

College Activities and Behaviors Questionnaire

Within the last week, how **MANY TIMES** have you done each of the following:

1. Number of times exercised strenuously _____
2. Number of times had difficulty falling asleep _____
3. Talked on the phone to one or both parents _____
4. Talked on the phone to old friends who are not at your college _____
5. Visited a physician or the student health center for illness _____
6. Ate far too much at one meal _____
7. Had a heart-to-heart talk with someone here at college _____
8. Attended a meeting of an organization (e.g., church, fraternity) _____
9. Studied _____
10. Thought about dropping out of college _____
11. Talked or corresponded with an old girlfriend or boyfriend _____
12. Made a new friend _____
13. Received a traffic ticket (including parking violation) _____
14. Written down your deepest thoughts and feelings _____

In the last week, how many of the following have you consumed:

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|--|--|
| 15. Alcoholic beverages _____ | 16. Doses of prescribed drugs _____ |
| 17. Cigarettes _____ | 18. Doses of nonprescribed drugs _____ |
| 19. Cups of coffee _____ | 20. Snacks with sugar _____ |
| 21. Aspirin or other pain reliever _____ | 22. Vitamins _____ |

Sex _____ Age _____ Year in College _____

Marital status _____ Number of hours currently taking _____