

# College Relationships Survey

*This survey asks personal questions; please be honest. Place completed surveys in the provided envelope.*

## Your Social Life

1. Does your health in any way limit your daily activities, compared to most people your age?  
 Yes  No

2. Are you able to meet socially with friends or relatives? Always able ———— Never

### In the past 4 weeks, how often did you:

3. Lose sleep over worry? More than nightly ———— Less than weekly

4. Talk/message with a parent or caregiver? More than daily ———— Less than weekly

5. Feel lonely? More than daily ———— Less than weekly

6. How often were you able to enjoy your recreational activities?  
 More than daily ———— Less than weekly

### Describe your housing:

7. Where do you live this semester?

- Residence hall
- Ecovillage
- Off-campus

8. How suitable is your housing for your current needs?

Very suitable ———— Very unsuitable

9. How safe do you feel walking alone in the area near your housing?

Very safe ———— Very unsafe

### Indicate how likely you feel that the following might happen:

10. I will be assaulted in the future (including sexual and domestic assault).

Very likely ———— Very unlikely

11. I will experience discrimination (eg because of my race, gender, religion, sexual orientation, health, or mental health).

Very likely ———— Very unlikely

### Indicate how strongly you agree or disagree with the following statements:

12. I respect, value, and appreciate people around me.

Strongly agree ———— Strongly disagree

13. I find it easy to enjoy the love, care, and support of my family and friends.

Strongly agree ———— Strongly disagree

14. I am free to use my imagination and to express myself creatively (e.g. through art, literature, music etc).

Strongly agree ———— Strongly disagree

15. I am able to express my views, including political and religious views.

Strongly agree ———— Strongly disagree

### Indicate your current social relationships:

16. Which best describes you?

- First year
- Sophomore
- Junior
- Senior or supersenior

17. Estimate how many Berea students have your phone number: \_\_\_\_\_ students.

## Your Romantic and Sexual Life

18. What is your current intimate relationship status?

- "Talking to" one or several people  
 In a relationship (married or seriously dating one or several people)  
 Single

19. Have you lived with a significant other?

- No, not in any fashion  
 We had our own places, but spent most of our nights together  
 We shared an apartment or room

20. Think of your longest romantic relationship. How long did it last (or how long has it lasted)?  
 \_\_\_\_\_ years and \_\_\_\_\_ months.

### Hook ups:

Use whatever definition of hook up you and your friends generally use. It doesn't have to include sex.

21. How many people have you hooked up with whom you didn't know before that night?  
 \_\_\_\_\_ people.

22. How many people have you hooked up with whom you did know, but you and the person were not already in a romantic relationship?  
 \_\_\_\_\_ people.

### Sex:

23. During your life, with whom have you had sex (as you define sex)?

- I have never had sex  
 Females  
 Males  
 Females and Males  
 \_\_\_\_\_

24. Have you had vaginal intercourse?  Yes  No

## Demographics

25. Gender: \_\_\_\_\_

26. Sexual orientation: \_\_\_\_\_

27. Age: I am \_\_\_\_\_ years old.

28. Race: \_\_\_\_\_

29. Ethnicity:  Hispanic  Not Hispanic

30. Are you a first-generation college student?  Yes  No

### Your family now:

31. Are you divorced?  Yes  No

32. Do you have any children?  Yes  No

33. Marital status:  Engaged  Married  Neither

### Your family during highschool:

34. Siblings:  Yes (*How many?* \_\_\_\_\_)  None

35. Were your parents (or primary caregivers) separated?  Yes  No

36. During highschool, who raised you? \_\_\_\_\_

### Where you lived during highschool:

37. Region:  Appalachian region or KY  Elsewhere in U.S.  Outside U.S.

38. Municipality:  Rural  Town  Small city  Suburbs of big city  Big city