

ID

★

Please provide your student number in the box below. Remember, **none of your teachers will have access to this information**, and it is very important to provide it so that we can match up your future responses.

MQ student number

Gender

★

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to say

Page Break

Age

★

How old are you (in years)?

Postcode

★

What is your current postcode?

Postcode

ATSI

★

Do you identify as Aboriginal or Torres Strait Islander?

- ☐ No
- ☐ Yes, Torres Strait Islander
- ☐ Yes, Aboriginal
- ☐ Both, Aboriginal and Torres Strait Islander
- ☐ Prefer not to disclose

Language

★

What is the primary language spoken at home?

- ☐ English
- ☐ Other
-

Living situation

★

What best describes your current living situation?

- ☐ Live with my parents / grandparents / family members
- ☐ Live in student accommodation
- ☐ Live with flatmates
- ☐ Live in a boarding / homestay
- ☐ Live alone
- ☐ Other

Work

★

About how many hours each week do you usually spend doing the following?

Paid work

Voluntary / Unpaid work

Page Break

Education Intro Text

EDUCATION BACKGROUND

The next section focuses on your current enrolment at Macquarie University.

Education level

★

Not including your current enrolment, what is your highest level of education?

- ☐ Year 12
- ☐ TAFE qualification
- ☐ Undergraduate university degree
- ☐ Postgraduate university degree

Dom/Int

★

Are you a domestic or international student?

- ☐ Domestic
- ☐ International

Area of study

★

What is your main area of study?

☐ Clinical science

☐ Cognitive science

☐ Human science

☐ Psychology

☐ Other

Year of study

★

What year of study are you in?

Note: if you are part time - use the equivalent full time stage. For e.g. 2 years part-time = 1 year full time

☐ 1st year

☐ 2nd year

☐ 3rd year

☐ 4th year

▲

📄 Import from library

Add new question

Add Block

▼

HEALTH

Health intro

HEALTH STATUS & DIET

The next questions relate to your health status and diet.

Smoking

★

This question relates to tobacco smoking. This includes cigarettes, cigars and pipes.

Which of the following best describes your smoking status?

☐ I smoke daily

☐ I smoke occasionally

☐ I don't smoke now, but I used to

☐ I've tried a few time but never smoked regularly

☐ I've never smoked

BMI

★

What is your current height and weight?

Please use metric measures.

Height (cms)

Weight (kg)

Vegetables

★

About how many serves of vegetables do you usually eat each day?

One serve is half a cup of cooked or 1 cup of salad vegetables.

- ☐ 1 serve
- ☐ 2 serves
- ☐ 3 serves
- ☐ 4 serves
- ☐ 5 serves
- ☐ More than 5 serves
- ☐ I don't eat vegetables

Fruit

★

About how many serves of fruit do you usually eat each day?

A serve is 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces.

- ☐ 1 serve
- ☐ 2 serves
- ☐ More than 2 serves
- ☐ I don't eat fruit

SSBs

★

About how many cups of non-diet soft drink, cordials or sports drink, such as lemonade or gatorade do you **usually** drink?

1 cup=250ml. One can of soft drink = 1.5 cups. One 500ml bottle of Gatorade = 2 cups.

Cups per day

Cups per week

▲

Import from library

Add new question

Add Block

▼ Sleep

Sleep text intro

SLEEP

The next questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month.

Time Asleep

During the past month, what time have you usually gone to bed?

Answer using 24 hour time. E.g. 10:30pm = 22:30, 12:30am = 00:30

Hour of the day

Minutes

Mins fall asleep

During the past month, how long (in minutes) has it taken you to fall asleep each night?

Minutes

Time Awake

During the past month, what time do you usually get up in the morning?

Answer using 24 hour time. E.g. 7:45am = 7:45, 11:00am = 11:00

Hour of the day

Minutes

Sleep hours



During the past month, how much actual sleep do you get at night? (This may be different than the number of hours you spend in bed)

Hours

Minutes

Sleep disturbances



During the past month, how often have you had trouble sleeping because you...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
cannot get to sleep within 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
wake up in the middle of the night or early morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have to get up to use the bathroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cannot breathe comfortably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cough or snore loudly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too cold	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
feel too hot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have bad dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep aids



During the past month ...

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
how often have you taken medicine (prescribed or "over the counter") to help you sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how much of a problem has it been for you to keep up enthusiasm to get things done?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sleep rating



During the past month, how would you rate your sleep quality overall?

- ☐ Very good
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad

Import from library

Add new question

Add Block

Physical Activity

PA intro

PHYSICAL ACTIVITY

The next questions are about any physical activities that you may have done in the last week.

Vigorous intro

Think about all the **vigorous** activities that you did in the **last 7 days**.

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Think only about those physical activities that you did for at least 10 minutes at a time.

IPAQ VIG

During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, strenuous hiking, playing soccer, basketball, tennis singles, or fast bicycling?

Days per week

IPAQ VIG TIME

Display this question

If During the last 7 days, on how many days did you do vigorous physical activities like heavy lifti... Text Response Is Greater Than 0

How much time did you usually spend doing **vigorous** physical activities on one of those days?

Hours per day

Minutes per day

Moderate intro

Think about all the **moderate** activities that you did in the **last 7 days**.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

Think only about those physical activities that you did for at least 10 minutes at a time.

IPAQ MOD

During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, mowing the lawn, bicycling at a regular pace, or doubles tennis? Do not include walking.

Days per week

IPAQ MOD TIME

▼ [Display this question](#)

If **During the last 7 days, on how many days did you do moderate physical activities like carrying li...** Text Response Is Greater Than **0**

How much time did you usually spend doing **moderate** physical activities on one of those days?

Hours per day

Minutes per day

Walking intro

Think about the time you spent **walking** in the **last 7 days**.

This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

IPAQ WALKING

During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

Days per week

IPAQ WALKING TIME

▼ [Display this question](#)

If **During the last 7 days, on how many days did you walk for at least 10 minutes at a time?** Text Response Is Greater Than **0**

How much time did you usually spend **walking** on one of those days?

Hours per day

Minutes per day

SITTING WEEKDAY



During the **last 7 days**, how much time did you usually spend **sitting** on a **weekday**?

HOURS

MINUTES

SITTING WEEKEND



During the **last 7 days**, how much time did you usually spend **sitting** on a **weekend day**?

HOURS

MINUTES



Import from library

Add new question

Add Block



Stress

Stress Intro

FEELINGS AND THOUGHTS

The next set of questions will ask you about your feelings and thoughts during the last month. There are no right or wrong answers. Please answer as honestly as you can.

PERCEIVED STRESS



In the last month how often have you

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



 Import from library

Add new question

Add Block

End of Survey

Thank you for taking the time to complete this survey, your responses have been recorded.

We would like to check in with you again during this teaching session, so we hope that you will be willing to complete this survey again next time we contact you.