)

Oral sex?
Vaginal intercourse?
Anal intercourse?

Have not done this sexual activity during the last 30 days
N/A, never did this sexual activity

Never
Rarely
Sometimes
Most of the time
Always



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23A. Did you or your partner use a method of birth control to prevent pregnancy the last time you had vaginal intercourse?

- Yes (continue to item 23B)
- N/A, have not had vaginal intercourse (skip to item 24)
- No, have not had vaginal intercourse that could result in a pregnancy (skip to item 24)
- No, did not want to prevent pregnancy (skip to item 24)
- No, did not use any birth control method (skip to item 24)
- Don't know (skip to item 24)

23B. Please indicate whether or not you or your partner used each of the following methods of birth control to prevent pregnancy the last time you had vaginal intercourse. (Please mark the appropriate column for each row)

	Yes No		Yes No
Birth control pills (monthly or extended cycle)	<input type="radio"/>	Diaphragm or cervical cap	<input type="radio"/>
Birth control shots	<input type="radio"/>	Contraceptive sponge	<input type="radio"/>
Birth control implants	<input type="radio"/>	Spermicide (e.g., foam, jelly, cream)	<input type="radio"/>
Birth control patch	<input type="radio"/>	Fertility awareness (e.g., calendar, mucous, basal body temperature)	<input type="radio"/>
Vaginal ring	<input type="radio"/>	Withdrawal	<input type="radio"/>
Intrauterine device (IUD)	<input type="radio"/>	Sterilization (e.g., hysterectomy, tubes tied, or vasectomy)	<input type="radio"/>
Male condom	<input type="radio"/>	Other method	<input type="radio"/>
Female condom	<input type="radio"/>		<input type="radio"/>

24. Within the last 12 months, have you or your partner(s) used emergency contraception ("morning after pill")?

- N/A, have not had vaginal intercourse in the last 12 months
- No
- Yes
- Don't know

25. Within the last 12 months, have you or your partner(s) become pregnant?

- N/A, have not had vaginal intercourse in the last 12 months
- No
- Yes, unintentionally
- Yes, intentionally
- Don't know

Weight, Nutrition, and Exercise

26. How do you describe your weight?

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

27. Are you trying to do any of the following about your weight?

- I am not trying to do anything about my weight
- Stay the same weight
- Lose weight
- Gain weight

28. How many servings of fruits and vegetables do you usually have per day?

(1 serving = 1 medium piece of fruit; 1/2 cup fresh, frozen, or canned fruits/vegetables; 3/4 cup fruit/vegetable juice; 1 cup salad greens; or 1/4 cup dried fruit)

- 0 servings per day
- 1-2 servings per day
- 3-4 servings per day
- 5 or more servings per day

29. On how many of the past 7 days did you:

(Please mark the appropriate column for each row)

		3 days	4 days
	2 days		5 days
	1 day		6 days
	0 days		7 days

- Do moderate-intensity cardio or aerobic exercise (caused a noticeable increase in heart rate, such as a brisk walk) for at least 30 minutes?
- Do vigorous-intensity cardio or aerobic exercise (caused large increases in breathing or heart rate, such as jogging) for at least 20 minutes?
- Do 8-10 strength training exercises (such as resistance weight machines) for 8-12 repetitions each?

Mental Health

30. Have you ever:

(Please mark the appropriate column for each row)

	Yes, in the last 12 months
	Yes, in the last 30 days
	Yes, in the last 2 weeks
	No, not in last 12 months
	No, never

- Felt things were hopeless
- Felt overwhelmed by all you had to do
- Felt exhausted (not from physical activity)
- Felt very lonely
- Felt very sad
- Felt so depressed that it was difficult to function
- Felt overwhelming anxiety
- Felt overwhelming anger
- Intentionally cut, burned, bruised, or otherwise injured yourself
- Seriously considered suicide
- Attempted suicide

35. Have you ever received psychological or mental health services from your current college/university's Counseling or Health Service?

No Yes

36. If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

No Yes

37. Within the last 12 months, how would you rate the overall level of stress you have experienced?

- No stress
- Less than average stress
- Average stress
- More than average stress
- Tremendous stress

Physical Health

38. Within the last 30 days, did you do any of the following?

(Please mark the appropriate column for each row)

Exercise to lose weight

Diet to lose weight

Vomit or take laxatives to lose weight

Take diet pills to lose weight

Yes

No

39. Have you:

(Please mark the appropriate column for each row)

Had a dental exam and cleaning in the last 12 months?

(Males) Performed testicular self exam in the last 30 days?

(Females) Performed breast self exam in the last 30 days?

(Females) Had a routine gynecological exam in the last 12 months?

Used sunscreen regularly with sun exposure?

Ever been tested for Human Immunodeficiency Virus (HIV) infection?

Don't know

Yes

No

40. Have you received the following vaccinations (shots)?

(Please mark the appropriate column for each row)

Hepatitis B

Human Papillomavirus/HPV (cervical cancer vaccine)

Influenza (the flu) in the last 12 months (shot or nasal mist)

Measles, Mumps, Rubella

Meningococcal disease (meningococcal meningitis)

Varicella (chicken pox)

Don't know

Yes

No

Impediments to Academic Performance

(Please select the most serious outcome for each item below)

- Significant disruption in thesis, dissertation, research, or practicum work
- Received an incomplete or dropped the course
- Received a lower grade in the course
- Received a lower grade on an exam or important project
- I have experienced this issue but my academics have not been affected
- This did not happen to me/not applicable

45. Within the last 12 months, have any of the following affected your academic performance?

Alcohol use	○ ○ ○ ○ ○ ○
Allergies	○ ○ ○ ○ ○ ○
Anxiety	○ ○ ○ ○ ○ ○
Assault (physical)	○ ○ ○ ○ ○ ○
Assault (sexual)	○ ○ ○ ○ ○ ○
Attention Deficit and Hyperactivity Disorder (ADHD)	○ ○ ○ ○ ○ ○
Cold/Flu/Sore throat	○ ○ ○ ○ ○ ○
Concern for a troubled friend or family member	○ ○ ○ ○ ○ ○
Chronic health problem or serious illness (e.g., diabetes, asthma, cancer)	○ ○ ○ ○ ○ ○
Chronic pain	○ ○ ○ ○ ○ ○
Death of a friend or family member	○ ○ ○ ○ ○ ○
Depression	○ ○ ○ ○ ○ ○
Discrimination (e.g., homophobia, racism, sexism)	○ ○ ○ ○ ○ ○
Drug use	○ ○ ○ ○ ○ ○
Eating disorder/problem	○ ○ ○ ○ ○ ○
Finances	○ ○ ○ ○ ○ ○
Gambling	○ ○ ○ ○ ○ ○
Homesickness	○ ○ ○ ○ ○ ○
Injury (fracture, sprain, strain, cut)	○ ○ ○ ○ ○ ○
Internet use/computer games	○ ○ ○ ○ ○ ○
Learning disability	○ ○ ○ ○ ○ ○
Participation in extracurricular activities (e.g., campus clubs, organizations, athletics)	○ ○ ○ ○ ○ ○
Pregnancy (yours or your partner's)	○ ○ ○ ○ ○ ○
Relationship difficulties	○ ○ ○ ○ ○ ○
Roommate difficulties	○ ○ ○ ○ ○ ○
Sexually transmitted disease/infection (STD/I)	○ ○ ○ ○ ○ ○
Sinus infection/Ear infection/Bronchitis/Strep throat	○ ○ ○ ○ ○ ○
Sleep difficulties	○ ○ ○ ○ ○ ○
Stress	○ ○ ○ ○ ○ ○
Work	○ ○ ○ ○ ○ ○
Other (please specify _____)	○ ○ ○ ○ ○ ○

3/8" spine perf

Demographic Characteristics

<p>46. How old are you? →</p> <table border="1" style="margin-left: 20px;"> <tr><th colspan="2">Years</th></tr> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td></tr> <tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td></tr> <tr><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">3</td></tr> <tr><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">4</td></tr> <tr><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">5</td></tr> <tr><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td></tr> <tr><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">7</td></tr> <tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td></tr> <tr><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td></tr> </table>	Years		0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>49. What is your height in feet and inches? →</p> <table border="1" style="margin-left: 20px;"> <tr> <th style="width: 20px;">Ft.</th> <th style="width: 20px;">Inch</th> </tr> <tr> <td style="writing-mode: vertical-rl; text-align: center;">HEIGHT</td> <td style="writing-mode: vertical-rl; text-align: center;">HEIGHT</td> </tr> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td></tr> <tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td></tr> <tr><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">3</td></tr> <tr><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">4</td></tr> <tr><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">5</td></tr> <tr><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td></tr> <tr><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">7</td></tr> <tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td></tr> <tr><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td></tr> </table>	Ft.	Inch	HEIGHT	HEIGHT	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>50. What is your weight in pounds? →</p> <table border="1" style="margin-left: 20px;"> <tr><th colspan="3">Pounds</th></tr> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">0</td></tr> <tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td></tr> <tr><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">3</td></tr> <tr><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">4</td></tr> <tr><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">5</td><td style="width: 20px; height: 20px;">5</td></tr> <tr><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">6</td></tr> <tr><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">7</td><td style="width: 20px; height: 20px;">7</td></tr> <tr><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">8</td></tr> <tr><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td></tr> </table>	Pounds			0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9
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<p>47. What is your gender?</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Transgender</p>																																																																																	
<p>48. What is your sexual orientation?</p> <p><input type="radio"/> Heterosexual</p> <p><input type="radio"/> Gay/Lesbian</p> <p><input type="radio"/> Bisexual</p> <p><input type="radio"/> Unsure</p>																																																																																	

51. What is your year in school?

- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year or more undergraduate
- Graduate or professional
- Not seeking a degree
- Other

52. What is your enrollment status?

- Full-time
- Part-time
- Other

53. Have you transferred to this college or university within the last 12 months?

- No
- Yes

54. How do you usually describe yourself?

(Mark all that apply)

- White
- Black or African American
- Hispanic or Latino/a
- Asian or Pacific Islander
- American Indian, Alaskan Native, or Native Hawaiian
- Biracial or Multiracial
- Other

55. Are you an international student?

- No
- Yes

56. What is your relationship status?

- Not in a relationship
- In a relationship but not living together
- In a relationship and living together

57. What is your marital status?

- Single
- Divorced
- Married/Partnered
- Other
- Separated

58. Where do you currently live?

- Campus residence hall
- Fraternity or sorority house
- Other college/university housing
- Parent/guardian's home
- Other off-campus housing
- Other

59. Are you a member of a social fraternity or sorority? (e.g., National Interfraternity Conference, National Panhellenic Conference, National Pan-Hellenic Council, National Association of Latino Fraternal Organizations)

- No
- Yes

60. How many hours a week do you work for pay?

- 0 hours
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- More than 40 hours

61. How many hours a week do you volunteer?

- 0 hours
- 1-9 hours
- 10-19 hours
- 20-29 hours
- 30-39 hours
- 40 hours
- More than 40 hours

62. What is your primary source of health insurance?

- My college/university sponsored plan
- My parents' plan
- Another plan
- I don't have health insurance
- I am not sure if I have health insurance

63. What is your approximate cumulative grade average?

- A
- B
- C
- D/F
- N/A

64. Within the last 12 months, have you participated in organized college athletics at any of the following levels?

	Yes	No
(Please mark the appropriate column for each row)		
Varsity	<input type="radio"/>	<input type="radio"/>
Club sports	<input type="radio"/>	<input type="radio"/>
Intramurals	<input type="radio"/>	<input type="radio"/>

65. Do you have any of the following?

	Yes	No
(Please mark the appropriate column for each row)		
Attention Deficit and Hyperactivity Disorder (ADHD)	<input type="radio"/>	<input type="radio"/>
Chronic illness (e.g., cancer, diabetes, auto-immune disorders)	<input type="radio"/>	<input type="radio"/>
Deafness/Hearing loss	<input type="radio"/>	<input type="radio"/>
Learning disability	<input type="radio"/>	<input type="radio"/>
Mobility/Dexterity disability	<input type="radio"/>	<input type="radio"/>
Partial sightedness/Blindness	<input type="radio"/>	<input type="radio"/>
Psychiatric condition	<input type="radio"/>	<input type="radio"/>
Speech or language disorder	<input type="radio"/>	<input type="radio"/>
Other disability	<input type="radio"/>	<input type="radio"/>

66. Are you currently or have you been a member of the United States Armed Services (Active Duty, Reserve, or National Guard)?

- No
- Yes and I have deployed to an area of hazardous duty
- Yes and I have not deployed to an area of hazardous duty

THANK YOU FOR COMPLETING THIS SURVEY



3/8" spine per

Reported use vs. perceived use of alcohol among LPC students in 2007

Never used alcohol during the past 30 days

Reported	Perception of typical use
31.4%	5.4%

American College Health Association. American College Health Association-National College Health Assessment: Las Positas College Executive Summary Spring 2007. Baltimore: American College Health Association; 2007.

Within class discussion, ask students to guess (before showing percentages) what percentage of students reported not using alcohol in the last 30 days. Typically students respond with percentages close to the Perception of Typical Use instead of the Reported Use. After looking at all three slides, discuss social norms, attitudes, and beliefs about alcohol use by US college students.

Reported use vs. perceived use of alcohol among LPC students in 2007

Used one or more days in the past 30 days

Reported	Perception of typical use
51.0%	58.1%

American College Health Association. American College Health Association-National College Health Assessment: Las Positas College Executive Summary Spring 2007. Baltimore: American College Health Association; 2007.

Reported use vs. perceived use of alcohol among LPC students in 2007

Used Daily in the past 30 days

Reported	Perception of typical use
2.4%	36.5%

American College Health Association. American College Health Association-National College Health Assessment: Las Positas College Executive Summary Spring 2007. Baltimore: American College Health Association; 2007.

Participation and Processing Fees

WEB-BASED SURVEY

	ACHA Institutional Member	ACHA Non-Institutional Member
Survey Participation Fee (per student contact) Survey price includes: Initial survey contacts/email invitations Up to 3 student follow up contacts ^a Processing all survey submissions Institutional Data File in SPSS Institutional Data Report ^b Institutional Executive Summary ^c Reference Group Data Report ^d Reference Group Executive Summary ^d	\$0.43 ea	\$0.86 ea
Additional Reminder(s) to Non-responders	\$125	\$250
Additional Report Package(s) ^e	\$300	\$500
Extra Custom Questions	Contact ACHA-NCHA program office for quote	

PAPER-BASED SURVEY

	ACHA Institutional Member	ACHA Non-Institutional Member
Paper Survey Scan Forms	\$0.40 ea	\$0.75 ea
Survey Processing/Scanning Fee	\$0.50 ea	\$0.90 ea
Reports Package (5 products) Institutional Data File in SPSS Institutional Data Report ^b Institutional Executive Summary ^c Reference Group Data Report ^d Reference Group Executive Summary ^d	\$300	\$500
Additional Report Package(s) ^e	\$300	\$500
Extra Custom Questions	No charge - see User's Manual at www.acha-ncha.org	

^a Choice of 3 reminders to non-responders **OR** 2 reminders to non-responders plus a thank you email sent to all participants.

^b Institutional Data Report: An institutionally specific data report containing the frequency distribution of each survey question for all subjects combined and for male and female subjects separately.

^c Institutional Executive Summary: Institutional summary of selected salient variables including the computed variables estimated blood alcohol concentration (BAC), body mass index (BMI), and recommended Physical Activity Guidelines.

^d Reference Group Data Report and Reference Group Executive Summary: These reports contain aggregate data from all participating schools that used a random sampling technique or surveyed all students in their population (census). The format is identical to the Institutional Data Report and Institutional Executive Summary.

^e Additional Report Package(s) including responses from only subset(s) of your sample (e.g. undergrads, transfer students, international students) or subsets of the Reference Group by campus demographics (e.g. 2-year/4-year, public/private, size) may be requested for an additional fee. Note that one report package is already included in the web participation fee.