HAPPYS

(Health Assessment Planning Pathways Yielding Success)

© Indra C. Thadani RN, MS

Directions: Please respond to each item by marking the box that best reflects your status over the last month. The scale ranges from 5 (strongly agree) to 1 (strongly disagree). Please be open and honest in your responding.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please mark one box per row.****During the past week/month…** | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1. I am free from physical illness. | 5 | 4 | 3 | 2 | 1 |
| 2. I feel good about myself. | 5 | 4 | 3 | 2 | 1 |
| 3. I do NOT exercise 3 times or more a week. | 5 | 4 | 3 | 2 | 1 |
| 4. I do NOT get at least 8 hours of sleep each night. | 5 | 4 | 3 | 2 | 1 |
| 5. I have enough food to eat each day. | 5 | 4 | 3 | 2 | 1 |
| 6. I have a stable place to live. | 5 | 4 | 3 | 2 | 1 |
| 7. I feel like my school, work, family, and life is balanced. | 5 | 4 | 3 | 2 | 1 |
| 8. I have health insurance. | 5 | 4 | 3 | 2 | 1 |
| 9. I am able to pay my bills and meet or exceed my basic needs. | 5 | 4 | 3 | 2 | 1 |
| 10. I tend to worry a lot. | 5 | 4 | 3 | 2 | 1 |
| 11. I feel confident that I can succeed at college. | 5 | 4 | 3 | 2 | 1 |
| 12. I do NOT think I can handle stress and change well. | 5 | 4 | 3 | 2 | 1 |
| 13. I have personal and professional goals. | 5 | 4 | 3 | 2 | 1 |
| 14. I think I can manage my time well. | 5 | 4 | 3 | 2 | 1 |
| 15. I have a network of support I can rely on (e.g. mentor(s), family, friends, peers, significant others, etc.). | 5 | 4 | 3 | 2 | 1 |
| 16. I do NOT know where to go for help when I need it. | 5 | 4 | 3 | 2 | 1 |
| 17. I avoid risk-taking behaviors (e.g., unsafe sex, alcohol & drug use/abuse, etc.). | 5 | 4 | 3 | 2 | 1 |
| 18. I am involved in student activities (e.g., campus clubs, student government, work study groups, etc.). | 5 | 4 | 3 | 2 | 1 |
| 19. I feel sad most of the time. | 5 | 4 | 3 | 2 | 1 |
| 20. I have a belief system that helps me cope with life’s challenges. | 5 | 4 | 3 | 2 | 1 |

You do not need to score

Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

100-90: No Risk 89-80: Low Risk 79-70: At Risk 69 and below: High Risk

If you are “at risk”, this may be an indication that you are at risk for getting lower grades or not completing your college goals.

Please contact your Health Center on your campus, so we can assist you to be as successful as possible!!

1. Male or Female or: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the appropriate answer(s):

2) 16-20 years, 26-30, 36-40, 50-60,

 21-25, 31-35, 40-50, 60 years+ over

3) Number of units you are enrolled:\_\_\_\_\_\_\_\_\_\_\_\_

0-3 4-6 7-9 Greater than 9 units

4) Health Status, your overall feeling about your health:

Excellent Very good Good Not sure Poor

5) Ethnic Background

White Asian African-American Hispanic African Arabic

Other:

8) Approximately how many times a semester do you use the Health Services Center?

Never 1 time 2-4 times Greater than 4 times

9) Do you have concerns about:

Weight Alcohol use Stress Blood pressure Housing

Drug use Loneliness Home life Depression

Finances Communicating Transportation

Other:

10) Would you like information/services on:

Weight management Heart health H1N1

Birth control Mental health Cancer minor infections

sexually transmitted infections general health check ups

Dental information Sexual behavior

**Other:**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you would like to be contacted for health information, please provide:**

**email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This survey is to assist Student Health Services provide you with more support so you can be more successful!!**