

Holy Cross Student Survey Fall 2003

INTERVIEWER'S NAME: _____

DATE OF INTERVIEW: /

LENGTH OF INTERVIEW: MINUTES (Record after the interview has been completed.)

RESPONDENT'S NAME: _____

INTERVIEWER SHOULD ONLY READ STATEMENTS IN **lower case**.
INSTRUCTIONS TO INTERVIEWERS ARE IN **UPPER CASE**.

Before we start, I would like to assure you that this interview is confidential and completely voluntary. I will not share information about you with anybody else, and we will analyze the data in terms of groups, not individuals, so no one will be able to identify your specific answers. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.

START TIME: : a.m./p.m. (CIRCLE A.M. OR P.M.)

First we want to ask you some questions about physical exercise and sports.

1. Have you ever participated in a varsity intercollegiate sport at Holy Cross?

YES (ASK A - C) 1

NO (GO TO Q. 2) 2

IF YES:

A. On what sport teams have you competed? (CIRCLE ALL THAT APPLY.)

BASKETBALL. 01

BASEBALL 02

CROSS COUNTRY. 03

FIELD HOCKEY 04

FOOTBALL 05

GOLF 06

ICE HOCKEY 07

LACROSSE 08

ROWING (CREW) 09

SOCCER 10

SOFTBALL. 11

SWIMMING 12

TENNIS 13

TRACK AND FIELD 14

VOLLEYBALL 15

OTHER _____ 16

B. Are you still participating on the (NAME OF SPORT) team?

YES (GO TO QUESTION 2) 1

NO (ASK C) 2

IF NO:

C. How many years did you play? Years

2. Have you ever participated on a club sports team at Holy Cross?

YES. 1

NO 2

3. Have you ever participated in intramural sports at Holy Cross?

YES. 1

NO 2

4. On how many of the past 7 days did you exercise or participate in sports activities for at least 20 minutes that made you sweat and breathe hard such as jogging, swimming, basketball, tennis, fast bicycling, or similar aerobic activities?

days

5. On how many of the past 7 days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?

days

6. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

days

7. Other than participating in sports activities, on how many of the past 7 days did you walk for at least 30 minutes at a time?

days

IF RESPONDENT ANSWERS "0" TO ALL OF QUESTIONS 4 – 7, GO TO QUESTION 9.

8. At what time of the day do you usually exercise or work out? During the early morning, morning, early afternoon, late afternoon, or evening? (HAND CARD A TO RESPONDENT)

Early morning (5:00 – 8:59 am) 1
Morning (9:00 – 11:59 am) 2
Early afternoon (noon – 3:59 pm) 3
Late afternoon (4:00 – 6:59 pm) 4
Evening (7:00 pm – midnight) 5

Now we'd like to ask some questions about your sleep habits here at school.

9. First, many students go to bed and get up at different times, according to their class schedules; others tend to go to bed and get up at the same time. In the last two weeks, on weekday nights, Sunday through Thursday, have you usually gone to bed at pretty much the same time each night or at different times?

Same time each night (ASK A) 1
Different times (ASK B & C) 2

IF YES:

A. What time have you usually gone to bed on weekday nights? :

IF NO:

B. Thinking about the different times you have gone to bed on weekday nights during the last two weeks, what is the latest time you have gone to bed?

:

C. What is the earliest time you have gone to bed?

:

10. Ok. Now we'd like to know about the time you awaken each day. In the last two weeks, on weekdays, Monday through Friday, have you generally awakened at the same time each day or at different times?

Same time each day (ASK A) 1

Different times (ASK B & C) 2

IF YES:

A. What time have you usually awakened on weekdays? :

IF NO:

B. Thinking about the different times you have awakened each day during the last two weeks, what is the earliest time you have awakened?

:

C. What is the latest time you have awakened?

:

11. In the last two weeks, what time have you usually gone to bed on weekend nights, Friday and Saturday?

:

12. In the last two weeks, what time have you usually awakened on weekend days, Saturday and Sunday?

:

13. In the last two weeks, how long has it usually taken you to fall asleep at night? Approximately 5 minutes or less, 5-15 minutes, 15-30 minutes, 30-60 minutes, or longer than 60 minutes?

Approximately 5 minutes or less 1

Approximately 5-15 minutes 2

Approximately 15-30 minutes 3

Approximately 30-60 minutes 4

Longer than 60 minutes 5

I HAVE NO IDEA (VOLUNTEERED) 6

14. After falling asleep, how many times have you been waking up during the night? Never, once, 2 times, 3 times, or 4 or more times?

Never (GO TO Q. 16). 0

Once 1

2 times 2

3 times 3

4 or more times 4

I HAVE NO IDEA (VOLUNTEERED) 5

15. When you have awakened at night, how long has it usually taken to fall asleep again? Approximately 5 minutes or less, 5-15 minutes, 15-30 minutes, 30-60 minutes, or longer than 60 minutes?

- Approximately 5 minutes or less 1
- Approximately 5-15 minutes 2
- Approximately 15-30 minutes 3
- Approximately 30-60 minutes 4
- Longer than 60 minutes 5
- I HAVE NO IDEA (VOLUNTEERED) 6

16. If you have trouble falling asleep, what has been keeping you awake? Would you say it is thoughts running through your mind, too much noise, too much light, or something else?

- Thoughts running through my mind 1
- Too much noise 2
- Too much light 3
- Something else (ASK A) 4
- Does not apply 5

A. What has been keeping you awake? _____

17. In the last two weeks, how much of a problem have you had with sleepiness—that is, feeling sleepy and struggling to stay awake—during the daytime? Would you say none, slight, moderate, considerable, or very great?

- None 1
- Slight 2
- Moderate 3
- Considerable 4
- Very great 5

18. In your experience, how many hours of sleep do you need to feel rested? (RECORD IN HOURS AND MINUTES.)

_____ HOURS AND _____ MINUTES

19. In general, do you feel you usually get too much sleep, a sufficient amount of sleep, or too little sleep?

- Too much sleep 1
- Sufficient sleep 2
- Too little sleep 3

20. During the past two weeks, how often have you (felt satisfied with your sleep)? Would you say never, once, twice, several times, or every day or night? (HAND CARD B. REPEAT FOR EACH ITEM.)

	Never	Once	Twice	Several Times	Every day/ Every night
a. felt satisfied with your sleep?	0	1	2	3	4
b. arrived late to class because you overslept?	0	1	2	3	4
c. awakened too early in the morning and couldn't get back to sleep? . .	0	1	2	3	4
d. needed more than one reminder to get up in the morning?	0	1	2	3	4
e. stayed up until at least 3 a.m.? . .	0	1	2	3	4
f. stayed up all night?.	0	1	2	3	4
g. slept in past noon?.	0	1	2	3	4
h. fell asleep when you did not intend to?	0	1	2	3	4
i. had a good night's sleep?	0	1	2	3	4
j. had unusual difficulty waking up in the morning?	0	1	2	3	4
k. had unusual difficulty falling asleep at night?.	0	1	2	3	4
l. felt tired, dragged out, or sleepy during the day?.	0	1	2	3	4
m. had nightmares or bad dreams during the night?	0	1	2	3	4
n. gone to bed because you just could not stay awake any longer?.	0	1	2	3	4
o. slept more than 10 hours?	0	1	2	3	4

21. In general, do the last two weeks represent a fairly typical pattern for you this semester?

- YES. 1
- NO 2

22. During the last two weeks, have you struggled to stay awake, fallen asleep, or both struggled to stay awake and fallen asleep in the following situations? (REPEAT BEFORE EACH ITEM.) First,

	No	Struggled to stay awake	Fallen asleep	Both
a. in face-to-face conversation with another person?	1	2	3	4
b. traveling on a bus, plane, train, or in a car? ..	1	2	3	4
c. attending a performance such as a movie, concert, or play?	1	2	3	4
d. watching television?	1	2	3	4
e. listening to the radio or stereo?	1	2	3	4
f. reading or studying?	1	2	3	4
g. during a test?	1	2	3	4
h. in a morning class?	1	2	3	4
i. in an afternoon class?	1	2	3	4
j. studying in the library?	1	2	3	4
k. at your job?	1	2	3	4
l. at a party?	1	2	3	4
m. typing a paper?	1	2	3	4
n. driving a car?	1	2	3	4

23. Some people take naps in the daytime every day; others never do. Do you ever take a nap or fall asleep during the day when you do not intend to?

- YES..... 1
 NO (GO TO Q. 27) 2

24. How often do you take a nap? A few times a day, about once a day, 5-6 times a week, 3-4 times a week, once or twice a week, or less than once a week? (HAND CARD C)

- A few times a day 1
 About once a day 2
 5-6 times a week 3
 3-4 times a week 4
 Once or twice a week 5
 Less than once a week 6

25. When you take a nap, how long would you say it usually lasts? MINUTES

26. When you take a nap, at what time of the day do you usually take it? (HAND CARD A)

- Early morning (5:00 – 8:59 am) 1
- Morning (9:00 – 11:59 am) 2
- Early afternoon (noon – 3:59 pm) 3
- Late afternoon (4:00 – 6:59 pm) 4
- Evening (7:00 pm – midnight) 5

27. Ok. Now we'd like to ask about some things that you might do during the evening and at bedtime. (After dinner in the evening, do you have drinks with caffeine, such as cola, coffee, or tea)? Would you say that you do this never, about one out of five days, two out of five days, three out of five days, four out of five days, or every day? (HAND CARD D. REPEAT FOR EACH ITEM.)

	never	1 in 5	2 in 5	3 in 5	4 in 5	every day
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a. After dinner in the evening, do you have drinks with caffeine, such as cola, coffee, or tea?	0	1	2	3	4	5
b. After dinner in the evening, do you smoke or chew tobacco?	0	1	2	3	4	5
c. After dinner in the evening, do you drink beer or other alcoholic beverages?	0	1	2	3	4	5
d. When you go to bed, do you watch TV, read, or do other things that keep you awake?	0	1	2	3	4	5
e. When you go to bed, do you think about things you need to do?	0	1	2	3	4	5
f. When you go to bed, do you replay the day's events over and over in your mind?	0	1	2	3	4	5
g. When you go to bed, do you worry about things happening at home or school?	0	1	2	3	4	5
h. Do you use your bed for things other than sleep such watching TV, talking on the telephone, and studying?	0	1	2	3	4	5
i. Do you check your clock several times during the night?	0	1	2	3	4	5

28. Finally, I have two more questions about sleep. During the past two weeks, what is the amount of time, on average, that you have slept each night on weekday nights, that is, Sunday through Thursday? (RECORD IN HOURS AND MINUTES.)

_____ HOURS AND _____ MINUTES

29. During the past two weeks, what is the amount of time, on average, that you have slept each night on weekend nights, that is, Friday and Saturday? (RECORD IN HOURS AND MINUTES.)

_____ HOURS AND _____ MINUTES

30. Now we'd like to ask some questions about your general well-being over the last two weeks. During the last two weeks, often have you (suffered from a cold or the flu)? Never, once, twice, several times, or every day or night? (HAND CARD B. REPEAT STEM FOR EACH ITEM.)

	Never	Once	Twice	Several Times	Every day/ Every night
a. suffered from a cold or the flu?	0	1	2	3	4
b. suffered from an upset stomach or indigestion?	0	1	2	3	4
c. had a bad headache?	0	1	2	3	4
d. suffered from nasal allergies or runny nose?	0	1	2	3	4
e. gone to campus health services or seen a doctor?	0	1	2	3	4

31. Now I'm going to read a list of the way you might have felt or behaved. Please tell me how often you have felt this way in the last two weeks. That is, tell me whether you have felt this way rarely or none of the time, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time. (HAND CARD E)

	Rarely or None	Some or Little	Occasion'ly Moderate	Most or All of time
a. Feeling too tired to do things	1	2	3	4
b. Having trouble going to sleep or staying asleep	1	2	3	4
c. Feeling unhappy, sad, or depressed	1	2	3	4
d. Feeling hopeless about the future	1	2	3	4
e. Feeling nervous or tense	1	2	3	4
f. Worrying too much about things	1	2	3	4

32. All right. Now we'd like to ask about your eating and drinking habits. About how many times in a week do you eat (FOOD)? Never, less than once a week, 1-3 times, 4-6 times, or 7 or more times? (REPEAT STEM. IF ASKED, SAY: "A 'time' is any single eating occasion.")

	Never	< Once a Week	1-3 Times	4-6 Times	7 or more Times
a. Bakery products like cakes, cookies, or donuts?	0	1	2	3	4
b. French fries or chips, such as potato chips or corn chips?	0	1	2	3	4
c. Beef, pork, or lamb for your main meal?	0	1	2	3	4

33. How important is it to you to maintain a healthy diet? Is it very important, somewhat important, not too important, or not important at all?

- Very important 1
- Somewhat important 2
- Not too important 3
- Not important at all 4

34. How would you describe your consumption of alcohol? Do you abstain from drinking altogether or would you describe yourself as a light, moderate, or heavy drinker?

- Abstain (GO TO QUESTION 39) 1
- Light 2
- Moderate 3
- Heavy 4

35. About how often do you drink alcoholic beverages? (HAND CARD F TO RESPONDENT.)

- Almost every day 1
- Three to four times a week 2
- Once or twice a week 3
- Two to three times a month 4
- About once a month 5
- Several times a year 6
- About once a year 7

36. On a typical weekend night when you choose to drink, about how many drinks do you consume? Consider one drink as a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.

drinks

37. When did you most recently drink an alcoholic beverage? Was it within the last week, within the last two weeks, 3 – 4 weeks ago, or more than a month ago?

- Within the last week 1
- Within the last 2 weeks 2
- 3 – 4 weeks ago 3
- More than a month ago 4

38. ASK IF THE RESPONDENT IS A MAN: During the last two weeks, how many times have you had five or more drinks in a row, that is, within a couple hours?

ASK IF THE RESPONDENT IS A WOMAN: During the last two weeks, how many times have you had four or more drinks in a row, that is, within a couple hours?

TIMES

39. Do you smoke?

- YES..... 1
- NO 2

All right. Now we have a few background questions to ask.

40. What is your date of birth? / /

41. What is your religious preference? Is it Catholic, Protestant, Jewish, some other religion, or no religion?

- Catholic 1
- Protestant... (ASK A)..... 2
- Jewish 3
- None (GO TO QUESTION 43)..... 4
- OTHER _____ 5

IF PROTESTANT:

A. What specific denomination was that, if any?

_____ (RECORD VERBATIM)

42. Would you call yourself a strong, somewhat strong, or not very strong (NAME OF RELIGIOUS PREFERENCE IN PREVIOUS QUESTION)?

- Strong 1
- Somewhat strong 2
- Not very strong 3

43. How often do you attend religious services? USE CATEGORIES AS PROBES IF NECESSARY.

- Several times a week 9
- Every week 8
- Nearly every week 7
- 2-3 times a month 6
- About once a month 5
- Several times a year 4
- About once a year 3
- Less than once a year 2
- Never 1

44. What is your academic class standing? Are you a member of the class of 2004, 2005, 2006, or 2007?

- First year ('07) 1
- Second year ('06) 2
- Third year ('05) 3
- Fourth year ('04) 4

45. What is your racial or ethnic background?

- WHITE/CAUCASIAN 1
- AFRICAN AMERICAN 2
- ASIAN AMERICAN/ASIAN 3
- PUERTO RICAN 5
- OTHER LATINO. 6
- OTHER _____ 7

46. Do you live on-campus or off-campus?

- On-campus (ASK A) 1
- Off-campus 2

IF ON-CAMPUS:

A. In which residence hall do you live?

- ALUMNI 01
- CARLIN 02
- CLARK 03
- HANSELMAN 04
- HEALY 05
- LEHY 06
- LOYOLA 07
- MULLEDY 08
- WHEELER 09
- THE APARTMENTS 10

47. Are you currently working for pay this semester or are you not working at this time?

- Working for pay 1
- Not working . . (GO TO QUESTION 49) 2

48. On average, how many hours a week are you working this semester? hours

49. What is your academic major? (CIRCLE TWO MAJORS FOR DOUBLE MAJORS.)

ANTHROPOLOGY	01
BIOLOGY	02
CHEMISTRY	03
CLASSICS	04
ECONOMICS	05
ECONOMICS/ACCOUNTING	06
ENGLISH	07
FRENCH	08
GERMAN	09
HISTORY	10
MATH	11
MUSIC	12
PHILOSOPHY.....	13
PHYSICS	14
POLITICAL SCIENCE.....	15
PSYCHOLOGY	16
RELIGIOUS STUDIES	17
RUSSIAN	18
SOCIOLOGY	19
SPANISH	20
THEATRE	21
UNDECLARED	22
VISUAL ARTS - HISTORY	23
VISUAL ARTS - STUDIO	24
OTHER _____	25

Finally, we would like to ask a couple questions about your ancestors and parents.

50. From what countries or part of the world did your ancestors come? IF MORE THAN ONE COUNTRY IS NAMED, LIST IN ORDER.

FIRST MENTION: _____

SECOND MENTION: _____

THIRD MENTION: _____

IF MORE THAN ONE COUNTRY NAMED: Which one of these countries do you feel closer to?

51. Are your parents currently married, widowed, divorced, separated, or have they never been married?

- Married 1
- Widowed 2
- Divorced 3
- Separated 4
- Never been married 5

52. What is the highest grade of school that your father completed?

- LESS THAN HIGH SCHOOL 1
- HIGH SCHOOL 2
- SOME COLLEGE (OR ASSOC. DEGREE). 3
- COLLEGE DEGREE (B.A./B.S.) 4
- GRADUATE/PROFESSIONAL DEGREE . 5

53. What is the highest grade of school that your mother completed?

- LESS THAN HIGH SCHOOL 1
- HIGH SCHOOL 2
- SOME COLLEGE (OR ASSOC. DEGREE). 3
- COLLEGE DEGREE (B.A./B.S.) 4
- GRADUATE/PROFESSIONAL DEGREE . 5

54. What is your best estimate of your parents' combined income last year? (HAND CARD G)

- Less than \$25,000 01
- \$25,000-39,999 02
- \$40,000-59,999 03
- \$60,000-79,999 04
- \$80,000-99,999 05
- \$100,000-149,999 06
- \$150,000-199,999 07
- \$200,000 or more 08
- REFUSED 09
- DON'T KNOW 10

55. CODE RESPONDENT'S SEX:

- MALE 1
- FEMALE 2

These are all the questions that I have. Thank you very much for your time and your help with our research. My professor also would like to have your permission to look at your transcript, so that we can relate your

grades this semester to the interview data. As this permission form describes, he alone will process the data, and the data file for the survey will not contain your name or any other identifying information.

Finally, my professor may wish to get in touch with you to verify this interview. Therefore, we would like to have your telephone number. Ok?

(508) _____
Telephone Number

RECORD EXACT TIME NOW: : a.m./p.m. (CIRCLE A.M. OR P.M.)