

**Thank you for participating in the "Day in the Life of a CWU Student" survey as part of the Kittitas County Health Assessment. Although it is never possible to guarantee complete privacy with internet research, reasonable and appropriate safeguards have been used in creating this web-based survey to maximize the confidentiality and security of your responses. Please be sure to close your browser after completing the survey if you are on a public or shared computer.**

**What you should know about this survey!**

**Study Title: A Day in the Life of CWU Students - Part of Kittitas County's Community Health Assessment**

**Principal Investigator: Rebecca L. Pearson, Ph.D., Assistant Professor, PESPH Dept, Central Washington University (Phone: 509-963-2493)**

**1. What you should know about this study:**

- You are being asked to join a research study.**
- This study is completely voluntary and you may stop at any time.**
- All information you provide will be anonymous.**
- Results will be shared at campus events later in the year.**

**2. Why is this research being done?**

**This study is a part of a unique Community Health Assessment taking place in 12 counties around the nation. Only two of the counties are including college students as part of their assessment. Data collected will be used to set campus and community priorities and plan ways to improve health and quality of life.**

**3. Who can take part in this study?**

**All CWU students are encouraged to take part.**

**4. What will happen if you join this study?**

**You will be asked to take a brief internet survey that will probably take you less than 10 minutes to complete. At the end of the survey you will be invited to provide your CWU email address to be entered into a drawing for prizes.**

**5. What are the risks or discomforts of the study?**

**A few questions may feel personal or you may be a little uncomfortable answering them, but we do not anticipate any other risks.**

**Although with internet surveys there is no guarantee of privacy, safeguards have been used when creating this survey to protect your answers. To help protect your privacy, if you use a public or shared computer please make sure to close your browser window after taking the survey.**

**6. Are there benefits to being in the study?**

**You may think about your health and quality of life in a different way after taking the survey, and you will know that you have contributed important information that may help community and campus health education professionals plan strategies to help other students.**

**7. What are your options if you do not want to be in the study?**

**The study is completely voluntary. If you do choose to participate you may stop at any time.**

**8. Will it cost you anything to be in this study?**

**No.**

**9. Will you be paid if you join this study?**

**No. However, if you provide your email address you may win a prize such as a gas card, coffee card, or other item. You may also be offered a slice of pizza if you take it in the SURC at a designated time.**

**10. Can you leave the study early?**

**Yes, you may stop answering questions at any time.**

**12. What information about you will be kept private and what information may be given out?**

**No information that could identify you will exist, other than your email address if you provide it to us. If you provide your email address, it will be removed from your survey responses before anyone sees them, and our record of it will be destroyed after the drawing. If you do stop taking the survey, we may decide to use the information you have already provided. All information we collect will be reported as group data only; no one will ever be able to identify you or even know that you took the survey.**

**13. What other things should you know about this research study?**

**a. What is the Human Subjects Review Committee (HSRC) and how does it protect you?**

**This study has been reviewed and approved by the CWU Human Subjects Review Committee. HSRC is made up of faculty from many different departments, ethicists, nurses, scientists, non-scientists and people from the local community. The HSRC's purpose is to review human research studies and to protect the rights and welfare of the people taking part in those studies. You may contact the HSRC if you have questions about your rights as a participant or if you think you have not been treated fairly. The HSRC office number is (509) 963-3115.**

**b. What should you do if you have questions about the study?  
Call the principal investigator, Dr. Pearson at (509) 963-2493.**

**c. What should you do if you are injured or ill as a result of being in this study?**

**We do not expect any physical or emotional harm to occur related to this study. However, if you think you are hurt as a result of being in this study, please feel welcome to call the principal investigator, Dr. Pearson at (509) 963-2493.**



**How do you identify with regard to gender?**

- Male
- Female
- Other
- Decline to answer

**How old are you?****What is your relationship status?**

- Single
- Married/Partnered
- Divorced
- Widowed
- Decline to answer

**What is your year in school, according to credits?**

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- Other

**Where do you live?**

- On campus
- Off campus

**How many people (including children) do you live with?**

- I live alone
- 1 other person
- 2-3 other people
- 4 or more

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**Do you have a child or children?**

- Yes
- No
- Decline to answer

**What do you identify as your ethnicity?**

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to answer

**What do you identify as your race?**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than one
- Decline to answer

**Do you have a job?**

- Yes

No



**If yes, do you work on campus or off?**

- on campus
- off campus

**Do you have health insurance?**

- Yes
- No
- Decline to answer

**Do you receive financial aid?**

- Yes
- No
- Decline to answer

**How many hours of planned exercise did you get yesterday?**

- 0-30 min
- 30 min- 1 hour
- 1 hour- 1 1/2 hours
- 1 1/2- 2 hours
- 2 hours or more

**Do you have time in your schedule to exercise TODAY?**

- Yes
- No

**If you had a choice TODAY, would you work out alone or with friends?**

- Alone
- With Friends

**If you were to exercise TODAY what type of physical activity or exercise would you do? Check all that apply**

- Cardio/aerobic (such as walking, running/jogging, or aerobic dance, yoga, step, etc)
- Strength Training (weight lifting, etc)
- other

**Do you plan on participating TODAY in physical curricular activities such as: intramural, club sports, varsity sports, P.E. classes, group fitness classes, etc.**

- Yes
- No

**How did you get to school today?**

- Motorized Vehicle
- Walk

- Bike
- Longboard
- Other

**How many hours of sleep did you get last night?**

- 0-3 hours
- 4-6 hours
- 7-9 hours
- 10 or more hours

**Did your personal responsibilities keep you from getting your ideal amount of sleep last night? Personal responsibilities may include work, homework, or family obligations.**

- Yes
- No

**Check the adjective that best describes how you felt when you woke up TODAY?**

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| <input type="radio"/> Depressed | <input type="radio"/> Energetic      |
| <input type="radio"/> Irritable | <input type="radio"/> Alert, Awake   |
| <input type="radio"/> Refreshed | <input type="radio"/> Drowsy, Sleepy |

**Did you get LESS sleep last night than you normally do because you were out late socializing with your friends?**

- Yes
- No

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**Did you get LESS sleep last night than you normally do because of disturbances in your sleeping environment (e.g. loud neighbors or roommates, or bright outside lights)?**

- Yes
- No

**In the last 24 hours, how much time did you spend using the internet?**

|                       | Hours                | Minutes              |
|-----------------------|----------------------|----------------------|
| Academic Purposes     | <input type="text"/> | <input type="text"/> |
| Non Academic Purposes | <input type="text"/> | <input type="text"/> |

**In the last 24 hours, how many text messages or phone calls have you received or sent/ made?**

|               | Amount               |
|---------------|----------------------|
| Phone Calls   | <input type="text"/> |
| Text Messages | <input type="text"/> |

**What type of communication did you use the most in the last 24 hours?**

- Online (Chat, E-mail, IM, or Facebook)
- Text Messaging
- Phone Calls
- In Person

**Do you have a best friend (family member, boy/girl friend, significant other)?**

Yes

No

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**If yes, did you communicate with them in the last 24 hours?**

- Yes  
 No

**How would you rate your social life for the last 24 hours (1 being extremely isolated and 5 being extremely social)**

- socially isolated      somewhat social      social      very social      extremely social
- 

**In the last 24 hours, how many servings of fruits/vegetables did you consume?  
\*A serving size is about one cup raw or half a cup cooked.**

- 0  
 1-2  
 2-4  
 5 or more

**In the last 24 hours, which of the following and HOW MANY servings did you consume? Check all that apply and enter a number such as 0, 1, 2, 3, etc**

- |   |  |
|---|--|
| <input type="checkbox"/> Water (serving size 8oz)<br><input type="text"/>   | <input type="checkbox"/> Energy drinks (serving size 8 oz)<br><input type="text"/> |
| <input type="checkbox"/> Coffee (serving size 8 oz)<br><input type="text"/> | <input type="checkbox"/> Milk (serving size 8 oz)<br><input type="text"/>          |
| <input type="checkbox"/> Soda (serving size 8 oz)<br><input type="text"/>   |  |

**In the last 24 hours, how many servings of alcohol did you consume?  
A serving is 12 oz of beer, 5 oz of wine, or 1.5 oz of liquor**

**In the last 24 hours, where did you purchase/consume your meals? Check all that apply.**

- Fast food joint or other take-out
- Sit down restaurant
- On campus
- At home
- Other

**In the last 24 hours, what food types did you consume the most of? Please rank in order with 1 being the most.**

|  | 1                     | 2                     | 3                     | 4                     | 5                     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Proteins (meat, nuts, soy etc.)                  | <input type="radio"/> |
| Sugar (candy, cookies, ice cream etc.)           | <input type="radio"/> |
| Carbohydrates (Bread, pasta, chips, cereal etc.) | <input type="radio"/> |
| Fats (cheese, butter, dressing, creamers etc.)   | <input type="radio"/> |
| Fiber (vegetables, fruit, beans, whole grains)   | <input type="radio"/> |

**In the past 24 hours, how many hours did you work at your job?**

- More than 8 hrs
- 5-7 hrs
- Less than 4 hrs
- I had a day off
- I don't have a job

**In the past 24 hours, how stressed were you about finances?**

- Constantly
- Often
- Sometimes
- A little
- Not at all

**In the past 24 hours, have you felt the need to ask for help for everyday financial expenses?**

- Constantly
- Often
- Sometimes
- A little
- Not at all

**In the past 24 hours, have you felt that you have had enough money to afford nutritious food?**

- Yes
- Somewhat
- Not really
- No

**In the past 24 hours, have you spent money on non-essential items knowing you couldn't afford it?**

- Yes
- No



**Thank you for your time in participating! You may enter your CWU email address below to be entered in a drawing to win one of several prizes, including gas and coffee cards. Your email will be separated from your answers before we analyze data so no one will know what you have said in the survey!**

**Provide your CWU email address below if you would like to be entered in the drawing!**

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