

Study Well Health Assessment

To help us help you look and feel your best, and, as a student, be academically successful, please answer the following questions. Your answers can be ANONYMOUS if you choose and are **CONFIDENTIAL**. As you answer questions, you do not need to answer if you prefer not to answer. If you have any questions or feelings of discomfort during or after completing this assessment, please talk to a health educator or other professional.

Please use a BLUE or BLACK pen. Write in boxes like this:

S M I T H

Fill like this: ●

Not like this: ⊗ ⊕

Your Birthday Date

/ /
 Month Day Year

Age

Height in inches

.

Weight

Gender

Male Female

1. In the past 12 months, about how many times have you received **health care services** at Cal Poly Pomona's Student Health Services in building 46?
- 20 or more times
 10 - 19 times
 6 - 9 times
 2 - 5 times
 1 time
 Never used

2. In the past 12 months, about how many times have you received **health education services**? These would be from staff from Student Health Services or The Wellness Center, and anywhere on campus for any reason.
- 20 or more times
 10 - 19 times
 6 - 9 times
 2 - 5 times
 1 time
 Never used

3. Considering your age, how would you describe your general health?

Excellent Very good Good Fair Poor Don't know

4. The last time you "partied"/socialized, how many alcoholic drinks did you have? (if less than 10, code answers as 00, 01, etc.)
- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9

5. If you have been sexually active in the last year did you use a barrier such as a condom or dental dam the last time you had intercourse?
- Never did this sexual activity
 No
 Yes
 Don't know/don't remember

6. On how many of the last 7 days did you participate in vigorous exercise for at least 20 minutes or moderate exercise for at least 30 minutes?

0 1 2 3 4 5 6 7

7. How many servings of fruits and vegetables do you usually have per day (1 serving = 1 medium piece of fruit, 1/2 cup chopped, cooked or canned fruits/vegetables, 3/4 cup fruit/vegetables juice, small bowl of salad greens, or 1/2 cup dried fruit)?

None 1 - 2 3 - 4 servings 5 or more servings

8. Within the last 12 months, how many times have you felt so depressed that it was difficult to function?

Never 1 - 2 3 - 4 5 - 6 7 - 8 9 - 10 11 or more times

9. Have you had your blood pressure checked in the past two years? Yes No Don't know

