This study is entitled Lifestyle Health and Coping. The purpose of this study is to investigate the health decisions that individuals make and the coping strategies that they utilize.

Please complete the survey below. As a participant in this study, we ask that you answer all the questions truthfully to the best of your ability. Your responses will be kept COMPLETELY ANONYMOUS and will not be connected with your name or with any other identifying information.

If you have any questions or concerns regarding this study, please contact the research assistant, Anna Reiff (anna.e.reiff@vanderbilt.edu), or the principal investigator, Dr. Leslie D. Kirby (leslie.kirby@vanderbilt.edu).

Thank you!

Demographics	
Gender	☐ Male☐ Female
How old are you?	
Where are you from? (city and state, or if not from U.S., country)	
How tall are you? (in inches)	
Of what ethnic group(s) do you consider yourself a member?	 Asian or Pacific Islander African-American/Black Caucasian East Indian Hispanic/Latino Middle Eastern Native American Other
Of what religious group or groups (if any) do you consider yourself a member?	 Agnostic Atheist Bahaii Buddhist Catholic Christian Hindu Islam Jewish Pagan Protestant Spiritual but not religious Wiccan Other
How much do you weigh? (in pounds)	



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What is the approximate annual household income of the house you grew up in?	□ Under \$25,000 □ \$25,000 - \$40,000 □ \$40,000 - \$60,000 □ \$60,000 - \$75,000 □ \$75,000 - \$100,000 □ \$100,000 - \$150,000 □ \$150,000 - \$200,000 □ Over \$200,000
Please indicate the highest level of education completed by your father.	 8th grade or less Some high school High school graduate or GED equivalent Some college 2-year college degree (Associates) 4-year college degree (BA, BS) Master's degree Doctoral degree (Ph.D) Professional degree (MD, JD)
Please indicate the highest level of education completed by your mother.	 8th grade or less Some high school High school graduate or GED equivalent Some college 2-year college degree (Associates) 4-year college degree (BA, BS) Master's degree Doctoral degree (Ph.D) Professional degree (MD, JD)
Do you have siblings?	 No, only child Older sibling(s) Younger sibling(s) Both older and younger siblings
In general, would you say your health is:	 Excellent Very good Good Fair Poor
Compared to one year ago, how would your rate your health in general now?	 Much better now than one year ago Somewhat better now than one year ago About the same

- Somewhat worse now than one year ago
 Much worse now than one year ago



The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling, or stooping			
Walking more than a mile			
Walking several blocks			
Walking one block			
Bathing or dressing yourself			



During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
Cut down the amount of time you spent on work or other activities		
Accomplished less than you would like		
Were limited in the kind of work or other activities		
Had difficulty performing the work or other activities (for example, it took extra effort)		



During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
Cut down the amount of time you spent on work or other		
activities Accomplished less than you would like		
Didn't do work or other activities as carefully as usual		
During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?	 □ Not at all □ Slightly □ Moderately □ Quite a bit □ Extremely 	
How much bodily pain have you had during the past weeks?	4 Done Very mild Mild Severe Very severe	
During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	e Dot at all A little bit Moderately Quite a bit Extremely	



These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of pep?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful? Did you have a lot of energy?						
Have you felt downhearted and blue?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

□ All of the time	Most of the time	Some of the time	🗌 A little of the time	None of the time
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How TRUE or FALSE is each of the following statements for you?					
I seem to get sick a little easier than other people					
Definitely true	Mostly true	🗌 Don't know	Mostly false	Definitely false	
I am as healthy as anybody I know					
Definitely true	Mostly true	🗌 Don't know	Mostly false	Definitely false	
l expect my health to get worse					
Definitely true	Mostly true	🗌 Don't know	Mostly false	Definitely false	
My health is excellent					
Definitely true	🗌 Mostly true	🗌 Don't know	Mostly false	Definitely false	



Are you a varsity athlete at Vanderbilt?	☐ Yes ☐ No
If so, which sport do you play?	
How many years have you been playing this sport competitively?	
Did you play a varsity sport in high school?	□ Yes □ No
If so, which sport(s) did you play?	
How many years have you played that sport competitively?	
Have you ever danced competitively?	□ Yes □ No
If so, what types of dance? Check all that apply.	 Ballet Tap Jazz Lyrical Hip hop Acrobatics Other
How many years have you danced competitively?	



Personal Health History	
Mark any health conditions that your doctor has told you that you currently have or have had in the past:	 Allergies Anxiety disorder Asthma Arthritis Broken bones and/or stress fractures in the last 4 years Chronic back pain Chronic sinus problems Depression Diabetes Eating disorder Heart disease Hypertension Irritable Bowel Syndrome Migraine headaches Stomach ulcers
Do you currently take prescription medicines on a regular basis? If so, check all that apply.	 anti-depressants anti-anxiety medication ADD or ADHD medication birth control pill pain medication allergy medication sleep aid steroids other none
Do you currently take over-the-counter medications on a regular basis? If so, check all that apply.	 pain medication (i.e. Advil/ibuprofen, Tylenol/acetaminophen , Aleve/naproxen) laxatives/diuretics allergy medication (i.e. Benadryl, Claritin) cold medicine cough syrup sleep aid other none
How often do you use drugs (including prescriptions) that affect your mood or help you relax?	 rarely or never occasionally almost every day
How many KINDS of drugs (including prescription and over-the-counter) did you take in the past month?	
If female: Over the past three-to-four months have you missed any mentrual periods?	☐ Yes ☐ No
If so, how many?	
Smoking Status	 never smoked quit smoking presently smoke smoke occasionally
How many nights a week do you have more than 1-2 drinks? (1 drink = 12 oz. beer, 5 oz. wine, or 1.5 oz liquor)	
When you drink, how many drinks do you typically have per night? (1 drink = 12 oz. beer, 5 oz. wine, or 1.5 oz liquor)	

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When you know you are going to drink, how often do you limit your food intake during the day in order to "save" calories for drinking?	 All the time Most of the time Some of the time None of the time
Since the beginning of the semester, how many times have you visited a doctor's office for a personal health problem?	
Since the beginning of the semester, how many times have you gone to the emergency room?	
Since the beginning of the semester, how many times have you been hospitalized (admitted to the hospital)?	
Since the beginning of the semester, how many days have you missed work or class due to injury or illness?	
Since the start of this semester, have you lost more than 10 pounds?	☐ Yes ☐ No
If so, were you deliberately trying to lose weight?	☐ Yes ☐ No
Since the start of this semester, have you gained more than 10 pounds?	☐ Yes ☐ No
If so, were you deliberately trying to gain weight?	☐ Yes ☐ No



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These next questions ask about your experiences with stress in the past month. Please answer truthfully to the best of your ability and knowledge. [Never / Almost Never / Sometimes / Fairly Often / Very Often]

In the last month, how often have you been upset because of something that happened unexpectedly?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt that you were unable to control the important things in your life?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt nervous and "stressed"?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt confident about your ability to handle your personal problems?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt that things were going your way?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you found that you could not cope with all the things that you had to do?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you been able to control irritations in your life?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt that you were on top of things?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you been angered because of things that were outside of your control?	 Never Almost Never Sometimes Fairly Often Very Often
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	 Never Almost Never Sometimes Fairly Often Very Often

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How many traumatic life events have you experienced in the last year, such as loss of a loved one, divorce, financial crisis, severe conflict, violence, major illness, sexual assault, or other event?





Eating Habits	
How often do you eat a healthy breakfast?	 seldom occasionally daily or most days
How often do you try a new diet?	
 Never Once a year Once every 6 months On More than once a month 	ce every 3 months 🗌 Once a month
How many servings of whole-grain breads and cereals do you eat daily? (1 serving = 1 slice whole wheat bread; 1/2 cup cooked oatmeal, brown rice or other whole-grain cereal)	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or more
How many cups of fruit do you eat daily? (1 cup = 1 medium apple, orange, banana; 1 cup berries or cut fresh fruit; 1/2 cooked fruit; 3/4 cup or 6 oz. 100% fruit juice)	□ 0 □ 1/2 □ 1 □ 1 1/2 □ 2 □ 2 1/2 □ 3 1/2 □ 4 or more
How many cups of vegetables do you eat daily? (1 cup raw or cooked veggies, 2 cups salad greens, 1 cup (8 oz.) of vegetable juice)	□ 0 □ 1/2 □ 1 □ 1 1/2 □ 2 □ 2 1/2 □ 3 □ 3 1/2 □ 4 or more
How many servings of protein do you eat daily? (1 serving = 2 oz. lean meat, fish, or poultry; small hamburger, 1 hot dog, 1 beef taco, 2 luncheon meat slices, 2 eggs. Plant proteins: 1/2 cup beans or tofu, 1 vegetarian burger or other meat alternatives)	□ 0 □ 1 □ 2 □ 2 1/2 □ 3 1/2 □ 4 or more
What kind of protein foods do you eat most often?	 hamburger, hot dogs, bologna, steaks, sour cream, cheese, whole milk, eggs, fried chicken, tacos, and many fast foods low-fat protein foods: lean meats, skinless poultry, fish, skim milk, low-fat dairy products, and legumes (peas and beans) plant proteins: legumes (peas, beans, lentils, and garbanzo), tofu, soy meat alternates, nut foods, seeds, veggie burger, and vegetarian entrees
What kind of fats do you usually use?	 butter, stick margarine, shortening, meat drippings transfat-free margarine, vegetable oils, or no added fats use both about the same



idential	
How many servings of dairy do you eat daily? (1 serving = 1 cup milk or yogurt, 1 slice (1 oz.) cheese, 1/2 cottage cheese, 1 cup fortified soymilk)	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or m
How many servings of nuts and seeds do you eat weekly? [1 serving = 1/2-1 oz. nuts (e.g. almonds, cashews, peanuts, etc.), or 1/2-1 oz. seeds (e.g. sunflower, pumpkin, flax, etc.), or 2 tablespoons of nut butter]	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or m
How many servings of SWEETS do you eat daily? [1 serving = 3-4 tbsp sugar, 2 tbsp syrup or jelly, 8 oz. soft drink, or desserts (e.g. candy, cookie, 1/2 cup ice cream, 1 small piece cake or pie)]	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or m
How many cups (8 oz) of water do you drink daily?	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 or m
In the past year, how often have you done a cleanse or juice fast?	 Never Once a Once a Once a Once a More t
How much salt do you use?	□ use sa □ don't t □ like sa
Which of the following supplements and vitamins do you take regularly (almost every day)? Check all that apply.	 □ Calciui □ Vitami □ Vitami □ Multivi □ Omega □ Vitami □ Other

□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or more
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or more
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 or more
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 or more
 Never Once a year Once every 6 months Once every 3 months Once a month More than once a month
 use salt sparingly and limit salty foods don't think about limiting salt or salty foods like salt, often salt foods or eat salty foods
 Calcium Vitamin D Vitamin B12 Multivitamin Omega-3 or fish oil Vitamin C



How often do you feel that you eat too frequently?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you feel that you don't eat frequently enough?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you hide what you have eaten from others?	 Never Almost Never Sometimes Fairly Often Very Often
How often does your weight affect the way you feel about yourself?	 Never Almost Never Sometimes Fairly Often Very Often
To what degree does your weight affect the way you feel about yourself?	 Positively Somewhat positively Neither positively nor negatively Somewhat negatively Negatively
When I get upset or stressed about something, I feel I must exercise or go on a run	 All of the time Most of the time Some of the time A little of the time None of the time
How often do you worry you have lost control over how much you eat?	 Never Once a month or less 2-3 times a month Once a week 2-4 times a week Every day
How often do you believe yourself to be fat when others say you are thin?	 Never Almost Never Sometimes Fairly Often Very Often
How many times do you exercise during a typical week?	
When you exercise, how long are you typically active? (in minutes)	
On a scale from 1 to 10, how intense is your typical activity? (1 would be equivalent to walking; 10 would be equivalent to an all-out sprint)	
How many years have you been exercising in the manner in which you exercise currently?	



In a typical week, how many minutes do you spend in the following activities?

Running/jogging?	
Swimming?	
Biking?	
Walking?	
Weight lifting?	
Yoga/Pilates?	
Elliptical?	
Core/abs strengthening exercises?	
Racquet sports (i.e. tennis)?	
Dance classes? (i.e. zumba, ballet, etc.)?	
Sports practice (i.e. basketball, soccer, lacrosse)?	
Other?	



Please indicate your level of agreement or disagreement with the following statements:

l exercise to be thin.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
l exercise to be fit.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
l exercise to be healthy.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
l am satisfied with my current weight.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
l am satisfied with my current fitness level.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
It is normal for my weight to fluctuate a few pounds up and down over the course of the year.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
l exercise to prevent gaining weight.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree
The thought of food dominates my life.	 Strongly disagree Somewhat disagree Neither agree nor disagree Somewhat agree Strongly agree



Listed below are a series of statements about people's exercise habits. Please indicate the number that reflects how often you could make the following statements: [Never / Sometimes / Usually / Always]

l engage in physical exercise on a daily basis.	 Never Sometimes Usually Always
l exercise more than three days per week.	 Never Sometimes Usually Always
When I don't exercise I feel guilty.	 Never Sometimes Usually Always
l sometimes feel like I don't want to exercise, but I go ahead and push myself anyway.	 Never Sometimes Usually Always
If I feel I have overeaten, I will try to make up for it by increasing the amount I exercise.	 Never Sometimes Usually Always
When I miss an exercise session, I feel concerned about my body possibly getting out of shape.	 Never Sometimes Usually Always
If I have planned to exercise at a particular time and something unexpected comes up (like an old friend comes to visit or I have some work to do that needs immediate attention) I will usually skip my exercise for that day.	 Never Sometimes Usually Always
If I miss a planned workout I attempt to make up for it the next day.	 Never Sometimes Usually Always
l may miss a day of exercise for no good reason.	 Never Sometimes Usually Always
When I miss a scheduled exercise session I may feel tense, irritable, or depressed.	 Never Sometimes Usually Always
Sometimes, I feel a need to exercise twice in one day, even though I may feel a little tired.	 Never Sometimes Usually Always
I keep a record of my exercise performance, such as how long I work out, how far or fast I run.	 Never Sometimes Usually Always



I have exercised when advised against such activity (i.e. by a doctor, friend, etc.)

I will engage in other forms of exercise if I am unable to engage in my usual form of exercise.

Never
Sometimes
Usually
Always

Never
Sometimes
Usually
Always



How often do you weigh yourself on a scale?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you keep a food diary (or the equivalent of one)?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you keep track of your calorie intake?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you record the number of fats/lipids that you consume?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you record the amount of protein that you consume?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you record the number of carbohydrates/sugars that you consume?	 Never Almost Never Sometimes Fairly Often Very Often
How often do you record the amount of water that you drink?	 Never Almost Never Sometimes Fairly Often Very Often
How would you rank your food intake in comparison to other Vanderbilt students of the same age and gender?	 I eat considerably less than the average Vanderbit student eats I eat a little less than the average Vanderbilt student eats I eat about the same amount of food as the average Vanderbilt student I eat a little more food than the average Vanderbilt student eats I eat considerably more food than the average Vanderbilt student eats
In the past 6 months, how often have you felt unable to control how much you eat?	 Never Once a month or less 2-3 times a month Once a week 2-6 times a week

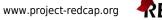


How often do you make yourself sick because you feel uncomfortably full?

Never
Once a month or less
2-3 times a month
Once a week
2-4 times a week
Every day



Indicate the extent to which you experience the fo	ollowing thoughts, feelings, and behaviors.
I plan the meals I am going to eat in advance.	 Always Usually Sometimes Rarely Never
l eat sweets and carbohydrates without feeling nervous.	 Always Usually Sometimes Rarely Never
l feel guilty when l eat too much.	 Always Usually Sometimes Rarely Never
l am fearful of gaining weight.	 Always Usually Sometimes Rarely Never
I eat when I am upset.	 Always Usually Sometimes Rarely Never
l eat more when I am by myself than when I am around other people.	 Always Usually Sometimes Rarely Never
l prefer to eat and/or drink alone.	 Always Usually Sometimes Rarely Never
l am aware of the calorie content of the foods that l eat.	 Always Usually Sometimes Rarely Never
I feel uncomfortable after eating sweets.	 Always Usually Sometimes Rarely Never
l have the impulse to empty my stomach after large meals.	 Always Usually Sometimes Rarely Never







We are interested in how people respond when they confront difficult of stressful events in their lives. There are a lot of ways to try to deal with stress. The questionnaire asks you to indicate what you generally feel, when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress. Respond to each of the following items by using the response choices listed below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU -- not what you think most people would say or do. Indicate what YOU USUALLY do when YOU experience a stressful event.

I try to grow as a person as a result of the experience.

\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I turn to work or other substitute activities to take my mind off things.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I try to keep my feelings from in	nterfering with things too much.			
☐ I usually don't do this at all ☐ I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I go off by myself to be alone.				
 I usually don't do this at all I usually do this a lot 	\Box I usually do this a little bit	\Box I usually do this a medium amount		
I tell myself that it isn't that big	a deal.			
 I usually don't do this at all I usually do this a lot 	\Box I usually do this a little bit	\Box I usually do this a medium amount		
I meditate to clear my head.				
 I usually don't do this at all I usually do this a lot 	\Box I usually do this a little bit	\Box I usually do this a medium amount		
l wish the situation would go away or somehow be over with.				
 I usually don't do this at all I usually do this a lot 	\Box I usually do this a little bit	\Box I usually do this a medium amount		
I tell myself I can deal with it.				
 I usually don't do this at all I usually do this a lot 	\Box I usually do this a little bit	\Box I usually do this a medium amount		
I think about how I've brought this on myself.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount		



I get upset and let my emotions out.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I try to get advice from someon	e about what to do.		
\Box I usually don't do this at all \Box I usually do this a lot	\square I usually do this a little bit	\square I usually do this a medium amount	
I say to myself "this isn't real."			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
l put my trust in God.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I laugh about the situation.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
l admit to myself that l can't de	al with it, and quit trying.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
l discuss my feelings with someone else.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I take drugs to make myself fee	el better.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I get used to the idea that it ha	ppened.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I get upset, and am really awar	e of it.		
☐ I usually don't do this at all ☐ I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
l seek God's help.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I make a plan of action.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I hope a miracle will happen.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	

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I try to keep my feelings to myself.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
l make jokes about it.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I accept that this has happened	and can't be changed.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I keep myself busy so I won't have to think about what is going on.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I avoid being with people in general.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
l criticize or lecture myself.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I tell myself that other things are more important to me.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount	
I tell myself that I can keep going.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box l usually do this a little bit	I usually do this a medium amount	



I meditate to get focus.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I just give up trying to reach my	y goal.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I take additional action to try to	get rid of the problem.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I drink alcohol, in order to think	about it less.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I refuse to believe that it has ha	appened.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
l let out my feelings.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I try to see it in a different light	, to make it seem more positive).
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I try to come up with a strategy	about what to do.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
l try to lose myself for a while b	y using drugs.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
l kid around about it.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
I give up the attempt to get wh	at I want.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount
l look for something good in wh	at's happening.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount

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I pretend that it hasn't really happened.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I go to the movies or watch TV,	to think about it less.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I accept the reality of the fact t	hat it happened.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
l ask people who have had simi	lar experiences what they did.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I wish that I could change the w	vay that things are going.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I keep others from knowing how	v bad things are.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I try to get as far away from oth	ner people as I can.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I blame myself for what's happe	ening.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I feel a lot of emotional distress	and I find myself expressing th	ose feelings a lot.	
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I take direct action to get arour	nd the problem.		
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount	
I try to find comfort in my religion.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I make fun of the situation.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount	
I reduce the amount of effort I'm putting into solving the problem.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	🗌 l usually do this a medium amount	



I tell myself that it doesn't matt	I tell myself that it doesn't matter that much to me.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I tell myself that I can handle it	, no matter how bad it gets.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I use meditation to gain perspe	ctive.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I talk to someone about how I for	eel.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I use alcohol to help me get thr	ough it.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I learn to live with it.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
l act as though it hasn't even h	appened.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
I learn something from the exp	erience.			
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
l pray more than usual.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
l meditate to relax.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\square I usually do this a medium amount		
l tell myself l can get over it.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	\Box I usually do this a medium amount		
I tell myself it's not that bad.				
\Box I usually don't do this at all \Box I usually do this a lot	\Box I usually do this a little bit	I usually do this a medium amount		



How often in the last month have you had each of the following feelings or experiences? You should say "rarely or none of the time" if you felt this way as a result of medicine prescribed by a doctor.			
I was bothered by things that d	on't usually bother me.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	\Box A moderate amount of time	
I did not feel like eating; my app	petite was poor		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	\Box A moderate amount of time	
I felt that I could not shake off t	he blues, even with help from n	ny family and friends.	
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time	
I felt that I was just as good as o	other people.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time	
I had trouble keeping my mind	on what I was doing.		
Rarely or none of the time Most or all of the time	Some or a little of the time	\Box A moderate amount of time	

I felt depressed.

□ Rarely or none of the time	☐ Some or a little of the time	🗌 A moderate amount of time
Most or all of the time		

I felt that everything I did was an effort.

□ Rarely or none of the time	Some or a little of the time	A moderate amount of time
Most or all of the time		

I felt hopeful about the future.

□ Rarely or none of the time	Some or a little of the time	🗌 A moderate amount of time
Most or all of the time		

I thought my life had been a failure.

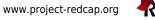
□ Rarely or none of the time	Some or a little of the time	A moderate amount of time
Most or all of the time		

I felt fearful.

Rarely or none of the time	Some or a little of the time	A moderate amount of time
Most or all of the time		

My sleep was restless.

Rarely or none of the time	Some or a little of the time	A moderate amount of time
Most or all of the time		





l was happy.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
I talked less than usual.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
l felt lonely.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
People were unfriendly.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
I enjoyed life.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
I had crying spells.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
l felt sad.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	A moderate amount of time
I felt that people disliked me.		
 Rarely or none of the time Most or all of the time 	Some or a little of the time	☐ A moderate amount of time
l could not "get going".		
Rarely or none of the time Most or all of the time	\Box Some or a little of the time	\Box A moderate amount of time



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The following questions ask about your acquaintances, friends and relatives. Different people feel differently about the number of people they see and the number of friends they have. Indicate how often you are BOTHERED by the following things.

How often are you BOTHERED by not having a close companion?

🗌 never	🗌 rarely	sometimes	🗌 quite often	🗌 very often
How often	are you BC	THERED by not s	seeing enough of	f people you feel close to?
🗌 never	🗌 rarely	sometimes	🗌 quite often	🗌 very often
How often	are you BC	THERED by not l	having enough cl	lose friends?
🗌 never	🗌 rarely	sometimes	🗌 quite often	🗌 very often
How often	are you BC	THERED by not l	having someone	who shows you love and affection?
🗌 never	🗌 rarely	sometimes	🗌 quite often	🗌 very often



The next three items ask about GETTING HELP FROM OTHERS. Please indicate whether or not you feel like you would receive help in these situations if you needed it.			
If you needed help (e.g. with cleaning or making small repairs) c them?	ould you get someone to help you without paying		
☐ definitely yes ☐ probably yes ☐ maybe ☐ probably no	ot 🗌 definitely not		
If you couldn't use your car or your usual way of getting around willing to take you where you needed to go?	for a week, could you find someone who would be		
☐ definitely yes ☐ probably yes ☐ maybe ☐ probably no	ot 🗌 definitely not		
If you needed to borrow a fairly large sum of money, do you hav	e someone or somewhere you could borrow it from?		
☐ definitely yes ☐ probably yes ☐ maybe ☐ probably no	ot 🗌 definitely not		
How many close friends would you say you have?			
🗌 none 🔲 1 or 2 🔛 3-5 🔛 6-9 🔛 10 or more			
How many relatives do you have that you feel close to?			
🗌 none 🔲 1 or 2 🔛 3-5 🔛 6-9 🔛 10 or more			
How many people do you know who you feel really understand w	hat you're going through in your life right now?		
🗌 none 🔲 1 or 2 🔛 3-5 🔛 6-9 🔛 10 or more			
How many service clubs/organizations do you regularly participate in?			
How many social clubs/organizations do you regularly participate in? (e.g. sorority, fraternity, juggling club, etc.)			
How many religious or faith-based groups/organizations do you regularly participate in?			
Are you currently in a romantic relationship?	 yes, with someone from home yes, with someone from Vanderbilt no, but would like to be no, and not interested in a relationship right now 		



Please indicate the extent to which you experience the following thoughts, feelings, and behaviors.

I feel pleasant.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel nervous and	l restless.			
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel satisfied wit	h myself.			
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I wish I could be a	as happy as othe	rs seems to	be.	
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel like a failure	<u>.</u>			
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel rested.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
l am "calm, cool a	and collected".			
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel that difficult	ies are piling up	so that I ca	nnot overcome them.	
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I worry too much	over something t	that really	doesn't matter.	
🗌 almost never	sometimes	🗌 often	🗌 almost always	
l am happy.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I have disturbing thoughts.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
l lack self-confidence.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I feel secure.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I make decisions easily.				
🗌 almost never	🗌 sometimes	🗌 often	🗌 almost always	



I feel inadequate.

🗌 almost never	sometimes	🗌 often	🗌 almost always	
I am content.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
Some unimportant thought runs through my mind and bothers me.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I take disappointments so keenly that I can't put them out of my mind.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
l am a steady person.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	
I get in a state of tension or turmoil as I think over my recent concerns and interest.				
🗌 almost never	sometimes	🗌 often	🗌 almost always	



Please indicate the extent to which you agree or disagree with the following statements as they apply to your life. It makes me uneasy to see an error in my work. Strongly agree Agree Agree Disagree Disagree One of my goals is to be perfect in everything I do. Strongly agree Meither agree or disagree Agree Neither agree or disagree Disagree One of my goals is to be perfect in everything I do. Strongly agree Disagree Disagree Disagree Disagree

One of my goals is to be perfect in everything I do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l never aim for perfection in my work.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l must work to my full potential at all times.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l must always be successful at school or work.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I have high expectations for the people who are important to me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l do not have very high standards for those around me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
If I ask someone to do something, I expect it to be done flawlessly.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I can't be bothered with people who won't strive to better themselves.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I think my belly is too big.	 ☐ Strongly agree ☐ Agree ☐ Neither agree or disagree

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Disagree

Strongly disagree



The people who matter to me should never let me down.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
The better I do, the better I am expected to do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
My family expects me to be perfect.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Those around me readily accept that I can make mistakes too.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
The people around me expect me to succeed at everything I do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Anything that I do that is less than excellent will be seen as poor work by those around me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree



-

My parents set very high standards for me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Organization is very important to me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
As a child, I was punished for doing things less than perfect.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l think that my hips are just the right size.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
lf I do not set the highest standards for myself, I am likely to end up a second-rate person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
My parents never tried to understand my mistakes	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
It is important to me that I be thoroughly competent in everything I do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l am a neat person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l try to be an organized person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
lf l fail at work/school, l am a failure as a person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree



l should be upset if l make a mistake.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l think that my thighs are too large.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
My parents wanted me to be the best at everything.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l set higher goals than most people.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
If someone does a task at work/school better than I, then I feel like I failed the whole task.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
lf l fail partly, it is as bad as being a complete failure.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I think that my belly is just the right size.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Only outstanding performance is good enough in my family.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l am very good at focusing my efforts on attaining a goal.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Even when I do something very carefully, I often feel that it is not quite right.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I hate being less than the best at things.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree



I have extremely high goals.

Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree



My parents have expected excellence from me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
People will probably think less of me if I make a mistake.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
l never felt like l could meet my parents' expectations	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
If I do not do as well as other people, it means I am an inferior human being.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
Other people seem to accept lower standards from themselves than I do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I like the shape of my buttocks.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
If I do not do well all the time, people will not respect me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
My parents have always had higher expectations for my future than I have.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I try to be a neat person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree
I usually have doubts about the simple everyday things I do.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree



Neatness is very important to me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
l expect higher performance in my daily tasks than most people.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
I think my hips are too big.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
l am an organized person.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
I tend to get behind in my work because I repeat things over and over.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
It takes me a long time to do something "right."	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
I think that my thighs are just the right size.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
The fewer mistakes I make, the more people will like me.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
l never felt like l could meet my parents' standards.	 Strongly agree Agree Neither agree or disagree Disagree Strongly disagree 			
In most ways my life is close to ideal.				
Strongly agree Agree Neither agree or disagree	Disagree Strongly disagree			
The conditions of my life are excellent.				
□ Strongly agree □ Agree □ Neither agree or disagree	Disagree Strongly disagree			



I am satisfied with my life.				
Strongly agree	🗌 Agree	□ Neither agree or disagree	🗌 Disagree	Strongly disagree
I think my buttocks are too large.				
Strongly agree	🗌 Agree	□ Neither agree or disagree	🗌 Disagree	Strongly disagree
So far I have gotten the important things I want in life.				
Strongly agree	🗌 Agree	Neither agree or disagree	🗌 Disagree	Strongly disagree
If I could live my life over, I would change almost nothing.				
Strongly agree	🗌 Agree	Neither agree or disagree	🗌 Disagree	Strongly disagree



Safety Behaviors	
When driving or riding in a car, what percentage of the time do you wear a seat belt?	□ 0 □ 25% □ 50% □ 70% □ 90% □ 100%
How many times in the last 6 months did you drive within an hour of having 2 or more drinks, or ride with another driver who had?	□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 or more
Are you careful to use safe sexual practices to prevent unintended pregnancies and sexually transmitted diseases (no sexual contact, always use condoms, or relations with only one uninfected, mutually faithful partner)?	 always most of the time seldom or never
Are you careful to limit excess sun exposure and avoid sunburns?	 always sometimes seldom or unsure
Do you always wear a helmet when riding a motorcycle, cycling, skiing, snowboarding, inline skating, etc.?	 □ yes □ no □ does not apply

