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:

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______