

## Attachment A: Draft of Full CCVS/SPES Instrument

# Student Perspectives and Experiences Survey (SPES) Instrument

## Campus Climate Design and Testing Study

### Student Perspectives and Experiences Survey (SPES) Instrument

#### 1. Initial Demographics

*PROGRAMMING NOTE: Text that is in ALL CAPS, red, blue, or green font will not be displayed to respondents.*

First, we'd like to ask a few questions about you.

1. How old are you? *{dropdown}*

- ☐ Under 18 *{Explain that their participation is not possible. End survey.}*
- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ 27
- ☐ 28
- ☐ 29
- ☐ 30+

What type of student are you?

- ☐ Community or Junior college student
- ☐ Undergraduate student
- ☐ Vocational, Trade, or Technical school student
- ☐ Graduate student
- ☐ Professional student (graduate degrees in law, medicine, veterinary medicine, etc.)
- ☐ Other (please specify): \_\_\_\_\_

3. How long have you been this type of student? In other words, are you in your...

- ☐ 1<sup>st</sup> year
- ☐ 2<sup>nd</sup> year
- ☐ 3<sup>rd</sup> year
- ☐ 4<sup>th</sup> year
- ☐ 5<sup>th</sup> year
- ☐ 6<sup>th</sup>+ year
- ☐ Other (please specify): \_\_\_\_\_

4. Are you an international student?

- ☐ Yes
- ☐ No

**As a reminder, throughout the survey, we will refer to your school as “[SCHOOL].”**

5. Are you a transfer student (that is, did you transfer into [SCHOOL])?
  - ☐ Yes
  - ☐ No
6. When did you start taking classes at [SCHOOL]?
  - ☐ [MONTH] {dropdown}
  - ☐ [YEAR] {dropdown}
7. How many of the classes you have taken at [SCHOOL] in the past 12 months (since [DATE]) have been **completely online** (that is, no in-person instruction)?
  - ☐ None
  - ☐ A few
  - ☐ About half
  - ☐ Most
  - ☐ All
  - ☐ Other (please specify): \_\_\_\_\_
8. Do you currently live on campus?
  - ☐ Yes
  - ☐ No
  - ☐ Not applicable (school does not have a campus)
9. {If Q8 = yes} Where do you live **on campus**?
  - ☐ Residence hall or dormitory
  - ☐ Fraternity house or affiliated location
  - ☐ Sorority house or affiliated location
  - ☐ Other school-sponsored, on-campus housing (such as apartment or house)
  - ☐ Other (please specify): \_\_\_\_\_
10. {If Q8 = no or not applicable} Where do you live?
  - ☐ A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
  - ☐ An off-campus fraternity or sorority house
  - ☐ An apartment or house that is sponsored by [SCHOOL]
  - ☐ An apartment or house that is **not** sponsored by [SCHOOL]
  - ☐ At home with your parent(s) or guardian(s)
  - ☐ Other (please specify): \_\_\_\_\_
11. Have you been employed by [SCHOOL] at any time in the past 12 months (since [DATE])?
  - ☐ Yes
  - ☐ No
12. Have you ever served on active duty in the U.S. Armed Forces?
  - ☐ Never served in the military
  - ☐ Only on active duty for training in the Reserves or National Guard
  - ☐ Now on active duty
  - ☐ On active duty in the past, but not now

13. In the past 12 months (since [DATE]), which of the following groups and activities have you been a member of at [SCHOOL]? *Please select all that apply.*

- ☐ Honor society
- ☐ Professional group related to your major or field of study
- ☐ Fraternity or sorority (pledge or member)
- ☐ Intercollegiate athletic team
- ☐ Cultural group (e.g., Black Student Union, Latinx Student Association)
- ☐ Identity affiliation group (e.g., LGB, Disability, First-Generation College Student)
- ☐ Political or social action group
- ☐ Student government
- ☐ Performing arts group
- ☐ Media organization (such as newspaper, radio, magazine)
- ☐ ROTC, veterans, or other military group
- ☐ Religious or faith-based group
- ☐ Other student organization or group (please specify): \_\_\_\_\_
- ☐ None

**You have completed Section 1 of 5**

## 2. Victimization Screeners

### A. Sexual Harassment Victimization Screener

This section asks about times when anyone may have said or done something of a sexual nature that you didn't want them to say or do. These things could have happened to you on or off campus and either in-person, OR over the phone, through text message, email, social media, or online. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

14. In the past 12 months (since [DATE]), has **anyone** done the following things to you **in-person**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by making sexual comments, gestures, or by staring at you		
Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		

15. In the past 12 months (since [DATE]), has **anyone** done the following things to you **over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened to you.

	Yes	No
Made inappropriate or offensive comments (such as vulgar or explicit sexual comments, jokes, or stories) about your body, appearance, or sexual activities		
Tried to get you to talk about sexual things when you didn't want to		
Continued to ask you to go out, get dinner, hang out, have drinks, meet up, or hook up even though you had already said "no"		
Made you feel uncomfortable or offended you by sending sexual comments, gestures, or emojis		
Talked about or referred to people of your sex using insulting or offensive words		
Showed you their sexual body parts when you didn't want them to and without your consent		
Watched or took photos or videos of you when you were naked or having sex, without your consent		
Sent you offensive sexual comments, jokes, stories, pictures, or videos that you didn't want to see or receive		

Sent or shared sexual rumors, stories, videos, or images <b>of you</b> to other people when you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images.</i>		
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16. In the past 12 months (since [DATE]), has **someone in a position of authority over you** (such as a professor, supervisor, boss, teaching assistant, coach) done the following things to you either **in-person OR over the phone, through text message, email, social media, or online**? Please include things no matter where you were when they happened.

	Yes	No
Promised you better treatment or suggested you would receive favors or privileges if you hooked up with them (including kissing, sexual touching, sex)		
Threatened or suggested that you would be treated worse or differently if you didn't hook up with them (including kissing, sexual touching, sex)		

*{If all Q14 = No, all Q15 = No, and all Q16 = No, skip to Sexual Assault Victimization Screener.}*

17. *{If yes to any in Q14, Q15, or Q16}* You said someone did the following things:

- [POPULATE BULLETED LIST OF Q14, Q15, & Q16 ITEMS ENDORSED]

How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

18. [IF Q17 = 1: When did it occur? / IF Q17 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Sexual Assault Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

19. *{If Q18 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q17 = 1: time / IF Q17 = 2 OR MORE: most recent time] someone did these things to you. What is your best estimate of when it happened?
- ☐ Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Sexual Assault Victimization Screener.}*
  - ☐ Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
  - ☐ Between [CURRENT MONTH – 6 MONTHS] and today
20. In the past 12 months (since [DATE]), has anyone pressured you into having sexual contact with them by:
- Threatening to tell lies or spread rumors about you,
  - Threatening to break up with you or end your relationship,
  - Making promises you knew or discovered were untrue, or
  - Continually verbally pressuring you after you said you didn't want to?
    - ☐ Yes
    - ☐ No

## B. Sexual Assault Victimization Screener

This section asks about times when you may have experienced unwanted sexual contact. In these questions, **unwanted sexual contact** is sexual contact that you **did not consent to** and that you **did not want** to happen. Remember that you may skip any question or stop the survey at any time if you feel uncomfortable.

**Please check off each point below as you read through these descriptions to indicate that you have read each definition. For the purposes of this survey, unwanted sexual contact can happen when:**

- ☐ Someone touches or grabs your sexual body parts (such as butt, crotch, genitals, or breasts) and you did not want it to happen;
- ☐ Someone **ignores you when you say “no” or just does it when they know you don’t want them to;**
- ☐ Someone **threatens to hurt you, or someone or something you care about;**
- ☐ Someone **uses force against you**, such as holding you down with their body weight, pinning your arms, or hitting or kicking you; or
- ☐ You are **unable to provide consent because you are incapacitated, passed out, unconscious, blacked out, or asleep.** This can happen after you voluntarily used alcohol, marijuana, or other drugs, or after you were given a drug without your knowledge or consent.

Please keep in mind that anyone, regardless of sex or sexual orientation, can experience unwanted sexual contact. Also, the person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers.

21. In the past 12 months (since [DATE]), has anyone had the following types of unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen)?

	Yes	No
Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one’s clothes. Sexual body parts include someone’s butt, crotch, genitals, or breasts.)?		
Oral sexual contact (that is, mouth or tongue making contact with genitals)?		
Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)?		

*{If all of Q21 = No, Skip to Stalking Victimization Screener.}*

22. {If Q21 = Yes} How many different times has someone had unwanted sexual contact with you in the past 12 months (since [DATE])?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times

23. [IF Q22 = 1: When did it occur? / IF Q22 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- ☐ Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Stalking Victimization Screener.}*
- ☐ [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]



- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

24. *{If Q23 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q22 = 1: time / IF Q22 = 2 OR MORE: most recent time] someone had unwanted sexual contact with you. What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] *{Skip to Stalking Victimization Screener.}*
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH – 6 MONTHS] [YEAR]
- Between [CURRENT MONTH – 6 MONTHS] and today

25. [IF Q22 = 2 OR MORE AND Q21 = 2+ TYPES OF CONTACT: During the most recent time, which of the following types of unwanted sexual contact did someone have with you?] *Please select all that apply, and remember, "unwanted sexual contact" is sexual contact that you did not consent to and that you did not want to happen.*

- ☐ Forced physical contact that is sexual (forced kissing, clothing removal, or touching/grabbing of sexual body parts, even if over one's clothes. Sexual body parts include someone's butt, crotch, genitals, or breasts.)
- ☐ Oral sexual contact (that is, mouth or tongue making contact with genitals)
- ☐ Vaginal or anal sexual contact (that is, penetration of a vagina or anus with a finger, penis, or object)

26. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] you experienced unwanted sexual contact, did any of the following things happen?

	Yes	No	Unsure
They ignored you when you said "no" or just did it when they knew you didn't want them to			
They threatened to hurt you or someone you care about			
They used physical force against you, such as holding you down with their body weight, pinning your arms, strangling or choking you, or hitting or kicking you			
You were unable to provide consent or stop what was happening because you were incapacitated, passed out, unconscious, blacked out, or asleep			
Something else (please describe): _____			

[IF ANY ITEMS IN Q26 ARE BLANK]: Your responses to this question are very important. Please select a response for each item.

### C. Stalking Victimization Screener

This section asks about times when someone **repeatedly** contacted you or did things that caused you emotional distress or made you fear for your personal safety. The person(s) who did this could have been anyone, including current or former dating partners, other people you knew, or complete strangers, but please do not include bill collectors, solicitors, or salespeople.

27. In the past 12 months (since [DATE]), has someone **repeatedly** caused you emotional distress or made you fear for your personal safety by doing any of the following things?

	Yes	No
Following you around or watching you		
Waiting for you, showing up, or riding by your home, work, school, or any place else when you didn't want them to		
Sneaking into your home, dorm, car, or any other place and doing unwanted things to let you know they had been there		
Leaving or sending unwanted items, such as cards, letters, presents, or flowers		
Harassing you or repeatedly asking your friends or family for information about you or your whereabouts		
Making unwanted phone calls to you, leaving voice messages, sending text messages, or using the phone to contact you excessively		
Sending you unwanted e-mails or messages through the Internet, social media apps, or websites like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		
Using technologies such as a listening device, camera, computer or cell phone monitoring software, or GPS tracking device to spy on you or monitor your activities or location		
Spying on you or monitoring your activities or location through social media apps like Instagram, TikTok, Snapchat, X (Twitter), Facebook, Bumble, Kik, Grindr, Tinder, WhatsApp, or Hinge		

*{If all Q27 = No, skip to Dating Violence/Domestic Violence Victimization Screener.}*

28. *{If Q27 = Yes}* How many different times have you experienced these things in the past 12 months (since [DATE])?

- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times

29. [IF Q28 = 1: When did it occur? / IF Q28 = 2 OR MORE: "Please think about the most recent time this occurred. When was this most recent time?]

- Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to Dating Violence/Domestic Violence Victimization Screener.}*
- [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]

- [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- [FILL MONTH: CURRENT MONTH] [YEAR]
- Don't know

30. *{If Q29 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q28 = 1: time / IF Q28 = 2 OR MORE: most recent time] someone did these things to you. What is your best estimate of when it happened?

- Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- Between [CURRENT MONTH - 6 MONTHS] and today

## D. Dating Violence/Domestic Violence Victimization Screener

31. Have you ever been in a romantic or dating relationship, such as a casual relationship, hook-up, steady or serious relationship, cohabitation, domestic partnership, civil union, or marriage?

- Yes
- No *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

People can treat their romantic or dating partners in many different ways, and this section asks about things your romantic or dating partners may have done to you during the past 12 months. This can include current or former partners, regardless of length and seriousness of the relationship.

As you answer the questions, please do not include times you knew the other person was just joking around. Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

32. *{If Q31 = Yes}* In the past 12 months (since [DATE]), has a current or former romantic or dating partner of yours done the following things to you?

	Yes	No
Looked at you or used other nonverbal signals to make you think or feel like they might hurt you		
Threatened to hurt or attack you, someone or something you care about, or themselves, and you thought they would really follow through with the threat		
Pushed, grabbed, or shook you, and they were <b>not</b> joking around		
Bent your fingers or twisted your arm until it hurt		
Threw something at you, such as a rock or a bottle		
Burned, hit, punched, kicked, or slapped you		
Strangled or choked you		
Used, or threatened to use, a gun against you		
Used, or threatened to use, another type of weapon against you		
Intentionally embarrassed, humiliated, insulted, or made fun of you in front of other people		
Stole or destroyed your property		
Threatened to end your relationship or commit suicide to get you to do what they wanted, and they were <b>not</b> joking around		
Controlled you (such as keeping you from seeing or talking to your family or friends, keeping track of you by demanding to know where you were and what you were doing, or making decisions for you, such as where you went or what you wore or ate)		
Used the internet, social media, or a cell phone to monitor your whereabouts and activities		
Looked at your private information (such as text messages, emails, etc.) to check up on you		
Shared an embarrassing or private sexual photo or video of you without your permission and you didn't want them to. <i>This could include deepfakes, or AI-generated videos or images</i>		
Took or withheld money or demanded to know how money was spent		

Did things to keep you from going out or to your job or classes (such as starting a fight to make you late, taking your keys, or blocking the door)		
Hid, took, or tampered with your birth control in an effort to sabotage your contraception		
Pressured you to get pregnant		
Pressured you to end a pregnancy or get an abortion		

*{If all Q32 = No, skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

33. *{If yes to any in Q32}* You said a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

How many different times have these things been done to you in the past 12 months (since [DATE])?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times

34. [IF Q33 = 1: When did it occur? / IF Q33 = 2 OR MORE: Please think about the most recent time this occurred. When was this most recent time?]

- ☐ Before [FILL MONTH: CURRENT MONTH - 12 MONTHS] [YEAR] *{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*
- ☐ [FILL MONTH: CURRENT MONTH - 11 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 10 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 9 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 8 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 7 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 6 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 5 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 4 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 3 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 2 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH - 1 MONTHS] [YEAR]
- ☐ [FILL MONTH: CURRENT MONTH] [YEAR]
- ☐ Don't know

35. *{If Q34 = Don't know or missing}* Your response to this question is very important. Please think about the [IF Q33 = 1: time / IF Q33 = 2 OR MORE: most recent time] someone did these things to you. What is your best estimate of when it happened?

- ☐ Before [FILL MONTH: CURRENT MONTH] [YEAR - 1] [YEAR]
- ☐ Between [CURRENT MONTH] [YEAR - 1] and [CURRENT MONTH - 6 MONTHS] [YEAR]
- ☐ Between [CURRENT MONTH - 6 MONTHS] and today

*{Skip to first follow-up module that respondent screened into. If none, skip to randomized modules.}*

**You have completed Section 2 of 5**

### 3. Victimization Follow-ups

[If a respondent experienced more than two victimization types, we plan to limit the number of victimization types someone would receive detailed follow-up questions about to two. We will likely do this randomly, although we might prioritize including some of the less common victimization types, such as sexual assault and stalking.]

#### A. Sexual Harassment Follow-Ups

36. *{If yes to any in Q14, Q15, or Q16}* Earlier in the survey, you said the following things have happened to you in the past 12 months:

- [POPULATE BULLETED LIST OF Q14, Q15, AND Q16 ITEMS ENDORSED. FOR Q14 and Q15 ITEMS, INCLUDE “Someone” AT THE BEGINNING OF THE FILL (such as “Someone made inappropriate or offensive comments...”). FOR Q16 ITEMS, INCLUDE “Someone in a position of authority over you” AT THE BEGINNING OF THE FILL (such as “Someone in a position of authority over you promised you better treatment...”).]

**When answering the next questions, please think about the** [IF Q17 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q18: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q19: (between [RANGE]) / ELSE IF Q17 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- ☐ On campus
- ☐ Off campus
- ☐ Virtually (that is, not in-person)

37. *{If Q36 = On campus}* Where did this occur **on campus**?

- ☐ Residence hall or dormitory
- ☐ Fraternity house or affiliated location
- ☐ Sorority house or affiliated location
- ☐ Other school-sponsored, on-campus housing (such as apartment or house)
- ☐ Classroom, library, lab, or other academic or administrative space or office
- ☐ Gym or athletic facility
- ☐ Cafeteria or restaurant
- ☐ Parking lot, street, or other outdoor space
- ☐ Other (please specify): \_\_\_\_\_

38. *{If Q36 = Off campus}* Where did this occur **off campus**?

- ☐ A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- ☐ An off-campus fraternity or sorority house
- ☐ An apartment or house that is sponsored by [SCHOOL]
- ☐ An apartment or house that is **not** sponsored by [SCHOOL]
- ☐ Restaurant/bar/club
- ☐ Parking lot, street, or other outdoor space
- ☐ Other (please specify): \_\_\_\_\_



39. Did this happen when you were...

	Yes	No
<i>{If Q36 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q36 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q36 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

40. *{If Q36 = Virtually}* Where did this occur **virtually**?

- ☐ Text or direct message (DM)
- ☐ Email
- ☐ Video chat (FaceTime, Zoom, etc.)
- ☐ Social media
- ☐ Dating app
- ☐ Other (please specify): \_\_\_\_\_

41. How many different people did this to you [IF Q17 = 2 OR MORE: this most recent time]?

- ☐ 1 person
- ☐ 2 or more people

42. [IF Q41 = 1: Who was this person / If Q41 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- ☐ A total stranger
- ☐ A student whom you recognized but did not know
- ☐ A dating partner, boyfriend/girlfriend, or spouse (current or former)
- ☐ Someone you are/were seeing casually
- ☐ An acquaintance, friend of a friend, or someone you met recently
- ☐ A friend, classmate, or roommate (current or former)
- ☐ A teaching assistant or research/lab manager
- ☐ A professor
- ☐ Another type of school staff member
- ☐ A parent, step-parent, or foster parent
- ☐ A sibling, step-sibling, or foster sibling (such as a brother or sister)
- ☐ Some other relative
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Don't know

43. [IF Q41 = 1: Was this person... / If Q41 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?

- ☐ Yes
- ☐ No
- ☐ Don't know

44. {If Q41 = 1 person} Was the person male or female? {radio button question}

- ☐ Male
- ☐ Female
- ☐ Don't know

45. {If Q41 = 2 or more people} Were they male or female? {radio button question}

- ☐ All were male
- ☐ All were female
- ☐ Mix of male and female
- ☐ Don't know

46. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

47. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

48. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			

A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q47 or Q48 = "Yes, I did", skip to Q50}*

49. *{If any in Q47 or Q48 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q46/Q47/48] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

50. *{If none in Q46 or Q47 = "Yes, I did"}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q46 AND Q47 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- ☐ You did not know they existed or didn't know how to contact them
- ☐ You thought they would not keep your situation private or didn't trust them
- ☐ You thought you would be treated poorly or not believed
- ☐ You thought that nothing would happen
- ☐ You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- ☐ Could not take time off of work or school
- ☐ You did not think it was serious or important enough to report
- ☐ You did not want any action taken
- ☐ You did not need any assistance
- ☐ You had already sought assistance elsewhere
- ☐ You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- ☐ You wanted to try to forget it had happened or try to move on
- ☐ You thought other people might think it was at least partly your fault
- ☐ You thought you might get in trouble or face some type of consequence
- ☐ Other (please specify): \_\_\_\_\_

51. *{If yes to any in Q47 or Q48}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- ☐ Yes
- ☐ No
- ☐ Don't know

52. *{If Q51 = Yes}* Who started the investigation? *Please select all that apply.*

- ☐ A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- ☐ A Resident Advisor (RA) or other Residence Life staff member
- ☐ Counseling or psychological services at [SCHOOL NAME]
- ☐ Health center or health care provider on campus
- ☐ [SCHOOL NAME] Title IX Office
- ☐ [SCHOOL NAME] campus security or police department
- ☐ Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- ☐ Other (please specify): \_\_\_\_\_

53. *{If Q51 = Yes}* Is the investigation over?

- ☐ Yes
- ☐ No
- ☐ Don't know

54. *{If Q53 = Yes}* What was the final decision or outcome of the investigation?

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55. *{If Q51 = Yes}* Are you satisfied with how the investigation [IF Q53 = YES: was / IF Q53 = NO: has been / IF Q53 = MISSING: has been or was] conducted?

- ☐ Yes
- ☐ No (please explain):

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56. Did what happened to you lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

57. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

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58. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## B. Sexual Assault Follow-Ups

59. *{If Q21 = Yes}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone had unwanted sexual contact with you (that is, sexual contact that you did not consent to and that you did not want to happen).

**When answering the next questions, please think about the [IF Q22 = 2 OR MORE: most recent] time someone did this to you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q24: (between [RANGE]) / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY].**

Where did this occur?

- ☐ On campus
- ☐ Off campus

60. *{If Q59 = On campus}* Where did this occur **on campus**?

- ☐ Residence hall or dormitory
- ☐ Fraternity house or affiliated location
- ☐ Sorority house or affiliated location
- ☐ Other school-sponsored, on-campus housing (such as apartment or house)
- ☐ Classroom, library, lab, or other academic or administrative space or office
- ☐ Gym or athletic facility
- ☐ Parking lot or other outdoor space
- ☐ Cafeteria or restaurant
- ☐ Other (please specify): \_\_\_\_\_

61. *{If Q59 = Off campus}* Where did this occur **off campus**?

- ☐ A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- ☐ An off-campus fraternity or sorority house
- ☐ An apartment or house that is sponsored by [SCHOOL]
- ☐ An apartment or house that is **not** sponsored by [SCHOOL]
- ☐ Restaurant/bar/club
- ☐ Other (please specify): \_\_\_\_\_

62. Did this happen when you were...

	Yes	No
<i>{If Q59 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q59 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q59 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

63. How many different people did this to you [IF Q22 = 2 OR MORE: this most recent time]?

- ☐ 1 person
- ☐ 2 or more people

64. [IF Q63 = 1: Who was this person / If Q63 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- ☐ A total stranger
- ☐ A student whom you recognized but did not know
- ☐ A dating partner, boyfriend/girlfriend, or spouse (current or former)
- ☐ Someone you are/were seeing casually
- ☐ An acquaintance, friend of a friend, or someone you met recently
- ☐ A friend, classmate, or roommate (current or former)
- ☐ A teaching assistant or research/lab manager
- ☐ A professor
- ☐ Another type of school staff member
- ☐ A parent, step-parent, or foster parent
- ☐ A sibling, step-sibling, or foster sibling (such as a brother or sister)
- ☐ Some other relative
- ☐ Other (please specify): \_\_\_\_\_
  
- ☐ Don't know

65. [IF Q63 = 1: Was this person... / If Q63 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]?

- ☐ Yes
- ☐ No
  
- ☐ Don't know

66. {If Q63 = 1 person} Was the person male or female? {radio button question}

- ☐ Male
- ☐ Female
  
- ☐ Don't know

67. {If Q63 = 2 or more people} Were they male or female? {radio button question}

- ☐ All were male
- ☐ All were female
- ☐ Mix of male and female
  
- ☐ Don't know

68. Had [IF Q63 = 1: this person / IF Q63 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?

- ☐ Yes
- ☐ No
  
- ☐ Don't know



69. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.

- ☐ Yes
- ☐ No

70. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- ☐ Yes
- ☐ No
- ☐ Don't know

71. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

72. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

73. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			

Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q72 or Q73 = "Yes, I did", skip to Q75}*

74. *{If any in Q72 or Q73 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q71/Q72/73] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

75. *{If none in Q72 or Q73 = "Yes, I did"}* You said that you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q72 and Q73 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- ☐ You did not know they existed or didn't know how to contact them
- ☐ You thought they would not keep your situation private or didn't trust them
- ☐ You thought you would be treated poorly or not believed
- ☐ You thought that nothing would happen
- ☐ You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- ☐ Could not take time off of work or school
- ☐ You did not think it was serious or important enough to report
- ☐ You did not want any action taken
- ☐ You did not need any assistance
- ☐ You had already sought assistance elsewhere
- ☐ You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- ☐ You wanted to try to forget it had happened or try to move on
- ☐ You thought other people might think it was at least partly your fault
- ☐ You thought you might get in trouble or face some type of consequence
- ☐ Other (please specify): \_\_\_\_\_

76. *{If yes to any in Q72 or Q73}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- ☐ Yes
- ☐ No
- ☐ Don't know

77. *{If Q76 = Yes}* Who started the investigation? *Please select all that apply.*

- ☐ A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- ☐ A Resident Advisor (RA) or other Residence Life staff member
- ☐ Counseling or psychological services at [SCHOOL NAME]
- ☐ Health center or health care provider on campus
- ☐ [SCHOOL NAME] Title IX Office
- ☐ [SCHOOL NAME] campus security or police department
- ☐ Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- ☐ Other (please specify): \_\_\_\_\_

78. *{If Q76 = Yes}* Is the investigation over?

- ☐ Yes
- ☐ No
- ☐ Don't know

79. *{If Q78 = Yes}* What was the final decision or outcome of the investigation?

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80. *{If Q76 = Yes}* Are you satisfied with how the investigation [IF Q78 = YES: was / IF Q78 = NO: has been / IF Q78 = MISSING: has been or was] conducted?

- ☐ Yes
- ☐ No (If no, please explain):

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81. [IF Q22 = 1: When / IF Q22 = 2 OR MORE: The most recent time] someone had unwanted sexual contact with you [IF MONTH SELECTED IN Q23: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q24: (between [RANGE])] / ELSE IF Q22 = 2 OR MORE: FILL IS EMPTY], did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, including a broken nose		
Concussion		
Internal injury from the sexual contact (such as vaginal or anal tearing)		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

82. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

83. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

84. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## C. Stalking Follow-Ups

85. *{If yes to any in Q27}* Earlier in the survey, you said that in the past 12 months (since [DATE]), someone or a group of people acting together caused you emotional distress or made you fear for your personal safety by doing the following things more than once:

- [POPULATE BULLETED LIST OF Q27 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q28 = 2 OR MORE: **most recent**] **time someone did** [IF ONE ITEM LISTED: **this** / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q29: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q30: (between [RANGE]) / ELSE IF Q28 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- ☐ On campus
- ☐ Off campus
- ☐ Virtually (that is, not in-person)

86. *{If Q85 = On campus}* Where did this occur **on campus**?

- ☐ Residence hall or dormitory
- ☐ Fraternity house or affiliated location
- ☐ Sorority house or affiliated location
- ☐ Other school-sponsored, on-campus housing (such as apartment or house)
- ☐ Classroom, library, lab, or other academic or administrative space or office
- ☐ Gym or athletic facility
- ☐ Parking lot or other outdoor space
- ☐ Cafeteria or restaurant
- ☐ Other (please specify): \_\_\_\_\_

87. *{If Q85 = Off campus}* Where did this occur **off campus**?

- ☐ A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- ☐ An off-campus fraternity or sorority house
- ☐ An apartment or house that is sponsored by [SCHOOL]
- ☐ An apartment or house that is **not** sponsored by [SCHOOL]
- ☐ Restaurant/bar/club
- ☐ Other (please specify): \_\_\_\_\_

88. Did this happen when you were...

	Yes	No
<i>{If Q85 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q85 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q85 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

89. *{If Q85 = Virtually}* Where did this occur **virtually**? Please select all that apply.

- ☐ Text or direct message (DM)
- ☐ Email
- ☐ Video chat (FaceTime, Zoom, etc.)
- ☐ Social media
- ☐ Dating app
- ☐ Other (please specify): \_\_\_\_\_

90. How many different people did this to you [IF Q28 = 2 OR MORE: this most recent time]?

- ☐ 1 person
- ☐ 2 or more people

91. [IF Q90 = 1: Who was this person / If Q90 = 2 OR MORE: Who were these people]? *Please select all that apply.*

- ☐ A total stranger
- ☐ A student whom you recognized but did not know
- ☐ A dating partner, boyfriend/girlfriend, or spouse (current or former)
- ☐ Someone you are/were seeing casually
- ☐ An acquaintance, friend of a friend, or someone you met recently
- ☐ A friend, classmate, or roommate (current or former)
- ☐ A teaching assistant or research/lab manager
- ☐ A professor
- ☐ Another type of school staff member
- ☐ A parent, step-parent, or foster parent
- ☐ A sibling, step-sibling, or foster sibling (such as a brother or sister)
- ☐ Some other relative
- ☐ Other (please specify): \_\_\_\_\_
- ☐ Don't know

92. [IF Q90 = 1: Was this person... / If Q90 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*

- ☐ Yes
- ☐ No
- ☐ Don't know

93. {If Q90 = 1 person} Was the person male or female? {radio button question}

- ☐ Male
- ☐ Female
- ☐ Don't know

94. {If Q90 = 2 or more people} Were they male or female? {radio button question}

- ☐ All were male
- ☐ All were female

- Mix of male and female
- Don't know

95. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

96. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

97. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			



Other (please specify): _____			
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*{If none in Q96 or Q97 = "Yes, I did", skip to Q99}*

98. *{If any in Q96 or Q97 = "Yes, I did" or "Yes, someone else did". Loop through for each "Yes, I did" or "Yes, someone else did" responses.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q95/Q96/97] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

99. *{If none in Q96 or Q97 = "Yes, I did"}* You said you did not seek assistance or tell the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q96 AND Q95 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- ☐ You did not know they existed or didn't know how to contact them
- ☐ You thought they would not keep your situation private or didn't trust them

- ☐ You thought you would be treated poorly or not believed
- ☐ You thought that nothing would happen
- ☐ You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- ☐ Could not take time off of work or school
- ☐ You did not think it was serious or important enough to report
- ☐ You did not want any action taken
- ☐ You did not need any assistance
- ☐ You had already sought assistance elsewhere
- ☐ You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- ☐ You wanted to try to forget it had happened or try to move on
- ☐ You thought other people might think it was at least partly your fault
- ☐ You thought you might get in trouble or face some type of consequence
- ☐ Other (please specify): \_\_\_\_\_

100. *{If yes to any in Q96 or Q97}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- ☐ Yes
- ☐ No
- ☐ Don't know

101. *{If Q100 = Yes}* Who started the investigation? *Please select all that apply.*

- ☐ A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- ☐ A Resident Advisor (RA) or other Residence Life staff member
- ☐ Counseling or psychological services at [SCHOOL NAME]
- ☐ Health center or health care provider on campus
- ☐ [SCHOOL NAME] Title IX Office
- ☐ [SCHOOL NAME] campus security or police department
- ☐ Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- ☐ Other (please specify): \_\_\_\_\_

102. *{If Q100 = Yes}* Is the investigation over?

- ☐ Yes
- ☐ No
- ☐ Don't know

103. *{If Q102 = Yes}* What was the final decision or outcome of the investigation?

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104. *{If Q100 = Yes}* Are you satisfied with how the investigation [IF Q102 = YES: was / IF Q102 = NO: has been / IF Q102 = MISSING: has been or was] conducted?

- ☐ Yes

- No (If no, please explain):

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105. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about the what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

106. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

107. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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*{Skip to next follow-up module that respondent screened into. If no others, skip to randomized modules.}*

## D. Dating Violence Follow-Ups

108. *{If yes to any in Q32}* Earlier in the survey, you said that in the past 12 months (since [DATE]), a romantic or dating partner did the following things:

- [POPULATE BULLETED LIST OF Q32 ITEMS ENDORSED]

**When answering the next questions, please think about the** [IF Q33 = 2 OR MORE: **most recent**] **time a romantic or dating partner did** [IF ONE ITEM LISTED: this / IF 2+ ITEMS LISTED: **one or more of these things**] **to you** [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE])] / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY].

Where did this occur?

- ☐ On campus
- ☐ Off campus
- ☐ Virtually (that is, not in-person)

109. *{If Q108 = On campus}* Where did this occur **on campus**?

- ☐ Residence hall or dormitory
- ☐ Fraternity house or affiliated location
- ☐ Sorority house or affiliated location
- ☐ Other school-sponsored, on-campus housing (such as apartment or house)
- ☐ Classroom, library, lab, or other academic or administrative space or office
- ☐ Gym or athletic facility
- ☐ Parking lot or other outdoor space
- ☐ Cafeteria or restaurant
- ☐ Other (please specify): \_\_\_\_\_

110. *{If Q108 = Off campus}* Where did this occur **off campus**?

- ☐ A privately operated residence hall or dorm **not** sponsored by [SCHOOL]
- ☐ An off-campus fraternity or sorority house
- ☐ An apartment or house that is sponsored by [SCHOOL]
- ☐ An apartment or house that is **not** sponsored by [SCHOOL]
- ☐ Restaurant/bar/club
- ☐ Other (please specify): \_\_\_\_\_

111. Did this happen when you were...

	Yes	No
<i>{If Q108 = On campus}</i> At an official sporting event on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At an official sporting event <b>not</b> on the [SCHOOL] campus?		
<i>{If Q108 = On campus}</i> At a party on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> At a party <b>not</b> on the [SCHOOL] campus?		
<i>{If Q108 = On campus}</i> Hanging out with one or a few people on the [SCHOOL] campus?		
<i>{If Q108 = Off campus}</i> Hanging out with one or a few people <b>not</b> on the [SCHOOL] campus?		

112. *{If Q108 = Virtually}* Where did this occur **virtually**?

- Text or direct message (DM)
- Email
- Video chat (FaceTime, Zoom, etc.)
- Social media
- Dating app
- Other (please specify): \_\_\_\_\_

113. How many different people did this to you [IF Q33 = 2 OR MORE: this most recent time]?

- 1 person
- 2 or more people

114. [IF Q113 = 1: Was this person... / If Q113 = 2 OR MORE: Were any of these people...] a student at or an employee of [SCHOOL]? *Please select all that apply.*

- ☐ Yes
- ☐ No
  
- ☐ Don't know

115. {If Q113 = 1 person} Was the person male or female? {radio button question}

- Male
- Female
  
- Don't know

116. {If Q113 = 2 or more people} Were they male or female? {radio button question}

- All were male
- All were female
- Mix of male and female
  
- Don't know

117. Had [IF Q113 = 1: this person / IF Q113 = 2 OR MORE: any of these people] been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened?

- Yes
- No
  
- Don't know

118. Had you been drinking alcohol, using marijuana, or taking other drugs in the hours before or during what happened? **Please keep in mind that you are not responsible for what happened, even if you had been drinking or using drugs.** Remember that your answers will remain completely confidential.

- Yes
- No

119. Do you think you were given a drug without your knowledge or consent in the hours before or during what happened? *If you are unsure, you may select "Don't know."*

- Yes
- No
- Don't know

120. Have you notified or reached out to the following people for assistance or support regarding what happened?

	Yes	No
A friend, roommate, or classmate		
A family member		
A dating partner (such as girlfriend/boyfriend, spouse, significant other)		
Other (please specify): _____		

121. Have you or someone else notified or reached out to the following people, groups, or organizations at [SCHOOL NAME] for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A faculty member, administrator, teaching/research assistant, or staff member			
A Resident Advisor (RA) or other Residence Life staff member			
Counseling or psychological services at [SCHOOL NAME]			
A hospital, health care center, or doctor's office on campus			
Crisis, victim, or advocacy services or center on campus			
[SCHOOL NAME] Title IX Office			
[SCHOOL NAME] campus security or police department			
Other (please specify): _____			

122. Have you or someone else notified or reached out to the following people, groups, or organizations outside of [SCHOOL NAME] (that is, **not** at [SCHOOL NAME]) for assistance or support regarding what happened? *Please select all that apply.*

	Yes, I did	Yes, someone else did	No, no one did
A crisis hotline or helpline			
Crisis, victim, or advocacy services or center			
A hospital, health care center, or doctor's office			
Counseling or psychological services			
Local police, such as the city, county, or tribal police department			
Other (please specify): _____			

*{If none in Q122 or Q123 = "Yes, I did", skip to Q125}*

123. *{If any in Q122 or Q123= "Yes, I did". Loop through for each "Yes, I did" response.}* When you or someone else notified or reached out to [LOOP: FILL GROUP FROM Q120/Q121/122] about what happened...

	Yes	No
Were they helpful?		
Did they respond quickly enough?		
Did they treat you with respect?		
Did they tell you about different services or resources that are available to you?		
Did they try to discourage you from telling anyone else?		
Were you satisfied with what they did?		
Would you recommend them to someone else who experienced the same things as you?		

124. *{If none in Q122 or Q123 = "Yes, I did"}* You said you did not notify or reach out to the following people, groups, or organizations about what happened:

[DISPLAY ITEMS NOT ANSWERED "YES, I DID" IN Q122 AND Q123 IN BULLET FORM. DO NOT DISPLAY "OTHER" OPTION.]

**At [SCHOOL NAME]:**

- A faculty member, administrator, teaching/research assistant, or staff member
- A Resident Advisor (RA) or other Residence Life staff member
- Counseling or psychological services at [SCHOOL NAME]
- A hospital, health care center, or doctor's office on campus
- Crisis, victim, or advocacy services or center on campus
- [SCHOOL NAME] Title IX Office
- [SCHOOL NAME] campus security or police department

**Outside [SCHOOL NAME]:**

- A crisis hotline or helpline
- Crisis, victim, or advocacy services center
- A hospital, health care center, or doctor's office
- Counseling or psychological services
- Local police, such as the city, county, or tribal police department

There are many reasons why students might not seek assistance from or tell certain people, groups, or organizations when they have experienced something like what you experienced. Which of the following are reasons why you did not tell or contact these people, groups, or organizations? *Please select all that apply.*

- ☐ You did not know they existed or didn't know how to contact them
- ☐ You thought they would not keep your situation private or didn't trust them
- ☐ You thought you would be treated poorly or not believed
- ☐ You thought that nothing would happen
- ☐ You did not think they would be accepting of your identity/background (such as race, sex, sexual orientation)
- ☐ Could not take time off of work or school
- ☐ You did not think it was serious or important enough to report
- ☐ You did not want any action taken



- ☐ You did not need any assistance
- ☐ You had already sought assistance elsewhere
- ☐ You did not want the [IF Q41 = 1: person / IF Q41 = 2 OR MORE: people] who did it to get in trouble or face harsh consequences
- ☐ You wanted to try to forget it had happened or try to move on
- ☐ You thought other people might think it was at least partly your fault
- ☐ You thought you might get in trouble or face some type of consequence
- ☐ Other (please specify): \_\_\_\_\_

125. *{If yes to any in Q122 or Q123}* When you or someone else sought assistance or told people, groups, or organizations about what happened, was an investigation started?

- ☐ Yes
- ☐ No
- ☐ Don't know

126. *{If Q126 = Yes}* Who started the investigation? *Please select all that apply.*

- ☐ A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL NAME]
- ☐ A Resident Advisor (RA) or other Residence Life staff member
- ☐ Counseling or psychological services at [SCHOOL NAME]
- ☐ Health center or health care provider on campus
- ☐ [SCHOOL NAME] Title IX Office
- ☐ [SCHOOL NAME] campus security or police department
- ☐ Local police not at [SCHOOL NAME], such as the city, county, or tribal police department
- ☐ Other (please specify): \_\_\_\_\_

127. *{If Q126 = Yes}* Is the investigation over?

- ☐ Yes
- ☐ No
- ☐ Don't know

128. {If Q128 = Yes} What was the final decision or outcome of the investigation?

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129. *{If Q126 = Yes}* Are you satisfied with how the investigation [IF Q128 = YES: was / IF Q128 = NO: has been / IF Q128 = MISSING: has been or was] conducted?

- ☐ Yes
- ☐ No (If no, please explain):

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130. [IF Q33 = 1: When / IF Q33 = 2 OR MORE: The most recent time] this happened with a romantic or dating partner [IF MONTH SELECTED IN Q34: (in [MONTH] [YEAR]) / ELSE IF RANGE PROVIDED IN Q35: (between [RANGE])] / ELSE IF Q33 = 2 OR MORE: FILL IS EMPTY], did you experience any of the following injuries or other things?

	Yes	No
Bruises, black eye, cuts, scratches, or swelling		
Chipped or knocked out teeth		
Broken bones, or broken nose		
Concussion		
Sexually transmitted infections or diseases		
Pregnancy		
Other (please specify):		

131. Did what happened lead you to have serious problems with any of the following?

	Yes	No
Schoolwork or your grades (such as missing or being late to class, having trouble concentrating, or not completing assignments)		
Class participation (such as less classroom engagement and communication)		
School enrollment (such as taking time off from school, not finishing a semester)		
Participation in extracurricular activities (such as teams, clubs)		
Friends, roommates, or peers (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Family members (such as getting into more arguments or fights than you did before, not feeling you could trust them as much, or not feeling as close to them as you did before)		
Your job, or your boss or coworkers		
Social media (such as bullying by others, others posting about what happened online, negative posts or comments about you)		
Housing (such as moving or changing where you live)		
Finances (such as with financial aid, scholarship, work study, credit score, paying for rent or food)		

132. Did what happened cause you to have any of the following problems?

	Yes	No
Fearfulness or being concerned about your safety		
Loss of interest in daily activities or being around other people		
Nightmares or trouble sleeping		
Feeling emotionally numb or detached		
Difficulty concentrating		
Lower self-esteem, anxiety, or depression		
Thoughts of suicide or harming yourself		
Eating problems or eating disorders, or concerns about your body image		
Headaches or stomach aches		
Drug or alcohol misuse		

133. Before moving on to the next section, is there anything else you would like us to know about what happened or your experiences getting support or resources afterward? Please use the space below to enter your thoughts, but do not include any names or other personally identifying information. As a reminder, all questions are voluntary.

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**You have completed Section 3 of 5. This is the longest section for most people.**

*{Skip to randomized modules – Institutional Culture}*

## 4. Institutional Culture

### A. Campus Climate & Attitudes

Reminder: All of your answers to these questions will remain private. Nobody at [SCHOOL] will ever see them.

134. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel safe when I am on the [SCHOOL] campus.				
<i>{If Q9 = residence hall or dormitory}</i> I feel safe when I am in my residence hall/dorm on campus.				
<i>{If Q8 = no or not applicable}</i> I feel safe when I am at my home off campus.				
I believe alcohol abuse is a big problem at [SCHOOL].				
I believe marijuana abuse is a big problem at [SCHOOL].				

135. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Sexual harassment</b> is a problem at [SCHOOL].				
<b>Sexual assault</b> is a problem at [SCHOOL].				
<b>Stalking</b> is a problem at [SCHOOL].				
<b>Dating or domestic violence</b> is a problem at [SCHOOL].				

136. Thinking about the overall population of [SCHOOL] students, how much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
Most [SCHOOL] students are knowledgeable about the topic of <b>sexual harassment</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>sexual assault</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>stalking</b> , including its definition, frequency, and legal consequences.				
Most [SCHOOL] students are knowledgeable about the topic of <b>dating or domestic violence</b> , including its definition, frequency, and legal consequences.				

137. Since you started attending [SCHOOL], have any other [SCHOOL] students told you they experienced the following?

	Yes	No
Sexual harassment		
Sexual assault		
Stalking		
Dating or domestic violence		

138. The next question asks about your opinions on the following concepts. Please think about these things when answering.

- **Sexual harassment**
- **Sexual assault**
- **Stalking**
- **Dating or domestic violence**

How much do you agree or disagree with each of the following statements? Remember that you may skip any question or stop the survey at any time if it makes you uncomfortable.

	Strongly Agree	Agree	Disagree	Strongly Disagree
If someone reported experiencing the things listed above, [SCHOOL] would maintain the privacy of the person making the report.				
If I experienced one of these things at [SCHOOL], I would report it to administrators, faculty, or staff.				
If I experienced one of these things, administrators and staff at [SCHOOL] would treat me with dignity and respect.				
I know what services are available at [SCHOOL] to help people who experience these things.				
I understand the procedures that [SCHOOL] has for dealing with reports of these things.				

The next couple questions ask specifically about **sexual assault**.

139. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following individuals, groups, or organizations at [SCHOOL] for assistance or support?

	Very Likely	Likely	Not Very Likely	Not at all Likely	Not applicable
A faculty member, administrator, teaching/research assistant, or staff member at [SCHOOL]					
A Resident Advisor (RA) or other Residence Life staff member					
[SCHOOL] Title IX Office					
Counseling or psychological services at [SCHOOL]					

A hospital, health care center, or doctor's office on campus					
[SCHOOL] campus security or police department					
[FILL SCHOOL-SPECIFIC RESOURCES]					

140. If you were sexually assaulted, how likely do you think you would be to notify or reach out to the following outside individuals, groups, or organizations (that is, **not** at [SCHOOL]) for assistance or support?

	Very likely	Likely	Not Very Likely	Not at all Likely
A crisis hotline or helpline				
A crisis or victims services center <b>not</b> at [SCHOOL]				
A hospital, health care center, or doctor's office <b>not</b> at [SCHOOL]				
Counseling or psychological services <b>not</b> at [SCHOOL]				
Local police, such as the city, county, or tribal police department				

## B. Bystander Intervention Module

141. How likely would you be to do the following things at [SCHOOL]?

	Very Likely	Likely	Not Very Likely	Not at all Likely
If you saw or heard someone insulting or making fun of another person because of their <b>sexual orientation</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>sex</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of their <b>race, ethnicity, or national origin</b> , how likely would you be to tell them to stop?				
If you saw or heard someone insulting or making fun of another person because of a <b>cognitive, physical, or mental disability</b> , how likely would you be to tell them to stop?				
If you saw a person who had too much to drink, how likely would you be to talk to their friends to make sure they wouldn't leave the person behind?				
If you saw someone who looked uncomfortable and was being touched, grabbed, or pinched in a sexual way, how likely would you be to speak up or help in some other way?				
If someone told you that they had sex with someone who was passed out, how likely would you be to report the incident to a campus administrator, faculty, or police?				

If you suspected that one of your friends might be in an abusive relationship, how likely would you be to ask them if they are being mistreated or offer support?				
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### C. Prevention and Training Module

142. How much do you agree or disagree with each of the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
[SCHOOL] is committed to training students on preventing sexual harassment, sexual assault, dating/domestic violence, and stalking.				
[SCHOOL] is doing a good job educating students about sexual harassment, sexual assault, dating/domestic violence, and stalking (such as what consent means, how to define these things, how to look out for and help each other).				

143. Since you started attending [SCHOOL], have you attended an assembly or workshop, or received any other type of training or classes offered by [SCHOOL] that covered each of the following topics? Please include any in-person, virtual, or online training or classes you attended.

	Yes	No
The meaning of “consent” and how to respectfully ask for it from a sexual partner		
The definitions of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Reporting sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Supporting someone who has experienced sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Who on campus is required to report sexual harassment, sexual assault, dating/domestic violence, and/or stalking to campus offices, like the Title IX Office or Student Affairs		
The services available for survivors of sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Intervening as a bystander to protect other students from sexual harassment, sexual assault, dating/domestic violence, and/or stalking		
Strategies for preventing sexual harassment, sexual assault, dating/domestic violence, and/or stalking		

144. Have you taken the following training programs offered by [SCHOOL]?

	Yes	No
<b>[INSERT SCHOOL SPECIFIC FILL]</b> Live, in-person training/classes/programming		
<b>[INSERT SCHOOL SPECIFIC FILL]</b> Live, online/virtual training/classes/programming		
<b>[INSERT SCHOOL SPECIFIC FILL]</b> On-demand, pre-recorded, online-only training/classes/programming		

145. How helpful or unhelpful were the following training programs that you took?

[SHOW PROGRAM FILLS FROM YES RESPONSES TO Q144]

	Very Helpful	Helpful	Not Very Helpful	Not at all Helpful
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				
[Q144 PROGRAM NAME FILL]				

**You have completed Section 4 of 5**



## 5. Additional Demographics

We'd like to end the survey by asking just a few more questions.

146. Are you deaf or do you have serious difficulty hearing?
- ☐ Yes
  - ☐ No
147. Are you blind or do you have serious difficulty seeing even when wearing glasses?
- ☐ Yes
  - ☐ No
148. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- ☐ Yes
  - ☐ No
149. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- ☐ Yes
  - ☐ No
150. Do you have serious difficulty walking or climbing stairs?
- ☐ Yes
  - ☐ No
151. Do you have difficulty dressing or bathing?
- ☐ Yes
  - ☐ No
152. *{If "Yes" to any of Q152-Q157}* Have you informed [SCHOOL NAME] that you have a disability?  
*This often involves providing additional documentation prepared by an appropriate professional, such as a medical doctor, psychologist, or other qualified diagnostician. The required documentation may include one or more of the following: a diagnosis of your disability, as well as supporting information, such as the date of the diagnosis, how that diagnosis was reached, and the credentials of the diagnosing professional; information on how your disability affects a major life activity; and information on how the disability affects your academic performance.*
- ☐ Yes
  - ☐ No
153. *{If "Yes" to Q158}* Which of the following disabilities have you informed [SCHOOL NAME] that you have? *Please select all that apply.* [ONLY LIST ITEMS SELECTED IN DISABILITY SCREENERS.]
- ☐ Deafness or serious difficulty hearing
  - ☐ Blindness or serious difficulty seeing even when wearing glasses
  - ☐ Physical, mental, or emotional condition that results in difficulty doing errands alone such as visiting a doctor's office or shopping
  - ☐ Physical, mental, or emotional condition that causes serious difficulty concentrating, remembering, or making decisions

- ☐ Serious difficulty walking or climbing stairs
- ☐ Difficulty dressing or bathing

154. Since you started attending **[SCHOOL]**, how often have you thought about quitting or dropping out of school?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

155. Since you started attending **[SCHOOL]**, how often have you thought about transferring to another school?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

156. What is the highest degree or level of school that your parents have completed?

	Parent 1	Parent 2
Less than high school diploma		
High school diploma or GED		
Some college but did not receive a degree		
Associate's degree		
Bachelor's degree (such as BA, BS)		
Master's, Professional, or Doctoral degree (such as MA, MS, MBA, MD, JD, PhD)		
Don't know		
Not applicable		

157. What is your race and/or ethnicity? *Please select all that apply.*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

158. Which of the following best describes how you think of yourself?

- ☐ Gay or lesbian
- ☐ Straight, that is not gay or lesbian
- ☐ Bisexual
- ☐ Pansexual

- ☐ Asexual/Ace, or on the asexual spectrum
- ☐ I use a different term: \_\_\_\_\_
- ☐ I don't know
- ☐

159. Are you male or female?

- ☐ Male
- ☐ Female

## 6. Survey Debriefing Module

Now we just have a few final questions about the survey.

160. How easy were the survey questions for you to understand?
- ☐ Extremely easy
  - ☐ Very easy
  - ☐ Somewhat easy
  - ☐ A little easy
  - ☐ Not at all easy
161. How upsetting did you find the questions in this survey?
- ☐ Extremely upsetting
  - ☐ Very upsetting
  - ☐ Somewhat upsetting
  - ☐ A little upsetting
  - ☐ Not at all upsetting
162. How important do you think it is for students to complete surveys like this about their experiences with being harassed or assaulted?
- ☐ Extremely important
  - ☐ Very important
  - ☐ Somewhat important
  - ☐ A little important
  - ☐ Not at all important
163. What was your main motivation for taking this survey?
- ☐ I wanted my opinions to be heard by faculty, staff, and administration
  - ☐ The issues covered in this survey are important to me
  - ☐ Gift card prize
  - ☐ Other (please specify): \_\_\_\_\_
164. Do you have additional comments, suggestions, or feedback on this survey that you'd like to share with us?

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**You have completed Section 5 of 5**

## (General Resources Page)

If you are concerned about any of the topics covered in this survey, or if you would like more information on these issues, you are encouraged to contact the following organizations.

- **Rape, Abuse & Incest National Network (RAINN):** Call a victim's assistance hotline, available 24/7, at 800-656-HOPE (4673). Live chat is also available at <https://hotline.rainn.org/online/>.
- **National Domestic Violence Hotline:** Call a domestic violence hotline at 800-799-7233 (TTY 800-787-3224). To receive real-time, one-on-one support through live chat, visit <http://www.thehotline.org/what-is-live-chat/> . Chat is available 24/7.
- **National Dating Abuse Hotline:** Helpline at 1-866-331-9474 [www.loveisrespect.org](http://www.loveisrespect.org)