
Health in Housing Survey 2012

How UNC Can
Support Student
Health

Counseling & Wellness Services

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Introduction

Purpose

Counseling & Wellness Services (CWS) and the Department of Housing & Residential Education (DHRE) distribute the Housing Wellness Survey to students each spring since 2009. As outlined in the Strategic Plan 2010-2013, CWS seeks to promote health and wellness on campus and to collaborate to shape a campus environment that encourages healthier choices for students, faculty, and staff at UNC. The residential community plays a significant role in setting the tone for each student's experience at Carolina and therefore is an important environment in which to promote health and wellness. Many UNC students live in on-campus housing at some point in their academic careers, often early-on, making it a context in which a precedent can be set for healthy living.

The Housing Wellness Survey is designed to measure behaviors, status, and needs regarding health and wellness among students living in campus housing. The data informs environmental, programmatic, and policy changes that DHRE and CWS can make to the on-campus residential communities in support of student health and wellness.

Methods

Community Directors (CDs) and Resident Advisors (RAs) distributed the survey to residents in the residence halls via email. Residents had one month to respond, between April – May 2012. Rather than sample participants, DHRE asked the entire residential community to complete the survey. Some respondents received incentive items for completing the survey.

In total, 1370 students participated in the survey which consisted of 70 open- and closed-ended questions (see Appendix A for a complete list of survey questions). CampusLabs, an online survey tool, provided the platform to analyze the data. CWS and DHRE staff members developed codebooks to code open-ended responses (see Appendix B). Not all participants answered each question, so the percentages and frequencies presented throughout the report are relative to that particular question's sample size n as shown.

Key Findings and Discussion

Demographics

The majority of respondents were white, first year females. Figures 1-3 show distribution of respondents by gender, academic classification, and ethnicity. Figure 4 shows distribution of respondents by housing community.

Figure 1.

Gender (n=1264)	#
Female	955
Male	288
Prefer not to disclose	10
Self-identify	8
Intersex	2
Genderqueer	1
Transgender	0

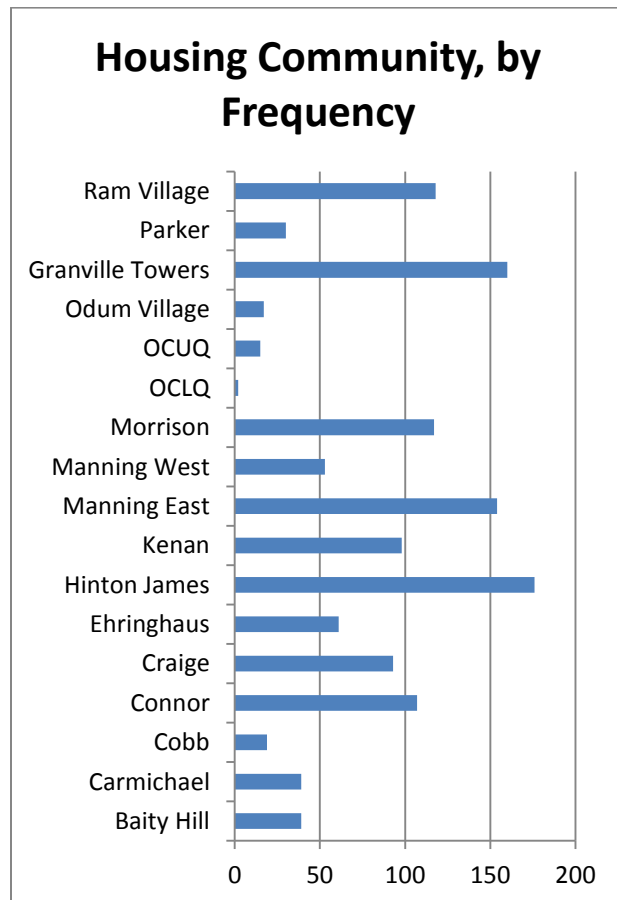
Figure 2.

Academic Classification (n=1264)	#
First year freshman	656
Sophomore	305
Junior	184
Senior	84
Graduate student	35

Figure 3.

Ethnicity (n=1264)	#
White or European American	903
Black or African American	161
Asian or Asian American	151
Latino(a) or Hispanic	85
American Indian/Alaskan Native	23
Prefer not to disclose	21
Other (please specify)	19
Middle Eastern	13
Native Hawaiian or other Pacific Islander	10

Figure 4. Distribution of Respondents by Housing Community

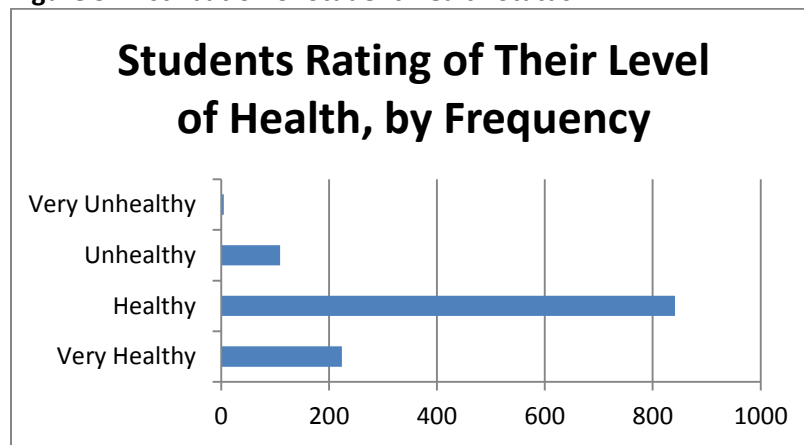


Housing Community (n=1271)	#
Baity Hill	39
Carmichael	39
Cobb	19
Connor	107
Craige	93
Ehringhaus	61
Hinton James	176
Kenan	98
Manning East	154
Manning West	53
Morrison	117
OCLQ	2
OCUQ	15
Odum Village	17
Granville Towers	160
Parker	30
Ram Village	118

Student Health Status

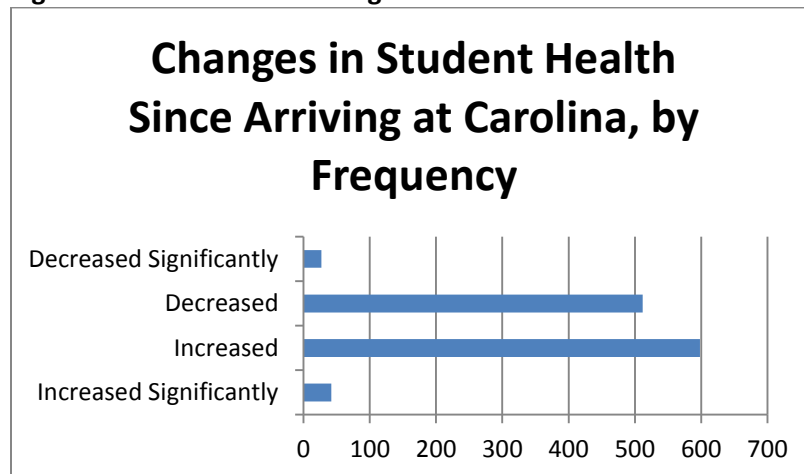
Questions 12-14 asked respondents to rate their overall health and wellness as well as how their health has changed since moving to Carolina. According to the responses from questions 12 and 13 the majority of students living in the residence halls at Carolina rate themselves as either healthy or very healthy. However, almost half (45.72%) of respondents believe their health either decreased or significantly decreased upon moving to Carolina, a significant increase from previous years' surveys. Only 26.2% from 2011, 25% from 2010, and 30% from 2009 said that their health decreased upon moving to Carolina. The measurement tool was altered from 2011 to 2012, which could account for some of the increase, but the change is quite significant nonetheless.

Figure 5. Distribution of Student Health Status



Rating	#	%
Very Healthy	224	19.0
Healthy	841	71.33
Unhealthy	109	9.25
Very Unhealthy	5	0.42
Total Q12 Respondents	1179	100

Figure 6. Distribution of Changes in Student Health



Rating	#	%
Increased Significantly	42	3.56
Increased	598	50.72
Decreased	512	43.43
Decreased Significantly	27	2.29
Total Q13 Respondents	1179	100

Recommendations

Due to the prevalent decline in health after moving on campus, DHRE and CWS should focus on helping students maintain healthy behaviors that they had before coming to Carolina as well as develop new ones. DHRE can provide students with an environment in which healthy decision-making is the easy or

default option.¹ CWS and DHRE have the chance to impact students at the beginning of their college careers in a way that will allow them to continue healthy behaviors throughout their tenure at Carolina and beyond. Specific recommendations for changing the environment are discussed below.

Factors Impacting Student Success

Questions 15-33 assessed various factors that either help or hinder student success at Carolina. As the majority of response options had negative connotations, very few ranked high as helping students succeed at Carolina. However, over half of students responded that feeling safe in the residence halls either slightly helped or definitely helped them to succeed at Carolina. Surprisingly, relationship stress proved to be helpful to 39.77% of respondents. As seen in Figure 7, several factors either slightly hindered or definitely hindered student success. Though the measurement tool changed from 2011 to 2012, factors that hinder student success at Carolina remain similar from year to year. From the 2011 survey, stress, anxiety, sleep difficulties, and internet use were factors most likely to hinder student success; the 2012 survey also reports these factors as problematic. Three topics are not a barrier to success for over 80% of respondents: gambling, drug use, and sexual concerns. See Appendix C for a full breakdown of responses to questions 15-33.

Figure 7. Top Factors That Hinder Student Success

Definitely Hinder	Slightly Hinder
1. Academic stress	1. Temporary cold/illness/injuries
2. Sleep difficulties	2. Anxiety
3. Anxiety	3. Social stress
4. Internet use/gaming	4. Academic stress
5. Temporary cold/illness/injuries	5. Internet use/gaming

Recommendations:

DHRE and CWS should focus on educating students on stress management techniques as well as promoting an environment in which students can de-stress in healthy and helpful ways. Regular programming that occurs in residence halls can play a role in this. CWS and DHRE collaborated in creating the [Health Programming Guide](#), a ready-to-use resource for RAs to provide health-related programming for students and which includes a module on stress. This recommendation coincides with responses to question 58, which asked respondents what types of health promotion programming they would like to see in their community. The most common response was stress management, with 65.23% of respondents indicating they would like to see that type of program in their community. See Appendix F for full table of responses. The following section on Students’ Experiences with Stress will illuminate additional strategies for creating an environment that promotes healthy management of stress.

Temporary cold/illness could potentially be a result of stress and lack of sleep; therefore, addressing stress management and sleep issues might reduce the incidence of illness and colds. Additionally, while 89.47% of respondents indicated that they do know where Campus Health Services is located, more rigorous marketing of available services could potentially deflect the hindering effects of illness and injury on student success. Students made similar suggestions: “Create more awareness about available resources such as Health and Wellness.” Promoting resources on campus is also consistent with past years’ surveys. RAs can market health services and other campus resources through e-mail, bulletin

¹ Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public*

boards, Facebook pages, and Twitter accounts. Fortunately, many RAs already use these social media techniques to connect their floors and halls.

Internet use continues to rank as a barrier to student success at Carolina, which is consistent with national data. College students are at particular risk of problematic internet use or even internet addiction due to the nature of undergraduate life: students tend to have a substantial amount of free time, newly-found responsibilities to manage their time wisely, as well as plenty of unsupervised opportunities to use the internet.² Awareness campaigns using survey data and/or national statistics, along with cues to action such as seeking help and support from CWS, could help curb problematic internet use amongst residents.^{2,3}

Students' Experiences with Stress

Questions 36 and 37 asked students to identify from where their stress originates and subsequently what they currently do to de-stress. See Appendix E for full list of responses. CWS and DHRE can use these responses to create an environment that assists students in avoiding unhealthy stress management behaviors. For both questions, several pre-determined options were available as well as an "Other" category where students wrote their own responses. CWS staff members coded responses to "Other," see Appendix B for the full list. Academics were the source of stress for the most respondents, 96.82% of respondents selected this option. Another common response was financial burdens, 39.4% of respondents indicated that this is a source of stress for them. Common coded responses from the "Other" category included extracurricular activities, romantic relationships, and health.

Question 37 asked students to indicate what strategies they use in order to de-stress. Common responses included sleeping, listening to music, and talking to someone like an RA, friend, significant other, or parent. The most common response from the "Other" category was watching TV or movies. Additionally, using the Internet, reading, and eating were all common responses from this category.

Recommendations:

Most respondents indicated that academics are a source of stress for them, therefore CWS and DHRE should collaborate in providing students with the tools they need to manage their academic stress effectively. According to the Health Belief Model, CWS and DHRE could reduce overall stress by providing students with the self-efficacy to perform stress preventive behaviors such as time management and techniques for relaxation.³ In order to accomplish this, CWS and DHRE can focus on providing interactive, experiential learning opportunities rather than didactic education about the deleterious effects of stress.

Additionally, DHRE can provide an environment that allows students to perform their preferred stress management techniques by hosting events that cultivate friendships and promote social support as well as events that include watching movies or TV programs. Social support provides a buffering effect against negative health outcomes resulting from stress by increasing the probability that an individual

² Christakis, D. A., Moreno, M. M., Jelenchik, L., Myaing, M. T., & Zhou, C. (2011). Problematic internet usage in US college students: a pilot study. *BMC Med*, 9(77), doi: 10.1186/1741-7015-9-77

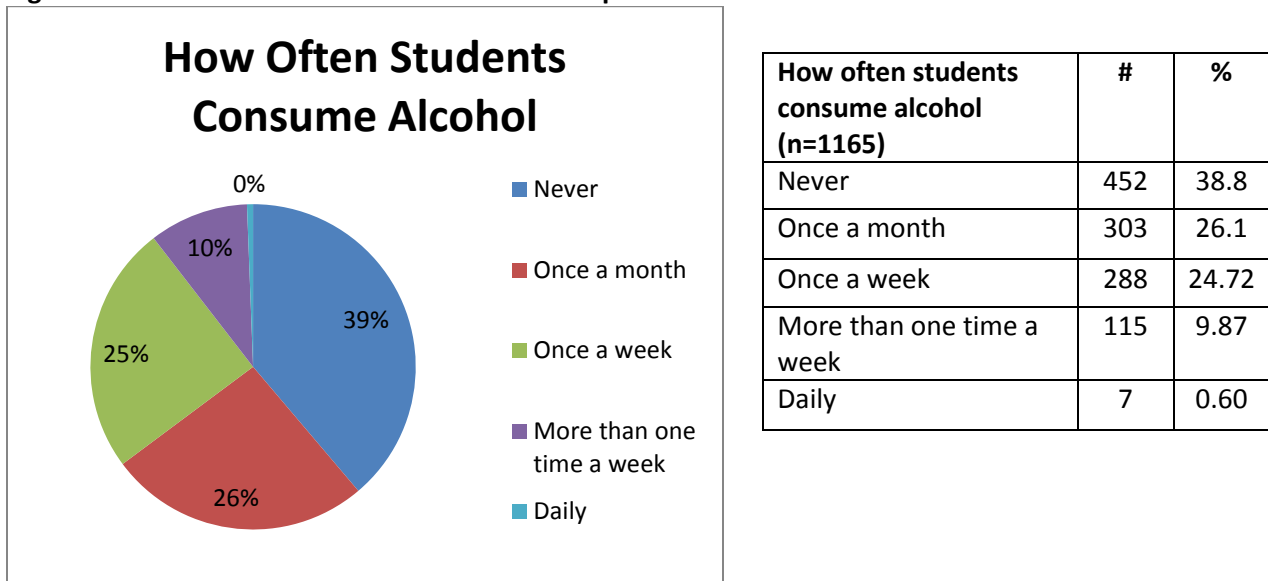
³ Champion, V. L., & Skinner, C. S. (2008). The health belief model. In K. Glanz, B. Rimer & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (pp. 45-65). San Francisco: Jossey-Bass.

manages stressors in a way that is not detrimental to their health.⁴ This recommendation coincides with responses to what types of health promotion programs students would like to see in their community. Fifty-six percent of respondents indicated that they would like to see large scale social programs on the weekends (bingo night, twister night, karaoke, etc.) See Appendix F for a full table of responses. Furthermore, because students indicated that eating is a common way to handle stress, ensuring that healthy foods are the default option can assist students in maintaining their health while managing their stress.¹ Food available to students in vending machines, dining halls, and other places on campus should be healthy and nutritious. This particular recommendation is also consistent with recommendations from previous years' surveys.

Students' Drinking Experiences

Question 38 was close-ended and asked how frequently respondents consume alcohol. Responses indicate that many students never drink, which is encouraging (see Figure 8 below).

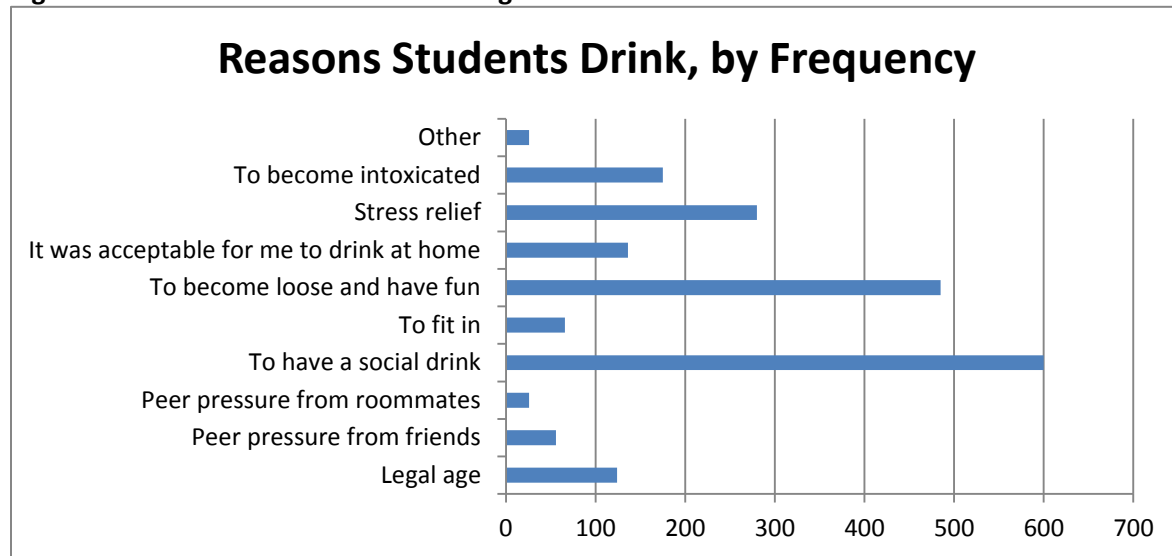
Figure 8. Distribution of Student Alcohol Consumption



Question 39 asked why participants drink, with pre-determined choices as well as an "Other" category where participants wrote their own responses. As can be seen in Figure 9, the most frequent response to question 39 was "to have a social drink." Another common response was "to become loose and have fun." Again, it is important to remember that a large portion of respondents indicated that they do not drink, and those that do drink do so infrequently. Some responses to the "Other" option included "Sometimes a drink with dinner is really nice" and "I enjoy wine and beer." This indicates that even when students decide to drink, it is not always to become intoxicated or to relieve stress.

⁴ Heaney, C. A., & Israel, B. A. (2008). Social networks and social support. In K. Glanz, B. Rimer & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (pp. 189-210). San Francisco: Jossey-Bass.

Figure 9. Distribution of Student Drinking Behaviors



Recommendations:

DHRE and CWS should consider using social norms marketing techniques⁵ to promote the fact that 39% of respondents indicated that they never drink and an additional 26% indicated that they drink only once per month.

Misperceptions of social norms are common and lead to risky behaviors, such that students who think that their peers drink frequently are more likely to drink in order to fit in with the norm.⁵ Of students that do drink, the largest percentage indicated that they do so to be social, followed by wanting to become loose and have fun. To combat this trend, DHRE could provide opportunities for students to socialize in settings that do not include alcohol. By doing so, DHRE and CWS could potentially decrease the drinking incidence among residents that do drink, as well as help residents to manage their stress. CWS and the Office of the Dean of Students currently partner through [Late Night Carolina](#), a funding opportunity for campus organizations that wish to provide non-alcoholic programs on Thursday, Friday, and Saturday nights. RAs can use e-mail, bulletin boards, Facebook pages, and Twitter accounts to promote and market participation in such programs. Again, many RAs already use these forums for passive programming within residential communities.

Why students drink (n=1165)	#	%
Intoxicated	175	7.25
Stress relief	280	11.6
Acceptable at home	136	5.64
Become loose, have fun	485	20.1
To fit in	66	2.74
Social drink	600	24.87
Peer pressure roommates	26	1.08
Peer pressure friends	56	2.32
Legal age	124	5.14
Other	26	1.08

Residential Experience at Carolina

Questions 40-56 asked participants to rate how various experiences either help or hinder their overall residential experience at Carolina. See Appendix D for a full table of response rates. Reassuringly,

⁵ Storey, J. D., Saffitz, G. B., & Rimon, J.G. Social Marketing. In K. Glanz, B. Rimer & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice* (pp. 435-464). San Francisco: Jossey-Bass.

79.91% of respondents feel that peer pressure to drink alcohol from others in the residence halls does not apply to them. Similarly, only 22.44% of respondents indicated that alcohol use in the halls either slightly hindered or definitely hindered their residential experience at Carolina. Residents indicated that outdoor community spaces, perception of safety in the residence halls, and promotion of campus resources are either slightly helpful or definitely helpful to their residential experience.

Question 57 asked participants to provide suggestions for improvements to the residence hall environment that they would like to see for next year. See Appendix B for a table of coded responses. General responses regarding the environment were most prevalent and the following responses were common:

- Cleanliness of the residence halls, particularly bathrooms
- Air quality issues e.g. too dusty
- Lights in the dorms too bright and on throughout the entire day and night

Students requested better enforcement of quiet hours, as well as requested cleaning services to occur later in the day rather than first thing in the morning. Students also requested community-building activities; many suggestions were similar to the following: "I'd like to see more well planned activities that are conducive to meeting new people." Another student suggested: "More activities available to students, like smoothie nights or something." This suggestion incorporates socializing as well as healthy eating promotion. One hundred twenty-three students – 18% of respondents - mentioned that the residence halls already provide a supportive environment. These results are quite consistent with previous years' surveys.

Recommendations:

Some students requested more outside space for gathering and relaxation. We recognize that this may be a challenge to fulfill with the space limitations of campus. However, DHRE can address cleanliness, air quality issues, and brightness of lights by using dimmed lighting at night and changing the wattage of bulbs. The recommendation to address quiet hours and lighting impacts sleep and, therefore, can support stress management for residents. See Appendix E for distribution of responses to question 37.

In order to improve residents' experiences in the halls, DHRE and CWS can provide students with community-building activities that promote socialization. This also coincides with recommendations to help students manage their stress and reduce incidence of drinking in residence halls. According to Thomas Frieden, director of the Centers for Disease Control and Prevention, policy-level changes are one of the most impactful forms of public health intervention in that they reach large numbers of people and require less individual effort.¹ Therefore, DHRE might consider regulating the number of programming activities that occur per month; the number currently varies by CD. DHRE can ensure that residents receive adequate opportunities to socialize as well as adequate experiential learning opportunities regarding health and wellness by creating a standardized programming policy. If a standardized policy is not possible, DHRE can continue to encourage RAs to provide programming that encourages socialization and provides skills-based learning opportunities. CDs can also encourage their RAs to use the [Health Programming Guide](#), a resource created by CWS specifically for RAs that includes programming ideas and information.

Conclusion

Students at Carolina tend to be healthy, but their decline in health upon moving to campus is concerning. CWS and DHRE should continue to collaborate to provide a supportive environment to develop and maintain healthy behaviors while living on campus. Behavior change is difficult to achieve and maintain in an environment that does not promote healthy living.¹ DHRE can provide residents with plentiful opportunities to garner social support, enforce quiet hours, and ensure the availability of healthy food. DHRE could consider regulating programs throughout housing to better ensure that residents receive adequate opportunities to socialize and receive skills-based, experiential learning opportunities. Additionally, DHRE and CWS can market available campus resources to encourage residents to seek out support when they need it, or to find resources that will enhance their health behaviors. RAs already use e-mail, bulletin boards, Facebook groups, Twitter accounts, and various other means of passive programming, which can be used to market important health and wellness resources.

Finally, CWS and DHRE have allies throughout UNC that are invested in student health. Students cannot be successful and reach their full potential without being healthy. Collaboration between departments is highly recommended in an effort to enhance student health, wellness, and success at Carolina. Please contact Counseling & Wellness Services for further support in making changes, implementing programs, or promoting resources.

Appendices

Appendix A: Survey Questions

Students responded to the following questions. Questions marked with an asterisk* included open-ended response categories where students could write their own responses. All other questions provided response options.

1-5. Questions regarding housing situation.

6-9. Demographic questions.

10-11. Questions regarding transfer status and experience.

12. How would you rate your level of health currently?

13. Since arriving at Carolina, my health has:

14. How would you rate your current level of wellness?

*15-34: Please indicate the impact that the following experiences have had on your ability to succeed at Carolina:

35. How many days a month do you feel stressed?

*36. From where do you feel your stress originates?

*37. What do you do to de-stress?

38. How often do you consume alcohol?

*39. Why do you drink?

40-56. Please indicate the impact the following experiences have had on your residential experience at Carolina:

*57. What improvements to the residence hall environment would you like to see for next year?

*58. Which of the following health promotion programs/activities would you like to see in your community? (Check all that apply)

*59. Which of the following programs/activities would you like to see in your community?

*60. Which of the following healthy eating programs would you like to see in your community?

*61. Which of the following healthy eating programs would you like to see in your community? (*This question was written incorrectly, it should have said **healthy living** rather than healthy eating. Responses included intramural sports team, running groups, etc.*)

*62. What resources have you used this academic year?

63-69. Are you aware of where the following offices are located?

*70. Is there anything else you would like to share with us?

Appendix B: Coded Responses

Question 36: From where do you feel your stress originates? (n=113)

Code	Definition	Frequency
Romantic Relationships	Use this code when participant mentions either a relationship, significant other, or other romantic attachment as a source of stress Note: If just "relationships" is written, this code should be used	23
Extracurricular activities	Use this code when participant mentions any extracurricular activities or activities outside of their coursework as a source of stress. This could include mention of leadership responsibilities	26
Future	Use this code when participant mentions any type of planning for or thinking about the future as a source of stress	13
Job	Use this code when participant talks about their job as a source of stress	6

Health	Use this code when participant mentions any health issue as a source of stress. This could include weight management, diet, exercise, sleeping patterns, self-image, etc.	25
Social Interactions	Use this code when participant mentions any sort of social interactions as a source of stress. This includes acquaintances, social interactions, or social obligations such as sororities/fraternities. Double code with extracurricular activities as appropriate.	12
Other	Miscellaneous responses. Please note important suggestions.	14
Missing Data	Missing data or responses that only say "I don't know"	2

Predetermined responses: Academics, Financial burdens, Sickness/injury, Friends at UNC, Roommates, Family issues, Friends elsewhere, Other, Peer pressure. Coded responses are from category "Other."

Question 37: What do you do to de-stress? (n=185)

Code	Definition	Frequency
TV or movies	Use this code when participant mentions watching TV or a movie to de-stress	45
Read	Use this code when participant mentions reading to de-stress	21
Faith	Use this code when participant mentions using their faith as a way to de-stress. This could include reading a religious text, praying, going to a religious service, etc. Double code with reading when appropriate i.e. reading Bible	17
Nothing	Use this code when participant says they do nothing or if they have a more passive form of de-stressing, such as waiting it out	12
Meditation	Use this code when participant says they use meditation, relaxation, journaling, or more mindful forms of de-stressing.	11
Video games	Use this code when participant says that they play video games to de-stress. This could also include computer games.	14
Internet	Use this code when participant mentions using the internet as a way to de-stress. This includes using the internet to watch videos. Double code with TV or movies as appropriate i.e. watching Netflix	24
Physical activity	Use this code when participant mentions using some form of physical activity that is not an intentional work-out as a way to de-stress. This could include dancing, sports, etc. Double code with hobbies as appropriate	19
Eat	Use this code when participant mentions eating as a way to de-stress. This could include drinking tea.	21
Hobbies	Use this code when participant mentions using hobbies or interests as a way to de-stress	18
Work	Use this code when participant mentions completing work in order to de-stress. This could include completing the tasks that are causing stress.	11
Other	Miscellaneous responses. Please note important examples	15

Predetermined responses: Talk to someone (RA, friend, significant other, parent), Drink, Work out, Listen to music, Sleep, Other. Coded responses are from category "Other."

Question 57: What improvements to the residence hall environment would you like to see for next year? (n=701)

Code	Definition	Frequency
Community Building	Any mention of building community in the residence hall through social events, cultivating respect, etc.	117
Exercise Opportunities	Any mention of increasing opportunities for exercise through space, equipment, classes (like yoga), or other means. Please note common suggestions. Can double code with Community Building or Environment as appropriate (ex: group exercise could be community building if discussed in that way. Simply asking for yoga classes does not apply there.)	10
Food	Any mention of food, including needing healthy food at social events and in vending machines, needing more kitchens, meal plans, or grocery stores, etc. Please take note of common or good suggestions. Double code with other codes like Community Building or Environment as appropriate (ex: kitchen space would be environment and food)	24
Publicity	Any mention of needing more publicity for resources or events.	15
Quiet Hours	Any mention of needing to enforce quiet hours. Double code with Environment.	154
Environment	Any mention of needing to improve the environment in terms of air quality, cleanliness, quiet hours, furniture, etc. Double code with Quiet Hours, Exercise, Food, Relaxation, or Outdoors as necessary.	186
Relaxation	Any mention of wanting space or programs to help with relaxation or stress reduction. Double code with Community Building or Environment as necessary.	7
Health Programs	Any mentions of wanting health programs, including educational programs (double code with exercise, food, or relaxation as appropriate), or things like providing condoms.	33
Outdoors	Any mention of wanting space or programs outdoors. Double code with other codes as necessary (ex: if ask for outdoor exercise area, code with Exercise Opportunities)	6
RA	Discussion of their RA- wanting an increase of interaction, programming, and great RA. List comments of interest.	45
Alcohol	Any mention of increased enforcement of alcohol and drug policies	22
Doing Well	Any mention of the residence halls as doing well already.	123
Other	Miscellaneous responses. Please note significant suggestions.	44
Missing Data	Missing data or responses that only say "I don't know"	26

Note: Questions 34, 39, and 58-62 each received a very low response rate (less than 50 responses each). As such, they did not warrant coding. However, significant examples or suggestions were identified and included in this report. Additionally, it should be noted that question 70 was not explicitly health-related and was therefore not included in this report.

Appendix C: Rankings for Questions 15-32

Please indicate the impact that the following experiences have had on your ability to succeed at Carolina (n=1179 for each topic)

Topic	Definitely Helped (%)	Slightly Helped (%)	Slightly Hindered (%)	Definitely Hindered (%)	n/a (%)	Helped (Aggregate %)	Hindered (Aggregate %)
Feeling safe in the residence halls	26.12	26.21	5.43	0.93	41.31	52.33	6.36
Relationship Stress	16.45	23.32	35.88	12.21	12.13	39.77	48.09
Finances	9.08	16.96	34.44	12.13	27.4	26.04	46.57
Internet use/gaming	5.94	10.09	40.37	16.79	26.8	16.03	57.16
Social Stress	3.9	22.82	44.53	10.43	18.32	26.72	54.96
Academic Stress	3.31	17.56	43.68	32.57	2.88	20.87	76.25
Alcohol use	2.29	8.99	21.63	2.88	64.21	11.28	24.51
Eating Disorders and Body Image Issues	1.61	4.16	16.88	5.94	71.42	5.77	22.82
Sleep Difficulties	1.53	5.51	37.66	23.66	31.64	7.04	61.32
Drug use	1.53	2.88	3.9	0.85	90.84	4.41	4.75
Temporary cold/illnesses/injuries	1.44	2.46	59.12	16.12	20.87	3.9	75.24
Peer pressure of participating in alcohol and drug use	1.27	3.56	15.78	2.63	76.76	4.83	18.41
Effects of alcohol/drug use (missing class, hungover, not studying/completing work on time)	1.19	1.61	19.76	4.24	73.2	2.8	24
Anxiety	0.93	6.96	45.97	23.24	22.9	7.89	69.21
Gambling	0.93	1.36	0.59	0.42	96.69	2.29	1.01
Sexual concerns (STI/pregnancy/partner issues/pressure/assault)	0.93	2.29	8.82	2.12	85.84	3.22	10.94
Depression	0.68	2.29	19.68	12.04	65.31	2.97	31.72
Chronic Problems/Illness	0.59	2.71	12.81	6.28	77.61	3.3	19.09

Appendix D: Rankings for Questions 40-57

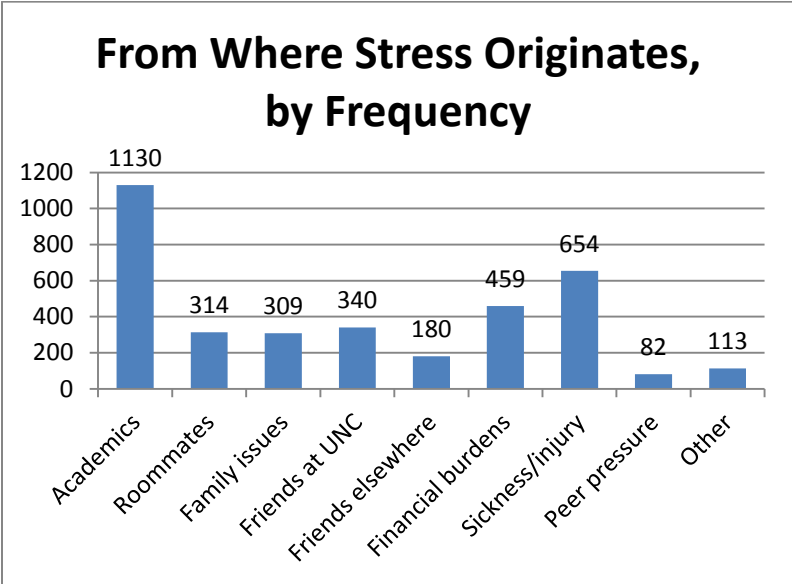
Please indicate the impact that the following experiences have had on your residential experience at Carolina (n=1110 for each topic)

Topic	Definitely Helped (%)	Slightly Helped (%)	Slightly Hindered (%)	Definitely Hindered (%)	n/a (%)	Helped (Aggregate %)	Hindered (Aggregate %)
Enforcement of quiet hours	16.94	35.5	11.17	6.58	29.82	52.44	17.75
Education of health topics through programming or bulletin boards	5.68	46.67	1.8	1.17	44.68	52.35	2.97
Healthy community activities	6.49	39.1	2.25	1.08	51.08	45.59	3.33
Healthy foods available at community programs	10.54	39.46	4.5	1.71	43.78	50	6.21

Knowledge of exercise equipment available to you	27.93	41.44	2.52	1.62	26.49	69.37	4.14
Ability to check out exercise equipment	17.03	32.34	1.8	1.35	47.48	49.37	3.15
Relaxation spaces in and around the residence halls	26.4	44.86	4.14	2.61	21.98	71.26	6.75
Enforcement of drug/alcohol policy	11.98	25.77	9.46	5.59	47.21	37.75	15.05
Cleanliness of facilities	26.58	44.77	13.06	4.5	11.08	71.35	17.56
Outdoor community spaces	39.91	45.68	2.34	0.54	11.53	85.59	2.88
Promotion of campus resources	28.29	53.87	1.53	0.72	15.59	82.16	2.25
Relationship with housing staff	18.92	44.77	4.14	2.25	29.91	63.69	6.39
Your perception of safety in the residence halls	34.86	49.55	4.14	0.72	10.72	84.41	4.86
Your perception of safety around the residence halls	31.8	49.64	5.86	1.17	11.53	81.44	7.03
Your perception of safety on campus	28.2	50.63	10	1.71	9.46	78.83	11.71
Alcohol use in the halls	5.68	17.21	15.68	6.76	54.68	22.89	22.44
Peer pressure to drink from those in residence halls	2.88	6.13	8.56	2.52	79.91	9.01	11.08

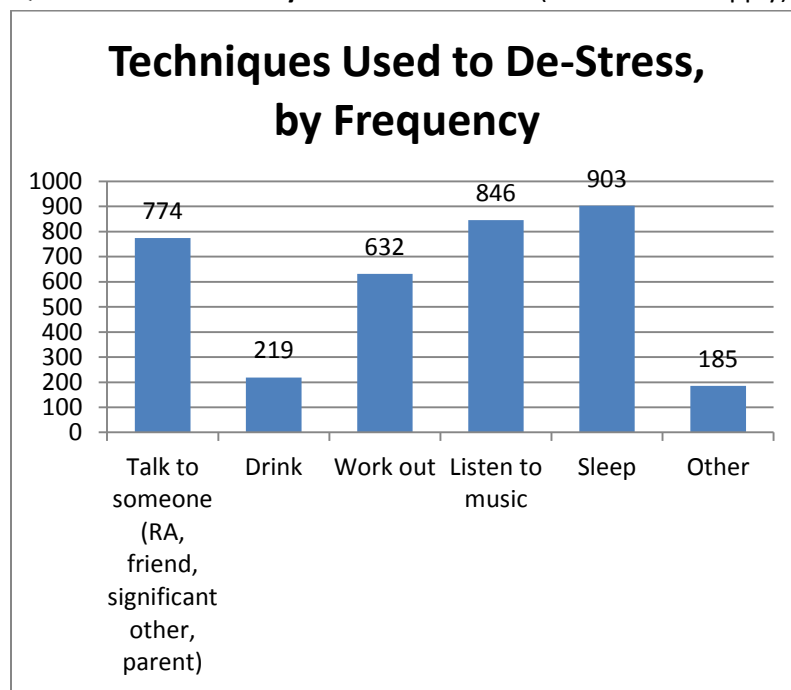
Appendix E: Responses to Questions 36 and 37

Question 36: From where do you feel your stress originates? (Check all that apply)



From where stress originates (n=1165)	#	Respondent %
Academics	1128	96.82
Roommates	312	26.78
Family issues	309	26.52
Friends at UNC	340	29.18
Friends elsewhere	180	15.45
Financial burdens	459	29.4
Sickness/injury	352	30.21
Peer pressure	82	7.04
Other	113	9.7

Question 37: What do you do to de-stress? (Check all that apply)



Techniques to de-stress (n=1165)	#	Respondent %
Talk to someone	774	66.09
Drink	219	18.8
Work out	632	54.16
Listen to music	846	72.62
Sleep	903	77.51
Other	185	15.88

Appendix F: Responses to Question 58 and 59

Question 58: Which of the following health promotion programs/activities would you like to see in your community? (Check all that apply)

Topic	#	Respondent %	Response %
Stress management	724	65.23	16.92
Safety and security	181	16.31	4.23
Self-defense class	556	50.09	12.99
Alcohol/drug education	130	11.71	3.04
Mindfulness and meditation skill-building	443	39.91	10.35
Resilience training	171	15.41	4.00
Sexual health education	219	19.73	5.12
GLBTQ awareness	147	13.24	3.43
Health and nutrition	638	57.48	14.91
Eating disorders and body image media literacy	218	19.64	5.09
Interpersonal/relationship violence prevention	191	17.21	4.46
Large scale social programs on the weekends (bingo night, twister night, karaoke, etc.)	621	55.95	14.51

Other (please specify)	41	3.69	0.96
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Question 59: Which of the following programs/activities would you like to see in your community?
(Check all that apply)

Topic	#	Respondent %	Response %
Leadership skill development	434	39.1	10.53
Political involvement	279	25.14	6.77
Current issues	499	44.95	12.11
Sustainability	362	32.61	8.79
Conflict Mediation	188	16.94	4.56
Budgeting/financial management	394	35.50	9.56
Diversity and social justice training	264	23.78	6.41
Career preparation	616	55.5	14.95
Resume writing	623	56.13	15.12
Mock interviews	427	38.47	10.36
Other (please specify)	34	3.06	0.83