

Optional Wellness Module:

How would you describe your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

To what extent do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have access to affordable, healthy food.					
I am satisfied with the amount of exercise that I get.					
I am satisfied with the amount of time I spend on recreational and leisure activities.					
I get an adequate amount of support for my well-being from my institution.					

Over the last 2 weeks, what is the average amount of sleep you have gotten on a weeknight (excluding naps)?

- Less than 4 hours
- 4 hours
- 5 hours
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 or more hours

(continued on next page)

Within the last 12 months, have any of the following affected your academic performance? (Please select the most serious outcome for each item below)

	I did not experience this issue/not applicable	I have experienced this issue, but my academics have not been affected	I have experienced this issue, and it negatively impacted my performance in a class	I have experienced this issue, and it delayed progress towards my degree
Assault (physical)				
Assault (sexual)				
Allergies				
Anxiety				
Attention-Deficit/Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD)				
Concussion or Traumatic Brain Injury				
Depression				
Eating disorder/problem				
Headaches/migraines				
Injury (e.g., burn, sprain or broken bone) excluding concussion or traumatic brain injury				
Post Traumatic Stress Disorder (PTSD)				
Sleep difficulties				
Short-term illness (e.g., COVID-19, influenza, sinus infection, colds, etc.)				
Stress				