Questionnaire Name	Brief Description	Items	Notes
Short-form UCLA Loneliness Scale (UCLA)	A 10-item scale measuring one's subjective feelings of loneliness as well as social isolation.	**The following statements describe how people sometimes feel. For each statement, please indicate how often you feel by using the following scale:** **1(Never), 2(Rarely), 3(Sometimes), 4(Always)** How often do you feel that you lack companionship? How often do you feel that you have a lot in common with the people around you? How often do you feel close to other people? How often do you feel left out? How often do you feel that no one really knows you well? How often do you feel isolated from others? How often do you feel that there are people who really understand you? How often do you feel that people are around you but not with you? How often do you feel that there are people you can talk to? How often do you feel that there are people you can turn to?	Collected in both pre and post surveys for all 4 years.
Sense of Social and Academic Fit Scale (SocialFit)	A 17-item scale measuring the sense of social and academic fit of students at the institution.	**Answer the following questions about what UW is like for you. Indicate the extent to which you agree or disagree with each statement using the scales below. Please use the whole scale. 1(Strongly Disagree), 2(Disagree), 3(Moderately Disagree), 4(Neutral), 5(Moderately Agree), 6(Agree), 7(Strongly agree)** People at UW accept me. I feel like an outsider at UW. Other people understand more than I do about what is going on at UW. I think in the same way as people who do well at UW. It is a mystery to me how UW works. I feel alienated from UW. I fit in well at UW. I am similar to the kind of people who succeed at UW. I know what kind of people UW professors are. I get along well with people at UW. I belong at UW. I know how to do well at UW. I do not know what I would need to do to make a UW professor like me. I feel comfortable at UW. People at UW like me. If I wanted to, I could potentially do very well at UW. People at UW are a lot like me.	Collected in both pre and post surveys for all 4 years.
2-Way Social Support Scale (2-way SSS)	A 21-item scale measuring social supports from four aspects: (a) giving emotional support, (b) giving instrumental support, (c) receiving emotional support, and (d) receiving instrumental support.	**Answer each question by choosing one of the available items. If you are unsure how to answer a question, please give the best answer you can. If you think the statement occurs all of the time, select 5; if a statement never occurs, select 0. If the statement is more or less frequent, find the number between 0 and 5 that is most accurate. 0(Not at All) - 5(Always)** There is someone I can talk to about the pressures in my life. I help others when they are too busy to get everything done. I look for ways to cheer people up when they are feeling down. There is at least one person that I can share most things with. If stranded somewhere there is someone who would come get me. When I am feeling down there is someone I can lean on. I give others a sense of comfort in times of need. I have someone to help me if I am physically unwell. When someone I lived with was sick I helped them. There is someone in my life I can get emotional support from. There is someone who can help me fulfill my responsibilities when I am unable. I have helped someone with their responsibilities when they were unable to fulfill them. There is at least one person that I feel I can trust. People confide in me when they have problems. There is someone who would give me financial assistance. There is someone in my life that makes me feel worthwhile. I am a person others turn to for help with tasks. I feel that I have a circle of people who value me. I am there to listen to others' problems. I give financial assistance to people in my life. People close to me tell me their fears and worries.	Collected in both pre and post surveys for all 4 years.

Questionnaire Name	Brief Description	Items	Notes
Perceived Stress Scale (PSS)	A 14-item scale used to assess stress levels during the last month. Year 1 used the 10-item version.	**The following questions ask about your feelings and thoughts during THE PAST MONTH. For each statement, please indicate if you have had these thoughts or feelings: never, almost never, sometimes, fairly often, or very often. 0(Never), 1(Almost Never), 2(Sometimes), 3(Fairly Often), 4(Very Often)** * In the past month, how often have you been upset because of something that happened unexpectedly? * In the past month, how often have you felt unable to control the important things in your life? * In the past month, how often have you felt nervous or stressed? In the past month, how often have you dealt successfully with irritating life hassles? In the past month, how often have you felt that you were effectively coping with important changes that were occurring in your life? * In the past month, how often have you felt confident about your ability to handle your personal problems? * In the past month, how often have you felt that things were going your way? * In the past month, how often have you found that you could not cope with all the things you had to? * In the past month, how often have you been able to control irritations in your life? * In the past month, how often have you felt that you were on top of things? * In the past month, how often have you been angered because of things that happened that were outside of your control? In the past month, how often have you found yourself thinking about things that you have to accomplish? In the past month, how often have you been able to control the way you spend your time? * In the past month, how often have you felt that difficulties were piling up so high that you could not overcome them?	Collected in both pre and post surveys for all 4 years. Items with a * were used in year 1 version.
Emotion Regulation Questionnaire (ERQ)	A 10-item scale assessing individual differences in the habitual use of two emotion regulation strategies: (a) cognitive reappraisal and (b) expressive suppression.	**We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale: 1(Strongly agree), 2(Agree), 3(Somewhat agree), 4(Neither agree nor disagree), 5(Somewhat disagree), 6(Disagree), 7(Strongly disagree)** When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about. I keep my emotions to myself. When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about. When I am feeling positive emotions, I am careful not to express them. When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm. I control my emotions by not expressing them. When I want to feel more positive emotion, I change the way I'm thinking about the situation. I control my emotions by changing the way I think about the situation I'm in. When I am feeling negative emotions, I make sure not to express them. When I want to feel less negative emotion, I change the way I'm thinking about the situation.	Collected in both pre and post surveys for all 4 years.
Brief Resilience Scale (BRS)	A 6-item scale assessing the ability to bounce back or recover from stress.	**Please respond to each item by marking one circle per row. 1(Strongly Disagree), 2(Disagree), 3(Neutral), 4(Agree), 5(Strongly Agree)** I tend to bounce back quickly after hard times. I have a hard time making it through stressful events. It does not take me long to recover from a stressful event. It is hard for me to snap back when something bad happens. I usually come through difficult times with little trouble. I tend to take a long time to get over set-backs in my life.	Collected in both pre and post surveys for all 4 years.

Questionnaire Name	Brief Description	Items	Notes
Coehn-Hoberman Inventory of Physical Symptoms (CHIPS)	A 33-item scale measuring the perceived burden from physical symptoms, and resulting psychological effect during the past 2 weeks.	**Mark the number for each statement that best describes how much that problem has bothered or distressed you during the past two weeks including today. Mark only one number for each item. At one extreme, 0 means that you have not been bothered by the problem. At the other extreme, 4 means that the problem has been an extreme bother. 0(Not bothered by this problem) - 4(This problem is an extreme bother)** Sleep problems (can't fall asleep, wake up in middle of night or early in morning) Weight change (gain or loss of 5 lbs. or more) Back pain Constipation Dizziness Diarrhea Faintness Constant fatigue Headache Migraine headache Nausea and/or vomiting Acid stomach or indigestion Stomach pain (e.g., cramps) Hot or cold spells Hands trembling Heart pounding or racing Poor appetite Shortness of breath when not exercising or working hard Numbness or tingling in parts of your body Felt weak all over Pains in heart or chest Feeling low in energy Stuffy head or nose Blurred vision Muscle tension or soreness Muscle cramps Severe aches and pains Acne Bruises Nosebleed Pulled (strained) muscles Pulled (strained) ligaments Cold or cough	Collected in both pre and post surveys for all 4 years.

Questionnaire Name	Brief Description	Items	Notes
State-Trait Anxiety Inventory for Adults (STAI)	A 20-item scale measuring State-Trait anxiety. Year 1 used the State version, while other years used the Trait version.	**State version: A number of statements which people have used to describe themselves are given below. Read each statement and select the appropriate answer to the right of the statement to indicate how you feel right now, that is at this moment. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe your general feelings best. 1(Not at all), 2 (Somewhat), 3(Moderately so), 4(Very much so)** I feel calm I feel secure I feel tense I feel strained I feel at ease I feel upset I am presently worrying over possible misfortunes I feel satisfied I feel frightened I feel comfortable I feel self-confident I feel nervous I am jittery I feel indecisive I am relaxed I feel content I am worried I feel confused I feel steady I feel pleasant **Trait version: A number of statements which people have used to describe themselves are given below. Read each statement and select the appropriate answer to the right of the statement to indicate how you general feel. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe your general feelings best. 1(Not at all), 2(Somewhat), 3(Moderately so), 4(Very much so)** I feel pleasant I feel nervous and restless I feel satisfied with myself I wish I could be as happy as others seem to be I feel like a failure I feel rested I am calm, cool, and collected I feel that difficulties are piling up so that I can't overcome them I worry too much over something that really doesn't matter I am happy I have disturbing thoughts I lack self-confidence I feel secure I make decisions easily I feel inadequate I am content Some unimportant thought runs through my mind and bothers me I take disappointments so keenly that I can't put them out of my mind I am a steady person I get in a state of tension or turmoil as I think over my recent concerns and interests	Collected in both pre and post surveys for all 4 years.
Center for Epidemiologic Studies Depression Scale Cole version (CES-D)	A 10-item scale measuring current level of depressive symptomatology, with emphasis on the affective component, depressed mood. Year 2 used the 9-item version.	**Below is a list of some of the ways you may have felt or behaved. Please indicate how often you've felt this way during the past week. Respond to all items. During the past week . . .** **0 (Rarely or none of the time (less than 1 day)), 1 (Some or a little of the time (1-2 days)), 2 (Occasionally or a moderate amount of time (3-4 days)), 3 (Most or all of the time (5-7 days))** * I was bothered by things that usually don't bother me. * I felt that I could not shake off the blues even with help from my family or friends. * I felt that I was just as good as other people. * I had trouble keeping my mind on what I was doing. * I felt that everything I did was an effort. * I felt hopeful about the future. * I thought my life had been a failure. * I felt lonely. * People were unfriendly. I felt fearful.	Collected in both pre and post surveys for all 4 years. Items with a * were used in year 1 version.

Questionnaire Name	Brief Description	Items	Notes
Beck Depression Inventory-II (BDI2)	A 21-item to measure depressive symptoms.	**This section of the questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. If several statements in the group seem to apply equally well, pick the highest number for that group. 0 (I do not feel sad), 1 (I feel sad much of the time), 2 (I am sad all the time), 3 (I am so sad or unhappy that I can't stand it)** Sadness Pessimism Past Failure Loss of Pleasure Guilty Feelings Punishment Feelings Self-Dislike Self-Criticalness Suicidal Thoughts or Wishes Crying Agitation Loss of Interest Indecisiveness Worthlessness Loss of Energy Changes in Sleeping Pattern Irritability Changes in Appetite Concentration Difficulty Tiredness or Fatigue Loss of Interest in Sex	Collected in both pre and post surveys for all 4 years.
Mindful Attention Awareness Scale (MAAS)	A 15-item scale assessing a core characteristic of mindfulness. Year 1 used a 7-item version, while other years used the full version.	**Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item. 1(Almost Always), 2(Very Frequently), 3(Somewhat Frequently), 4 (Somewhat Infrequently), 5(Very Infrequently), 6(Almost Never)** * I could be experiencing some emotion and not be conscious of it until some time later. I break or spill things because of carelessness, not paying attention, or thinking of something else. * I find it difficult to stay focused on what's happening in the present. I tend to walk quickly to get where I'm going without paying attention to what I experience along the way. I tend not to notice feelings of physical tension or discomfort until they really grab my attention. I forget a person's name almost as soon as I've been told it for the first time. * It seems I am "running on automatic," without much awareness of what I'm doing. * I rush through activities without being really attentive to them. I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there. * I do jobs or tasks automatically, without being aware of what I'm doing. I find myself listening to someone with one ear, doing something else at the same time. I drive places on "automatic pilot" and then wonder why I went there. * I find myself preoccupied with the future or the past. * I find myself doing things without paying attention. I snack without being aware that I'm eating.	Collected in both pre and post surveys for all 4 years. Items with a * were used in year 1 version.
The Big-Five Inventory-10 (BFI10)	A 10-item scale measuring the Big Five personality traits Extro-version, Agreeableness, Conscientiousness, Emotional Stability, and Openness.	**I see myself as someone who... 1(Disagree Strongly), 2(Disagree a little), 3(Neutral: no opinion), 4(Agree a little), 5(Agree Strongly)** is reserved is generally trusting tends to be lazy is relaxed, handles stress well is relaxed, handles stress well has few artistic interests is outgoing, sociable tends to find fault with others does a thorough job gets nervous easily has an active imagination	Collected only in pre surveys for all 4 years.

Questionnaire Name	Brief Description	Items	Notes
Brief Coping Orientation to Problems Experienced (Brief-COPE)	A 28-item scale measuring (a) adaptive and (b) maladaptive ways to cope with a stressful life event.	**The items below deal with ways you have been coping with stress in your life. There are many ways to try to deal with problems. Each item says something about a particular way of coping. We want to know to what extent you have been doing what the item says. Don't answer on the basis of whether it seems to be working or not - just whether or not you are doing it. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can. 0(I haven't been doing this at all), 1(I've been doing this a little bit), 2(I've been doing this a medium amount), 3(I've been doing this a lot)** I've been turning to work or other activities to take my mind off things. I've been concentrating my efforts on doing something about the situation I'm in. I've been saying to myself "this isn't real". I've been using alcohol or other drugs to make myself feel better. I've been getting emotional support from others. I've been giving up trying to deal with it. I've been taking action to try to make the situation better. I've been refusing to believe that it has happened. I've been saying things to let my unpleasant feelings escape. I've been getting help and advice from other people. I've been using alcohol or other drugs to help me get through it. I've been trying to see it in a different light, to make it seem more positive. I've been criticizing myself. I've been trying to come up with a strategy about what to do. I've been getting comfort and understanding from someone. I've been giving up the attempt to cope. I've been looking for something good in what is happening. I've been making jokes about it. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping. I've been accepting the reality of the fact that it has happened. I've been expressing my negative feelings. I've been trying to find comfort in my religion or spiritual beliefs. I've been trying to get advice or help from other people about what to do. I've been learning to live with it. I've been thinking hard about what steps to take. I've been blaming myself for things that happened. I've been praying or meditating. I've been making fun of the situation.	Collected in both pre and post surveys in years 2, 3, and 4.
Gratitude Questionnaire (GQ)	A 6-item scale assessing individual differences in the proneness to experience gratitude in daily life.	**Using the scale below as a guide, select a response for each statement to indicate how much you agree with it. 1(Strongly Disagree), 2(Disagree), 3(Moderately Disagree), 4(Neutral), 5(Moderately Agree), 6(Agree), 7(Strongly agree)** I have so much in life to be thankful for. If I had to list everything that I felt grateful for, it would be a very long list. When I look at the world, I don't see much to be grateful for. I am grateful to a wide variety of people. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history. Long amounts of time can go by before I feel grateful to something or someone.	Collected in both pre and post surveys in years 2, 3, and 4.
Flourishing Scale & Psychological Well-Being Scale (FSPWB)	An 8-item scale measuring the psychological well-being.	**Below are 8 statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by indicating that response for each statement. 1(Strongly Disagree), 2(Disagree), 3(Slightly Disagree), 4(Neither Agree nor Disagree), 5(Slightly Agree), 6(Agree), 7(Strongly Agree)** I lead a purposeful and meaningful life. My social relationships are supportive and rewarding. I am engaged and interested in my daily activities. I actively contribute to the happiness and well-being of others. I am competent and capable in the activities that are important to me. I am a good person and live a good life. I am optimistic about my future. People respect me.	Collected in both pre and post surveys in years 2, 3, and 4.
Everyday Discrimination Scale (EDS)	A 9-item scale assessing everyday discrimination.	**In your day-to-day life, how often do any of the following things happen to you? 0(Never), 1(Less than once a year), 2(A few times a year), 3(A few times a month), 4(At least once a week), 5(Almost everyday)** You are treated with less courtesy than other people are. You are treated with less respect than other people are. You receive poorer service than other people in public or service settings. People act as if they think you are not smart. People act as if they are afraid of you. People act as if they think you are dishonest. People act as if they're better than you are. You are called names or insulted. You are threatened or harassed.	Collected in both pre and post surveys in years 2, 3, and 4.

Questionnaire Name	Brief Description	Items	Notes
Chronic Work Discrimination and Harassment (CEDH)	A 12-item scale assessing experiences of discrimination in educational settings.	**Here are some situations that can arise at work, school, or training. Please tell us how often you have experienced them during the LAST 12 MONTHS. 0(Never), 1(Less than once a year), 2(A few times a year), 3(A few times a month), 4(At least once a week), 5(Almost everyday)** How often are you UNFAIRLY given the jobs that no one else wants to do? At work/school, when different opinions would be helpful, how often is your opinion not asked for? How often are you watched more closely than others? How often do supervisors and instructors (TAs/professors) use demeaning comments or jokes? How often do supervisors and instructors (TAs/professors) direct demeaning comments or jokes at you? How often do your peers use demeaning comments or jokes? How often do your peers direct demeaning comments or jokes at you? How often do you feel that you have to work twice as hard as others work? How often do you feel that you are ignored or not taken seriously by your supervisor or instructors? How often do others assume that you work in a lower status job than you do and treat you as such? How often has a peer with less experience and fewer qualifications gotten opportunities or privileges before you? How often have you been unfairly embarrassed in front of others at work or school?	Collected in both pre and post surveys in years 2, 3, and 4.
The Brief Young Adult Alcohol Consequences Questionnaire (B-YAACQ)	A 24-item scale measuring the alcohol problem severity continuum in college students.	**Below is a list of things that sometimes happen to people either during, or after they have been drinking alcohol. Next to each item below, please mark either the YES or NO column to indicate whether that item describes something that has happened to you IN THE PAST MONTH. In the past month... 1(Yes), 0(No)** While drinking, I have said or done embarrassing things. I have had a hangover (headache, sick stomach) the morning after I had been drinking. I have felt very sick to my stomach or thrown up after drinking. I often have ended up drinking on nights when I had planned not to drink. I have taken foolish risks when I have been drinking. I have passed out from drinking. I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk. When drinking, I have done impulsive things that I regretted later. I've not been able to remember large stretches of time while drinking heavily. I have driven a car when I knew I had too much to drink to drive safely. I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking. My drinking has gotten me into sexual situations I later regretted. I have often found it difficult to limit how much I drink. I have become very rude, obnoxious or insulting after drinking. I have woken up in an unexpected place after heavy drinking. I have felt badly about myself because of my drinking. I have had less energy or felt tired because of my drinking. The quality of my work or schoolwork has suffered because of my drinking. I have spent too much time drinking. I have neglected my obligations to family, work, or school because of drinking. My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives. I have been overweight because of drinking. My physical appearance has been harmed by my drinking. I have felt like I needed a drink after I'd gotten up (that is, before breakfast).	Collected in both pre and post surveys in years 2, 3, and 4.
Patient Health Questionnaire 4 (PHQ-4)	A 4-item scale assessing: mental health, anxiety, and depression.	**In the last week, how often have you been bothered by any of the following problems? 0(not at all), 1(several days), 2(more than half the days), 3 (nearly every day)** Feeling nervous, anxious or on edge. Not being able to stop or control worrying. Feeling down, depressed or hopeless. Little interest or pleasure in doing things.	Collected in ema surveys in years 2, 3, and 4.
Perceived Stress Scale 4 (PSS-4)	A 4-item scale assessing stress levels during the last month.	**In the last week...** **0(never), 1(almost never), 2(sometimes), 3(fairly often), 4(very often)** How often have you felt that you were unable to control the important things in your life? How often have you felt confident about your ability to handle your personal problems? How often have you felt that things were going your way? How often have you felt difficulties were piling up so high that you could not overcome them?	Collected in ema surveys in years 2, 3, and 4.

Questionnaire Name	Brief Description	Items	Notes
Positive and Negative Affect Schedule (PANAS)	A 10-item scale measuring the level of positive and negative affects.	**How are you feeling right now? 0(not at all), 1(a little), 2(moderately), 3(quite a bit), 4(extremely)** Positive affect (all years): Interested Enthusiastic Determined Inspired Strong Negative affect (year 2,3,4): Anxious Depressed Frustrated Lonely Scared Negative affect (year 1): Anxious Depressed Frustrated Lonely Overwhelmed	Collected in ema surveys in years 2, 3, and 4.