

2020 Spring Boiler Plate Mental Health Survey

Survey Flow

Standard: Overview (1 Question)
Standard: Self Ratings (2 Questions)
Standard: Exercise (3 Questions)
Standard: Sleep (2 Questions)
Standard: Physical Health (2 Questions)
Standard: Question on Feeling Overwhelmed (1 Question)
Standard: Negative Event (1 Question)
Standard: Mental Health Diagnosis & Treatment (10 Questions)
Block: PHQ-9 (2 Questions)
Standard: GAD-7 (2 Questions)
Standard: Mental Health effect (2 Questions)

EmbeddedData

PHQ9 = \${e://Field/PHQ9}\${gr://SC_81hhASE5DZJ2oUB/Score}
GAD7 = \${e://Field/GAD7}\${gr://SC_cPksGGJrWLCmlud/Score}

Standard: AUDIT-C (3 Questions)
Standard: Single-Question Screening Test for Drug Use (1 Question)
Standard: Loneliness (1 Question)
Standard: Suicidality (4 Questions)
Standard: Imposter Phenomenon (IP) (3 Questions)
Standard: HUHS Services (1 Question)
Standard: Adviser (5 Questions)
Standard: Faculty (5 Questions)
Standard: Peer Support (2 Questions)
Standard: Peer Support 2 (2 Questions)
Standard: Inclusive Learning Environment (2 Questions)
Standard: Job & Teaching (5 Questions)
Standard: WorkLife Balance (2 Questions)
Standard: Progress (3 Questions)
Standard: Sense of Community (2 Questions)
Standard: Stigma (2 Questions)
Standard: Brief Inventory of Thriving (BIT) (1 Question)
Standard: Drugs and Alcohol (5 Questions)
Standard: Stress (4 Questions)
Standard: Microaggressions (1 Question)
Standard: Environmental Questions Title IX (4 Questions)
Standard: G-Year Question (2 Questions)
Standard: Demographics 1 (4 Questions)
Standard: Demographics 2 (7 Questions)
Standard: Suggestions (2 Questions)

Branch: New Branch

If

If PHQ9 Is Less Than 10

And GAD7 Is Less Than 10

Standard: PHQ-9 < 10 and GAD7 < 10 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than or Equal to 10

And PHQ9 Is Less Than or Equal to 14

And GAD7 Is Less Than 10

Standard: PHQ-9 is between 10 and 14 and GAD-7 < 10 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than 14

And GAD7 Is Less Than 10

Standard: PHQ-9 > 14 and GAD-7 < 10 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Less Than 10

And GAD7 Is Greater Than or Equal to 10

And GAD7 Is Less Than or Equal to 14

Standard: PHQ-9 < 10 and GAD-7 is between 10 and 14 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than or Equal to 10

And PHQ9 Is Less Than or Equal to 14

And GAD7 Is Greater Than or Equal to 10

And GAD7 Is Less Than or Equal to 14

Standard: PHQ-9 is between 10 and 14 and GAD-7 is between 10 and 14 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than 14

And GAD7 Is Greater Than or Equal to 10

And GAD7 Is Less Than or Equal to 14

Standard: PHQ-9 > 14 and GAD-7 is between 10 and 14 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Less Than 10

And GAD7 Is Greater Than 14

Standard: PHQ-9 < 10 and GAD7 > 14 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than or Equal to 10

And PHQ9 Is Less Than or Equal to 14

And GAD7 Is Greater Than 14

Standard: PHQ-9 is between 10 and 14 and GAD-7 > 14 (2 Questions)

Branch: New Branch

If

If PHQ9 Is Greater Than 14

And GAD7 Is Greater Than 14

Standard: PHQ-9 > 14 and GAD7 > 14 (4 Questions)

EndSurvey: Advanced

Page Break

Start of Block: Overview

Intro Thank you for taking the time to complete this graduate student mental health survey. The survey is designed to better understand issues related to the physical and mental health and well-being of graduate students. Graduate students in your department played a role in developing this survey by identifying some department-specific questions that should be asked (including about department inclusion and belonging, advising, relationships with faculty, work-life balance, and stress).

At the end of the survey, we will provide you with your depression and anxiety screening scores. These scores are not diagnostic of depression and anxiety, but high scores on these screenings may suggest a need for clinical intervention.

The following survey should take you about 15-30 minutes to complete. You will not be able to leave the survey and return to it at another time, so we ask you to complete the survey in one sitting. Your survey responses are anonymous and will not be part of your own personal medical or mental health record and you cannot be identified by or to anyone based on your survey participation.

The results of this survey will be maintained and analyzed by Harvard College Institutional Research office (hcir@fas.harvard.edu). Your individual responses will be kept in the strictest confidence and will not be shared with anybody in your Department under any circumstances. The raw data will not be available to anybody outside of the Harvard College Institutional Research and no results will be shared that could reveal the responses of any individual. Data will not be reported when group size is less than 10.

A report summarizing the results and a report of all analysis will be made available to all graduate students and faculty in the department. We provide an open text question at the end of the survey where you can offer comments that will be sent, verbatim, to the graduate students and faculty in the Department.

Your thoughtful and honest responses to the survey are important to us, so please take your time and answer the questions carefully and completely. However, if you are not comfortable answering a certain question, feel free to skip that question. If you become upset or feel any distress when you are responding to these questions, please contact CAMHS at 617-495-2042 or call HUHS's 24-hour Urgent Care line at 617-495-5711.

This survey is not designed for mobile devices. We suggest you use a computer to complete the survey.

End of Block: Overview

Start of Block: Self Ratings

SelfRate_1 How would you rate your physical health overall?

- Poor (1)
 - Fair (2)
 - Good (3)
 - Very Good (4)
 - Excellent (5)
-

SelfRate_2 How would you rate your mental health overall?

- Poor (1)
- Fair (2)
- Good (3)
- Very Good (4)
- Excellent (5)

End of Block: Self Ratings

Start of Block: Exercise

EXER_Prefix The American Heart Association (AHA) recommends the following amount of physical activity each week: * At least 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150 minutes OR *At least 25 minutes of vigorous aerobic activity at least 3 days per week for a total of 75 minutes; or a combination of moderate- and vigorous-intensity aerobic activity

AND *Moderate- to high-intensity muscle-strengthening activity at least 2 days per week for additional health benefits.

AHA_Met In the past week, have you met the AHA recommendation?

- Yes (1)
- No (2)
- I am not sure (3)

Display This Question:

If AHA_Met = 2

Or AHA_Met = 3



AHA_NotMet What part of the **recommendation** did you not meet? (Check all that apply)

- Number of days (1)
 - Duration of workouts (2)
 - Intensity (3)
 - Strength training (4)
 - Other, please specify (5)
-

End of Block: Exercise

Start of Block: Sleep



Sleep_RestDays On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

- 0 days (0)
 - 1 day (1)
 - 2 days (2)
 - 3 days (3)
 - 4 days (4)
 - 5 days (5)
 - 6 days (6)
 - 7 days (7)
-

Sleep_Daytime People sometimes feel sleepy during the daytime. In the past 7 days, how much of a problem have you had with sleepiness (feeling sleepy, struggling to stay awake) during your daytime activities?

- No problem at all (1)
- A little problem (2)
- More than a little problem (3)
- A big problem (4)
- A very big problem (5)

End of Block: Sleep

Start of Block: Physical Health



Physical_1 Have you ever been diagnosed with any chronic or ongoing physical health issues?

Yes (1)

No (0)



Physical_2 Are you currently in treatment for any chronic or ongoing physical health issue(s)?

Yes (1)

No (0)

End of Block: Physical Health

Start of Block: Question on Feeling Overwhelmed



Overwhelm Over the last 2 weeks, how often have you felt overwhelmed?

Not at all (0)

Several days (1)

More than half the days (2)

Nearly every day (3)

End of Block: Question on Feeling Overwhelmed

Start of Block: Negative Event



Negative_Event In the past 2 months:

	Yes (1)	No (0)
Has a significant other, friend, or family member experienced a significant negative life event? (Negative_Event1)	<input type="radio"/>	<input type="radio"/>
Have you experienced a significant negative life event? (Negative_Event2)	<input type="radio"/>	<input type="radio"/>

End of Block: Negative Event

Start of Block: Mental Health Diagnosis & Treatment



Diagnosis Have you ever been diagnosed with the following:

	Yes (1)	No (0)	No, I have concerns but have not been clinically diagnosed (3)
Depression (Diagno_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (Diagno_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic Attacks (Diagno_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (Diagno_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder (Diagno_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Diagno_5a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Diagno_5b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Diagnosis = 1 [1]

Or Diagnosis = 2 [1]

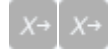
Or Diagnosis = 3 [1]

Or Diagnosis = 4 [1]

Or Diagnosis = 7 [1]

Or Diagnosis = 8 [1]

Carry Forward Selected Choices from "Diagnosis"



Diag_When When was the first time you were diagnosed with the following:

	Before coming to my graduate program (1)	Since coming to my graduate program (2)
Depression (Diag_When_x1)	<input type="radio"/>	<input type="radio"/>
Anxiety (Diag_When_x2)	<input type="radio"/>	<input type="radio"/>
Panic Attacks (Diag_When_x5)	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (Diag_When_x3)	<input type="radio"/>	<input type="radio"/>
Eating Disorder (Diag_When_x4)	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Diag_When_x7)	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Diag_When_x8)	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Diagnosis = 1 [1]

Or Diagnosis = 2 [1]

Or Diagnosis = 3 [1]

Or Diagnosis = 4 [1]

Or Diagnosis = 5 [1]

Or Diagnosis = 7 [1]

Or Diagnosis = 8 [1]

Carry Forward Selected Choices from "Diagnosis"



Medication Do you currently take prescription medication(s) for any of the following:

	Yes (1)	No (0)
Depression (Med_1)	<input type="radio"/>	<input type="radio"/>
Anxiety (Med_2)	<input type="radio"/>	<input type="radio"/>
Panic Attacks (Med_3)	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (Med_4)	<input type="radio"/>	<input type="radio"/>
Eating Disorder (Med_6)	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Med_5a)	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Med_5b)	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If Diagnosis = 1 [1]

Or Diagnosis = 2 [1]

Or Diagnosis = 3 [1]

Or Diagnosis = 4 [1]

Or Diagnosis = 5 [1]

Or Diagnosis = 7 [1]

Or Diagnosis = 8 [1]

Carry Forward Selected Choices from "Diagnosis"



Professional Are you currently seeing a mental health professional for any of the following:

	Yes (1)	No (0)	No, but I tried to seek help and was not able to find a provider (3)	No, but I am considering seeking help (4)
Depression (Professional_1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety (Professional_2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic Attacks (Professional_3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Disorder (Professional_4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder (Professional_6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Professional_5a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other mental health issue? If yes, please specify (Professional_5b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Professional_Where Select which best describes your situation:

- I am seeing a mental health professional at Harvard University Health Services (HUHS) (1)
- I am seeing an outside provider that HUHS referred me to (2)
- I am seeing an outside provider (without HUHS referral) (3)
- I am not seeing a mental health professional (4)

Display This Question:

If Professional_Where != 4



Professional_Freq Is the frequency that you meet with your mental health professional sufficient to work on your current concerns?

- Yes (1)
- No (0)

Display This Question:

If Professional_Where != 4



Professional_Helpful Do you find the sessions with your mental health professional helpful?

- Yes (1)
- Somewhat (2)
- No (0)

Display This Question:

If Professional_Where = 4



Professional_Wanta If you have not met with a mental health professional, do you want to?

- Yes (1)
- No (0)
- Maybe (3)

Display This Question:

If Professional_Wanta = 1

Or Professional_Wanta = 3

PhoneNum_Prefix If you would like help in facilitating the first contact, please contact your program administrator or call HUHS mental health services at 617-495-2042.

Display This Question:

If Professional_Wanta = 1

Or Professional_Wanta = 3



KnowService Do you know what services Harvard University offers for mental health?

- Yes (1)
- No (0)
- I am not sure (3)

End of Block: Mental Health Diagnosis & Treatment

Start of Block: PHQ-9



PHQ9 Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly everyday (3)
1. Little interest or pleasure in doing things (PHQ9_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless (PHQ9_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much (PHQ9_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy (PHQ9_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating (PHQ9_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down (PHQ9_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television (PHQ9_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite -	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

being so fidgety or restless that you have been moving around a lot more than usual (PHQ9_8)

9. Thoughts that you would be better off dead or of hurting yourself in some way (PHQ9_9)



Display This Question:

*If PHQ9 [1] (Count) > 0
Or PHQ9 [2] (Count) > 0
Or PHQ9 [3] (Count) > 0*



PHQ9_Coping How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all (1)
- Somewhat difficult (2)
- Very difficult (3)
- Extremely difficult (4)

End of Block: PHQ-9

Start of Block: GAD-7



GAD7 Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly everyday (3)
1. Feeling nervous, anxious or on edge (GAD7_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Not being able to stop or control worrying (GAD7_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Worrying too much about different things (GAD7_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Trouble relaxing (GAD7_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being so restless that it is hard to sit still (GAD7_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becoming easily annoyed or irritable (GAD7_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Feeling afraid as if something awful might happen (GAD7_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If GAD7 [1] (Count) > 0
 Or GAD7 [2] (Count) > 0
 Or GAD7 [3] (Count) > 0



GAD7_Coping How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all (1)
- Somewhat difficult (2)
- Very difficult (3)
- Extremely difficult (4)

End of Block: GAD-7

Start of Block: Mental Health effect

MH_Impact In the past 2 months, how often have you felt that your mental health has had a negative effect on your quality of life?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very Often (5)



SelfRate_3 If you ever feel that you are experiencing a mental health issue, would you know where to turn for help?

- Yes (1)
- No (0)

End of Block: Mental Health effect

Start of Block: AUDIT-C



AuditC_1a How often do you have a drink containing alcohol?

- Never (0)
- Monthly or less (1)
- 2-4 times per month (2)
- 2-3 times per week (3)
- 4+ times per week (4)

Display This Question:

*If AuditC_1a = 1
Or AuditC_1a = 2
Or AuditC_1a = 3
Or AuditC_1a = 4*



AuditC_2a How many standard drinks containing alcohol do you have on a typical day?

- 1-2 (0)
 - 3-4 (1)
 - 5-6 (2)
 - 7-9 (3)
 - 10 or more (4)
-

Display This Question:

If AuditC_1a = 1

Or AuditC_1a = 2

Or AuditC_1a = 3

Or AuditC_1a = 4



AuditC_3a How often do you have 6 or more drinks on one occasion?

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- Daily or almost daily (4)

End of Block: AUDIT-C

Start of Block: Single-Question Screening Test for Drug Use

Ill_Druga How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

▼ 0 (1) ... More than 10 times (5)

End of Block: Single-Question Screening Test for Drug Use

Start of Block: Loneliness



UCLA The following questions address how you feel about different aspects of your life. For each question, please tell us currently how often you feel that way.

	Hardly Ever (1)	Some of the Time (2)	Often (3)
How often do you feel you lack companionship? (UCLA_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (UCLA_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (UCLA_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Loneliness

Start of Block: Suicidality

suicide_Prefix The following questions ask about suicidal behaviors.

If you become upset or feel any distress when you are responding to these questions, please call HUHS's 24-hour Urgent Care line at 617-495-5711.



Suicide_1 In the past year, did you ever seriously think about attempting suicide?

- Yes (1)
- No (0)



Suicide_2 In the past year, did you make a plan for attempting suicide?

Yes (1)

No (0)



Suicide_3 In the past year, did you attempt suicide?

Yes (1)

No (0)

Page Break

End of Block: Suicidality

Start of Block: Imposter Phenomenon (IP)

IP_Prefix For this set of questions, please check the box that best indicates how true the statement is of you. It is best to give the first response that enters your mind rather than dwelling on each statement and thinking about it over and over.



IP

	Not At All True (1)	Rarely True (2)	Sometimes True (3)	Often True (4)	Very True (5)
I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task (IP_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can give the impression that I'm more competent than I really am (IP_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid evaluations if possible and have a dread of others evaluating me (IP_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future (IP_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people (IP_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I'm afraid people important to me may find out that I'm not as capable as they think I am (IP_6)

I tend to remember the incidents in which I have not done my best more than those times I have done my best (IP_7)

I rarely do a project or task as well as I'd like to do it (IP_8)

Sometimes I feel or believe that my success in my life or in my job has been the result of some kind of error (IP_9)

It's hard for me to accept compliments or praise about my intelligence or accomplishments (IP_10)

Page Break



IP

	Not At All True (1)	Rarely True (2)	Sometimes True (3)	Often True (4)	Very True (5)
At times, I feel my success has been due to some kind of luck. (IP_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm disappointed at times in my present accomplishments and think I should have accomplished much more. (IP_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm often afraid that I may fail at a new assignment or undertaking even though I generally do well at what I attempt. (IP_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I've succeeded at something and received recognition for my accomplishments, I have doubts that I can keep repeating that success. (IP_14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I receive a great deal of praise and recognition for something I've accomplished, I tend to discount the importance of what I've done. (IP_15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I often compare my ability to those around me and think they may be more intelligent than I am. (IP_16)

I often worry about not succeeding with a project or examination, even though others around me have considerable confidence that I will do well. (IP_17)

If I'm going to receive a promotion or gain recognition of some kind, I hesitate to tell others until it is an accomplished fact. (IP_18)

Sometimes I'm afraid others will discover how much knowledge or ability I really lack. (IP_19)

I feel bad and discouraged if I'm not "the best" or at least "very special" in situations that involve achievement. (IP_20)

Start of Block: HUHS Services



Seminar If Harvard University offered group seminars or group therapy, what topics would be of interest to you?

A list of the current workshops/groups will be made available to you at the end of the survey.

- Anxiety (2)
 - Depression (3)
 - Nutrition and Eating Concerns (4)
 - Substance Abuse (5)
 - LGBTQ (6)
 - Sexual Health and Relationships (7)
 - Sharing Struggles (8)
 - Impostor Syndrome (1)
 - Relationships with Family and Friends (9)
 - General Health and Wellness (10)
 - Other, please specify (11)
-
- I am not interested in group seminars or group therapy (12)

End of Block: HUHS Services

Start of Block: Adviser

Adviser_Prefix Listed below are statements about working with your ADVISER. Please rate the degree to which you agree or disagree with each statement.



AdviserType Because departments at Harvard use different adviser terminology and have different advising structures, and the adviser you work closely with may change depending on your stage in the program, please let us know the adviser for whom your responses address. If we did not include the type of adviser you are addressing, please specify in the space below.

- Main adviser (1)
- Academic adviser (2)
- Thesis adviser (3)
- Research adviser (6)
- IDP adviser (4)
- Specify (5) _____

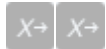


Adviser	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
My adviser really cares about my well-being. (Adviser_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of times I have met with my adviser over the past year was sufficient to meet my needs (G1 students - respond to number of times since entering the program) (Adviser_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would feel comfortable telling my adviser about my post-graduation plans if they were outside of academia (Adviser_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



AdviserR

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
Even if I did the best job possible, my adviser would fail to notice. (Adviser_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I had difficulties in my program, I would be inclined to keep them from my adviser (Adviser_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Advising_Issues If you ever feel that you are experiencing issues with advising, would you know where to turn for help?

Yes (1)

No (0)

End of Block: Adviser

Start of Block: Faculty

Faculty_Prefix Listed below are statements about working with FACULTY in your department (other than your adviser). Please rate the degree to which you agree or disagree with each statement.



Faculty	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I have at least one faculty member in my department aside from my adviser from whom I can seek advice and guidance. (Faculty_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the faculty in my department would be supportive of me if a mental health or wellbeing-related issue interfered with my work. (Faculty_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that the faculty in my department care about my mental health and well-being. (Faculty_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I seek advice from a faculty member, I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

feel I come away feeling I have been heard and with productive steps to move forward (skip question if this does not apply to you)
(Faculty_6)



Faculty

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
If I had difficulties in my program, I would be inclined to keep them from faculty in my department. (Faculty_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1062 Listed below are statements about your preparation for POST-GRADUATE LIFE. Please rate the degree to which you agree or disagree with each statement.



Preparation	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Somewhat disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
In applying to this program, I was aware of the career outcomes of the department's recent graduates (Prep_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty are proactive in helping students develop professional networks (Prep_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are professional development opportunities in my department that help prepare students for the job search (Prep_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty are aware of the challenges facing current students entering the job market (Prep_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Faculty

Start of Block: Peer Support

PeerSupport_Prefix Listed below are statements that represent possible opinions that you may have about your PEERS.



PeerSupport	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Disagree (4)	Strongly Agree (5)
I have friendly relationships with other graduate students in my department (PeerSupport_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friendly relationships with other graduate students outside of my department (PeerSupport_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is at least one peer in my department that I feel like I can turn to if I need help (PeerSupport_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a personal support network (at Harvard or elsewhere) to help me through mental health challenges (PeerSupport_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my peers in my department care about my mental health and well-being (PeerSupport_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Peer Support

Start of Block: Peer Support 2



TurntoPeople About how many people do you have in your personal life that you can really open up to about your most private feelings without having to hold back?

- 0 (0)
 - 1 (1)
 - 2-5 (2)
 - 6-10 (3)
 - 11 or more (4)
-

TellPeople When you have a problem or worry, how often do you let someone in your personal life know about it?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very Often (5)

End of Block: Peer Support 2

Start of Block: Inclusive Learning Environment

Inclusive_Prefix Listed below are statements about the LEARNING ENVIRONMENT in your department. Please rate the degree to which you agree or disagree with each statement.



Inclusive	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
The learning environment in my department is respectful and inclusive (Inclusive_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learning environment in my department promotes a sense of connectedness between graduate students and faculty (Inclusive_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The opinions and ideas of graduate students are encouraged by faculty in my department (Inclusive_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

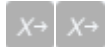
End of Block: Inclusive Learning Environment

Start of Block: Job & Teaching



Job Last semester, what position(s) did you hold?

	Yes (1)	No (0)
Teaching Fellow (Job_1)	<input type="radio"/>	<input type="radio"/>
Research Assistant (Job_2)	<input type="radio"/>	<input type="radio"/>
Grader (Job_3)	<input type="radio"/>	<input type="radio"/>
Resident Tutor (Job_4)	<input type="radio"/>	<input type="radio"/>
Tutor for a class (Job_5)	<input type="radio"/>	<input type="radio"/>
Leadership in graduate student or departmental organizations (Geoclub, GSC, etc.) (Job_7)	<input type="radio"/>	<input type="radio"/>
Other (Job_6)	<input type="radio"/>	<input type="radio"/>



TF_Hour Thinking back to semesters when you've been a Teaching Fellow, what has been the workload per class (hours/week)?

- less than 10 (1)
- 10-15 (2)
- 16-20 (3)
- >20 (4)
- Not applicable (99)

Page Break

TF_Prefix Listed below are statements about the support provided by the department to prepare you as a teacher. Please rate the degree to which you agree or disagree with each statement.



TF

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
Overall, I am satisfied with my experience as a teaching fellow (TF_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



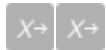
TF

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I feel adequately prepared to interact with students in my capacity as a teacher (TF_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The department provides sufficient support for graduate students in their role as teachers (TF_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The department provides sufficient support and opportunities for graduate students to develop teaching/mentoring skills (TF_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Job & Teaching

Start of Block: WorkLife Balance

WorkLife_Prefix Listed below are statements about WORK-LIFE BALANCE. Please rate the degree to which you agree or disagree with each statement.



WorkLife

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I feel like I have more to do than I can comfortably handle (WorkLife_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I can't say no to others in my department when being asked to take on more work responsibilities than I am comfortable with (WorkLife_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: WorkLife Balance

Start of Block: Progress

Progress_Prefix Listed below are statements about your PROGRESS TO DEGREE. Please rate the degree to which you agree or disagree with each statement.



Progress

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I am on track to complete my degree program on time (Progress_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am well-prepared for the work required to complete my program (Progress_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt well-prepared when I took my general exam/qualifying exam/PGE/etc. (leave blank if this does not apply to you) (Progress_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I receive the feedback necessary to understand whether or not I am on track with my progress (Progress_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



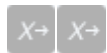
Progress

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I feel that my mental health has had a negative effect on my progress in the Ph.D. program (Progress_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Progress

Start of Block: Sense of Community

SenseCommuntiy_Pre Listed below are statements about the SENSE OF COMMUNITY in your department. Please rate the degree to which you agree or disagree with each statement.



SenseCommunity	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
There is a strong sense of community in my graduate program (SenseCommunity_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The department takes great care to make students feel included (SenseCommunity_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make an effort to create or foster an inclusive environment for others. (SenseCommunity_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic accomplishments of current graduate students are celebrated by my department (SenseCommunity_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional accomplishments of current graduate students are celebrated by my department (SenseCommunity_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Sense of Community

Start of Block: Stigma

Stigma_Prefix Listed below are statements about how your department views issues about MENTAL HEALTH. Please rate the degree to which you agree or disagree with each statement.



Stigma	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
Mental health is prioritized by the department (Stigma_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that my department is conducive to and supportive of mental health and well-being. (Stigma_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are encouraged to speak up about potential mental health issues (Stigma_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are encouraged to seek help for mental health issues through support within the department (Stigma_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are encouraged to seek help for mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

through
support at
HUHS
(Stigma_4)

End of Block: Stigma

Start of Block: Brief Inventory of Thriving (BIT)



BIT Please indicate your agreement or disagreement with each of the following statements using the scale below.

	Strongly Disagree (1)	Slightly Disagree (2)	Neither Agree nor Disagree (3)	Slightly Agree (4)	Strongly Agree (5)
My life has a clear sense of purpose (BIT_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am optimistic about my future (BIT_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My life is going well (BIT_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good most of the time (BIT_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What I do in life is valuable and worthwhile (BIT_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can succeed if I put my mind to it (BIT_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am achieving most of my goals (BIT_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In most activities I do, I feel energized (BIT_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are people who appreciate me as a person (BIT_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I feel a sense
of belonging
in my
community
(BIT_10)

End of Block: Brief Inventory of Thriving (BIT)

Start of Block: Drugs and Alcohol

AlcoDrug_Prefix The following questions ask about alcohol drug use while at school/work-related activities held at Harvard and away from Harvard.



AlcoDrug_1 Have you ever felt pressured to drink alcohol or take other drugs **at Harvard**?

- Yes (1)
- No (0)



AlcoDrug_2 How frequently do you feel uncomfortable by the level of alcohol consumed at **at Harvard-sponsored** events?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Very Often (5)



AlcoDrug_3 Have you ever felt pressured to drink alcohol or take other drugs at a work-related activity **away from Harvard** (including conferences, workshops, etc.)?

Yes (1)

No (0)



AlcoDrug_4 How frequently do you feel uncomfortable by the level of alcohol consumed at work-related activities **away from Harvard** (including conferences, workshops, etc.)?

Never (1)

Rarely (2)

Sometimes (3)

Often (4)

Very Often (5)

End of Block: Drugs and Alcohol

Start of Block: Stress



Stress Please indicate the extent to which each of the following had been a source of stress during the past year (extensive, somewhat, not at all, not applicable)

	Not at all (1)	Somewhat (2)	Extensive (3)	N/A (9)
Making time for my personal life (Stress_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balancing academic work with other responsibilities (Stress_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing my time (Stress_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



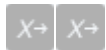
Stress2

	Not at all (1)	Somewhat (2)	Extensive (3)	N/A (9)
Managing my relationship with my adviser (Stress_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing personal relationships at home (Stress_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing relationships with peers in my department/lab (Stress_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing relationships with faculty in the department (Stress_7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stress3

	Not at all (1)	Somewhat (2)	Extensive (3)	N/A (9)
Finding funding (Stress_8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being unsure what is expected of me by my adviser (Stress_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passing my qualifying exams (Stress_10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a dissertation topic (Stress_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Putting together a dissertation committee (Stress_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finishing my dissertation (Stress_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a job after graduate school (Stress_6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tenure Status of PI (Stress_23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

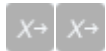


Q1059

	Not at all (1)	Somewhat (2)	Extensive (3)	N/A (9)
Financial difficulties (Stress_14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying off debt/loans (Stress_15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity (Stress_16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
World events (politics, climate issues, etc.) (Stress_17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to safe and affordable housing (Stress_18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal health issues (Stress_19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues pertaining to F1-Visa holders (Stress_20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify): (Stress_21a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify): (Stress_21b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optional: Financial Status of PI (Stress_22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Stress

Start of Block: Microaggressions



Micro Please indicate your agreement or disagreement with each of the following statements.

	Strongly Disagree (1)	Slightly/Moderately Disagree (2)	Neither Agree nor Disagree (3)	Slightly/Moderately Agree (4)	Strongly Agree (5)
I feel ignored in my department because of my identity (race/ethnicity, gender, nationality, sexuality/orientation, disability, etc.) (Micro_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel my contributions are dismissed or devalued because of how other perceive me/my identity (Micro_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel people in my department make assumptions about my intelligence and abilities because of how they perceive me/identity (Micro_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Microaggressions

Start of Block: Environmental Questions Title IX

SexHarassPrefix These next questions ask about situations in which a student, faculty member, staff member, or someone else associated with your Department said or did something that:

- Interfered with your academic or professional performance, · Limited your ability to participate in your academic program, or
- Created an intimidating, hostile or offensive social, academic or work environment



SexHarass Check all that you have experienced since becoming a PhD student from a student, faculty member, staff member, or someone else associated with the department:

- Sexual remarks, jokes, or stories that were insulting or offensive to you (1)
- Inappropriate or offensive comments about your or someone else's body, appearance, or sexual activities (2)
- Crude or gross sexual comments or tried to get you to talk about sexual matters when you did not want to (3)
- Email(s), text(s), phone call(s), or instant message(s) with offensive sexual remarks, jokes, stories, pictures, or videos that you did not want to receive (4)
- Requests to go out for dinner, have drinks, or have sex even though you said "No" (5)
- Something else that makes me uncomfortable but doesn't fall into any of the other categories (7)
- None of the above (6)

Display This Question:

If SexHarass = 1

Or SexHarass = 2

Or SexHarass = 3

Or SexHarass = 4

Or SexHarass = 5



SexHarass_Relation At the time of this event/these events, what was the person's/were the persons' relationship(s) to you? (Select all that apply)

- At the time, it was someone I was romantically involved or intimate with (1)
- Someone I had been romantically involved or was intimate with (2)
- Professor (3)
- Adviser (4)
- Staff member (5)
- Graduate student friend or acquaintance (6)
- Undergraduate student friend or acquaintance (7)
- Stranger (8)
- Other (9)
- Don't know (10)

Display This Question:

*If SexHarass_Relation = 1
Or SexHarass_Relation = 2
Or SexHarass_Relation = 3
Or SexHarass_Relation = 4
Or SexHarass_Relation = 5
Or SexHarass_Relation = 6
Or SexHarass_Relation = 7
Or SexHarass_Relation = 8
Or SexHarass_Relation = 9
Or SexHarass_Relation = 10*



SexHarass_Affiliate At the time of this event/these events, what was the person's/were the persons' affiliation? (Select all that apply)

Harvard (1)

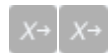
Not Harvard (2)

End of Block: Environmental Questions Title IX

Start of Block: G-Year Question

Q700 The following questions will help us determine if rates of anxiety, depression, or other mental health issues differ by G-year and other demographic characteristics.

All responses are anonymous, all data will be reported in the aggregate, and the data will not be used to identify individuals in any way. Data will not be reported when group size is less than 10.



GYear Please select your G-Year:

G1 (1)

G2 (2)

G3 (3)

G4 (4)

G5 (5)

G6 (6)

G7 (7)

G8 (8)

G9+ (9)

End of Block: G-Year Question

Start of Block: Demographics 1



NatalSex

What sex were you assigned at birth?

- Male (1)
- Female (0)
- Intersex (3)
- I prefer not to say (4)



CurrSex Which of the following describes your gender?

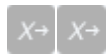
- Male (1)
- Female (0)
- Non-binary/ third gender (4)
- Prefer to self-describe (5) _____
- Prefer not to say (3)



Trans Transgender is an umbrella term that refers to people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Other identities considered to fall under this umbrella can include non-binary, gender fluid, and genderqueer – as well as many more.

Do you identify as transgender?

- Yes (1)
- No (0)
- Prefer not to say (3)



LGBTQ Are you a member of the Lesbian, Gay, Bisexual, Trans, Questioning, Queer community (LGBTQ) or a related identity?

- Yes (1)
- No (0)
- I prefer not to say (3)
- Unsure (4)

End of Block: Demographics 1

Start of Block: Demographics 2

DemogPrefix2 The following questions will help us determine if rates of anxiety, depression, or other mental health issues vary by demographic groups. All responses are anonymous, all data will be reported in the aggregate, and the data will not be used to identify individuals in any way.



First_Gen Were you the first generation in your family to attend college (first generation college student)?

Yes (1)

No (0)



Race Which of the following best describes you. (Select all that apply)

American Indian or Alaskan Native (including all Original Peoples of the Americas) (1)

Asian or Asian American (including Indian subcontinent and Philippines) (2)

Black or African American (including Africa and Caribbean) (3)

Hispanic or Latino (including Spain) (4)

Native Hawaiian or other Pacific Islander (Original Peoples) (5)

White (6)

Other (Please specify) (7)



Citizenship Which of the following best describe your citizenship?

US Citizen (including dual US Citizen) (1)

US Permanent Resident (2)

Other Citizenship (3)

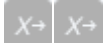


Age How old are you?

- 24 years or younger (1)
 - 25-29 (2)
 - 30-34 (3)
 - 35-39 (4)
 - 40 years or older (5)
-

FamilyIncome The median household income in the US is approximately \$60,000 per year. Using your best estimate, how would you compare your household income growing up?

- Higher than this amount (1)
 - About this amount (2)
 - Lower than this amount (3)
-



Engl Is English your first language?

- Yes (1)
- No (0)

End of Block: Demographics 2

Start of Block: Suggestions

Q988 The following question is an opportunity to share suggestions with your department. The comments from this question will be shared, VERBATIM, with the graduate students and faculty in your department.

SuggText Do you have any general suggestions for how the department can improve the quality of your working environment?

End of Block: Suggestions

Start of Block: PHQ-9 < 10 and GAD7 < 10

Q867 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “None or Minimal/Mild” range. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical depression.

Q869 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “None or Minimal/Mild” range. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical anxiety.

End of Block: PHQ-9 < 10 and GAD7 < 10

Start of Block: PHQ-9 is between 10 and 14 and GAD-7 < 10

Q871 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If

you continue experiencing this level of depression, consider consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

Q1050 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “None or Minimal/Mild” range. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical anxiety.

End of Block: PHQ-9 is between 10 and 14 and GAD-7 < 10

Start of Block: PHQ-9 > 14 and GAD-7 < 10

Q875 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “moderately severe/severe” range. Call CAMHS for immediate evaluation. Tell the clinician your PHQ-9 score from this survey. CAMHS Telephone: 617-495-2042

Q877 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “None or Minimal/Mild” range. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical anxiety.

End of Block: PHQ-9 > 14 and GAD-7 < 10

Start of Block: PHQ-9 < 10 and GAD-7 is between 10 and 14

Q879 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. Your score is in the “None or Minimal/Mild” range. This screening is not diagnostic, but may predict a clinical condition. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical depression.

Q881 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If you continue experiencing this level of anxiety, consider a consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 < 10 and GAD-7 is between 10 and 14

Start of Block: PHQ-9 is between 10 and 14 and GAD-7 is between 10 and 14

Q883 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If you continue experiencing this level of depression, consider consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

Q885 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If you continue experiencing this level of anxiety, consider a consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 is between 10 and 14 and GAD-7 is between 10 and 14

Start of Block: PHQ-9 > 14 and GAD-7 is between 10 and 14

Q887 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “moderately severe/severe” range. Call CAMHS for immediate evaluation. Tell the clinician your PHQ-9 score from this survey. CAMHS Telephone: 617-495-2042

Q889 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If you continue experiencing this level of anxiety, consider a consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 > 14 and GAD-7 is between 10 and 14

Start of Block: PHQ-9 < 10 and GAD7 > 14

Q891 Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is in the “None or Minimal/Mild” range. Many people score between 1 and 9 when they are experiencing normal stress. This score does not indicate clinical depression.

Q893 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “severe” and indicates serious clinical anxiety. Call CAMHS for immediate evaluation. Tell the clinician your GAD-7 score from this survey. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 < 10 and GAD7 > 14

Start of Block: PHQ-9 is between 10 and 14 and GAD-7 > 14

Q895

Your score on the PHQ-9 screening for depression was $\{e://Field/PHQ9\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “moderate”. If you continue experiencing this level of depression, consider a consultation with a clinician at CAMHS. CAMHS Telephone: 617-495-2042

Q897 Your score on the GAD-7 screening for anxiety was $\${e://Field/GAD7}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “severe” and indicates serious clinical anxiety. Call CAMHS for immediate evaluation. Tell the clinician your GAD-7 score from this survey. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 is between 10 and 14 and GAD-7 > 14

Start of Block: PHQ-9 > 14 and GAD7 > 14

Q861

Below are statements with which you may agree or disagree. Indicate your agreement or disagreement with each item by selecting the appropriate response.

	Strongly Disagree (1)	Moderately Disagree (2)	Slightly Disagree (3)	Neither Agree nor Disagree (4)	Slightly Agree (5)	Moderately Agree (6)	Strongly Agree (7)
I am on track to complete my degree program on time. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am well prepared for the work required to complete my program. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am upbeat about my post-graduation career prospects. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not very engaged by my day-to-day work. (REVERSED) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My academic work is meaningful and inspires me. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My academic work stretches and challenges me intellectually. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q859

Below are statements with which you may agree or disagree. Indicate your agreement or disagreement with each item by selecting the appropriate response.

	Strongly Disagree (1)	Moderately Disagree (2)	Slightly Disagree (3)	Neither Agree nor Disagree (4)	Slightly Agree (5)	Moderately Agree (6)	Strongly Agree (7)
I'm confident about my financial situation. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm confident I'll have adequate funds to complete my dissertation research. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get by financially without having to cut back on too many of the things that are important to me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've been concerned about money lately. (REVERSED) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q899 Your score on the PHQ-9 screening for depression was [\\${e://Field/PHQ9}](#). This screening is not diagnostic, but may predict a clinical condition. Your score is in the “moderately severe/severe” range. Call CAMHS for immediate evaluation. Tell the clinician your PHQ-9 score from this survey. CAMHS Telephone: 617-495-2042

Q901 Your score on the GAD-7 screening for anxiety was $\{e://Field/GAD7\}$. This screening is not diagnostic, but may predict a clinical condition. Your score is categorized as “severe” and indicates serious clinical anxiety. Call CAMHS for immediate evaluation. Tell the clinician your GAD-7 score from this survey. CAMHS Telephone: 617-495-2042

End of Block: PHQ-9 > 14 and GAD7 > 14
