

# **Counseling and Psychological Services**

**Response Rate: 26% (396/1523)**

**Administered in Spring 2006**

**Compiled by the Office of Institutional Research and Assessment**

## Counseling/Psychological Services Survey

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The Berea College Counseling and Psychological Services Center is dedicated to provide safe, confidential access to counseling services and treatment options for students. To help us become aware of areas for improvement, please take a few minutes to respond to the following survey. Your comments are completely anonymous and the results will be used only within our department. In advance, thank you very much for your time.

Sue Reimondo, Director and Ellen Burke, Therapist

1. My classification is:

- Freshmen  Sophomore  Junior  Senior

2. My gender is:

- male  
 female

3. Race (check all that apply)

- White  
 African American  
 Hispanic  
 Asian or Pacific Islander  
 American Indian or Alaskan Native  
 Other  
 Prefer not to respond

4. Are you a U.S. citizen?

- Yes  
 No

5. What is your primary major?

-- None --

6. What is your approximate college grade point average? If you are a new freshmen, please enter "none."

## Counseling/Psychological Services Survey

7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently.

	5 To a great extent	4	3	2	1 Not at all
Choosing/changing a major	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict with parents about choice of major	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying a career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling overwhelmed with all you have to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjusting to college (being on your own)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting motivated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech anxiety - excessive nervousness (sweaty palms, stuttering, mind going blank) when asked to speak in front of a group of people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homesickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loneliness/feeling isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakup/loss of a relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently.

	5 To a great extent	4	3	2	1 Not at all
Relationship with partner/spouse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with roommate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Being ill at ease with people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dating concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid of a close relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication skills (able to say what you truly feel and think to others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perfectionism (no matter how well you do, it's not good enough)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to be insulting to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tendency to be overly negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death of a friend or loved one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking too much wine, liquor, or beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently.

	5 To a great extent	4	3	2	1 Not at all
Bingeing (overeating, followed by efforts to get rid of the food by overexercising, vomiting, laxatives, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dieting to reduce weight (counting calories, restricting food intake, following one of the popular diet plans such as low carb)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulimia (intentionally vomiting, overexercising, using laxatives to get rid of food/calories)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anorexia (restricting your eating - eating very little or only very specific "safe" foods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical handicap or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy (yours or hers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety or tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling unworthy or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Unhappy much of the time

10. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently.

	5 To a great extent	4	3	2	1 Not at all
Thoughts of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts of harming others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current verbal/emotional abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past verbal/emotional abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current physical abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past physical abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Past sexual abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape/sexual assault (other than date rape)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliberate self-inflicted injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination based on race, gender, sexual orientation, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted disease(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arrest or legal problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently.

	5 To a great extent	4	3	2	1 Not at all
Financial difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing your money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over-involved or controlling parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal experience with racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of nurturing parent as a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Troubled or lack of relationship with a parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A diagnosed learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A suspicion of a learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe or explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

12. Briefly describe any other issue that is a personal problem for you:

13. Of the issues listed above, have any hurt your grades? Please describe.

## Counseling/Psychological Services Survey

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14. Before you took this survey, were you aware that Berea College has a Counseling Center?\*

Yes  No

## Counseling/Psychological Services Survey

15. Where did you first learn about the College's Counseling Center?

- Summer orientation
- Information shared in the classroom by Psychological Services Staff
- Berea College website
- Recommended by a friend, faculty or staff, etc.
- Special programs on campus
- Sign on building
- Brochure
- Student handbook
- Other, please specify

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## Counseling/Psychological Services Survey

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16. Before coming to Berea College, did you ever receive mental health services?\*

Yes  No

## Counseling/Psychological Services Survey

17. In what kind of setting did you receive mental health services before coming to Berea?  
(Check all that apply)

- Individual counseling
- Group counseling
- Inpatient treatment
- Psychiatric evaluation (medication)
- Substance abuse treatment
- Psychological assessment
- Testing for a learning disability
- Prefer not to respond
- Other, please specify

## Counseling/Psychological Services Survey

18. Do you currently receive mental health services?\*

Yes  No

## Counseling/Psychological Services Survey

19. Where do you currently receive mental health services?  
(Check all that apply)

- Berea College counseling center
- College health services (psychiatric medication)
- Off-campus physician (psychiatric medication)
- Off-campus counselor
- Off-campus group counseling
- Prefer not to respond
- Other, please specify

## Counseling/Psychological Services Survey

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20. Have you ever used the services of the Berea College Counseling Center?\*

Yes  No

## Counseling/Psychological Services Survey

21. Please rate your agreement with the following statements:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
I am satisfied with my therapist's understanding of my problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services I received helped me deal more effectively with my problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a friend was in need of similar help, I would recommend Counseling Services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My therapist genuinely cared about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my visit and what we talked about will remain confidential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to attend group sessions with other students experiencing similar struggles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling has helped me perform better as a student.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe or explain below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Other comments about Berea College Counseling Center:

23. If you are not willing or not sure you would be willing to attend group counseling sessions, please tell us why not.

24. What was the most beneficial part of your treatment experience at BC Counseling and

Psychological Services?

25. What, if anything, did you dislike about your treatment experiences at BC Counseling and Psychological Services?

## Counseling/Psychological Services Survey

26. Please rate your agreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I wasn't aware that Berea College has a Counseling Center.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to handle these kinds of issues on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have other people (friends, family, clergy) that I like to talk to about these issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think that my concerns are serious enough to warrant seeing a counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm afraid that if I go to see a counselor that others (friends, teachers, parents) will find out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prefer to use counseling services off-campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please describe or explain below.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Other comments about Berea College Counseling Center:



## Counseling/Psychological Services Survey

28. Rate the following types of services in terms of how useful each might be to you:

	5 Very useful	4	3	2	1 Not at all useful
Individual counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small group counseling/discussions (6-8 people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational programs brought to the residence halls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pamphlets of specific topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling website with links to topics of interest/concern	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Larger group workshops (12-15 people)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informational programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

To: Berea College Students

A college student's life can often include a great deal of stress. These stresses can easily reach an almost unbearable level. During these times, almost everyone could use some help. The therapists and services offered by the Berea College Counseling and Psychological Services can help students through these stressful times.

For those of you who have NOT used our services, we would like to know why or why not. For those of you who have, we need your feedback and suggestions. The results will be used to help us improve our services.

The linked survey will take only about 10 minutes to complete. Please complete the survey by FRIDAY, FEBRUARY 10. Your responses are completely anonymous. This web-constructed survey ensures that your name cannot be associated with your responses.

The survey link is:

Should you have any questions about the purpose of the survey, please contact me at ext. 3212 or via e-mail.

Sue Reimondo, PhD, LPCC  
Director

Ellen Burke, MFT  
Therapist

If you have any technical problems, please do not respond to this email. You may contact Clara Chapman in the Office of Institutional Research and Assessment at [clara\\_chapman@bera.edu](mailto:clara_chapman@bera.edu).

## Counseling and Psychological Services Survey Results

(All comments are verbatim, spelling and grammar errors have not been corrected)

### Demographics and Response Rate:

An initial e-mail invitation was sent to Students on February 7. A reminder went out February 9 and a final thank you/invitation was sent on February 14. These e-mails were supplemented by word-of-mouth encouragement from residence hall staff members. A total of 396 responses were received. This is 26% of the 1,523 degree-seeking students. An additional 26 students logged on and completed only the demographics portion of the survey. These 26 students are not included in the any of the results below.

#### 1. Gender

Male	111	(28%)
Female	285	(72%)

#### 2. Race (Check all that apply)

White	313	(79%)
African-American	48	(12%)
Hispanic	10	(3%)
Asian or Pacific Islander	8	(2%)
American Indian or Alaskan Native	23	(6%)
Other	20	(5%)
Prefer not to Respond	26	(7%)
Missing	1	(<1%)

#### 3. Classification:

Freshman	123	(31%)
Sophomore	103	(26%)
Junior	77	(19%)
Senior	93	(24%)

#### 4. Are you a U.S. Citizen?

Yes	373	(94%)
No	21	(5%)
Missing	2	(1%)

#### 5. What is your approximate college gpa?

3.20
(30 students indicated "none")

#### 6. What is your primary major?

Agriculture/Natural Resources	12	(3%)
Art	17	(4%)
Biology	26	(7%)
Business Administration	29	(7%)
Chemistry	6	(2%)
Child and Family Studies	36	(9%)
Economics	2	(1%)
Education Studies	19	(5%)
Elementary Education	8	(2%)
English	15	(4%)
French	1	(<1%)
German	2	(1%)
History	13	(3%)
Independent	9	(2%)
Mathematics	7	(2%)
Music	5	(1%)
Nursing	24	(6%)
Philosophy	4	(1%)
Physical Education	9	(2%)
Political Science	12	(3%)
Psychology	39	(10%)
Religion	9	(2%)
Sociology	17	(4%)
Spanish	7	(2%)
Speech Communication	9	(2%)
Technology/Industrial Arts	17	(4%)
Theatre	6	(2%)
Women's Studies	4	(1%)
Undecided/Undeclared	29	(7%)

**Counseling and Psychological Services Survey Results**  
 (All comments are verbatim, spelling and grammar errors have not been corrected)

**7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently:**

	To a great extent 5	4	3	2	Not at all 1	Missing	Mean
Choosing/changing a major	25 (6.3%)	37 (9.3%)	42 (10.6%)	67 (16.9%)	224 (56.6%)	1 (0.3%)	1.92
Conflict with parents about choice of major	9 (2.3%)	9 (2.3%)	15 (3.8%)	35 (8.8%)	327 (82.6%)	1 (0.3%)	1.32
Identifying a career	47 (11.9%)	80 (20.2%)	113 (28.5%)	58 (14.6%)	80 (20.2%)	18 (4.5%)	2.88
Feeling overwhelmed with all you have to do	111 (28.0%)	123 (31.1%)	93 (23.5%)	53 (13.4%)	14 (3.5%)	2 (0.5%)	3.67
Adjusting to college (being on your own)	17 (4.3%)	30 (7.6%)	50 (12.6%)	100 (25.3%)	198 (50.0%)	1 (0.3%)	1.91
Decision-making	22 (5.6%)	71 (17.9%)	125 (31.6%)	90 (22.7%)	87 (22.0%)	1 (0.3%)	2.62
Test anxiety	41 (10.4%)	81 (20.5%)	107 (27.0%)	99 (25.0%)	67 (16.9%)	1 (0.3%)	2.82
Study habits	53 (13.4%)	94 (23.7%)	114 (28.8%)	95 (24.0%)	38 (9.6%)	2 (0.5%)	3.07
Time Management	66 (16.7%)	111 (28.0%)	93 (23.5%)	93 (23.5%)	31 (7.8%)	2 (0.5%)	3.22
Getting motivated	65 (16.4%)	105 (26.5%)	105 (26.5%)	81 (20.5%)	38 (9.6%)	2 (0.5%)	3.20
Academic pressures	65 (16.4%)	117 (29.5%)	102 (25.8%)	78 (19.7%)	32 (8.1%)	2 (0.5%)	3.27
Problems concentrating	78 (19.7%)	93 (23.5%)	86 (21.7%)	93 (23.5%)	43 (10.9%)	3 (0.8%)	3.18
Speech anxiety – excessive nervousness (sweaty palms, stuttering, mind going blank) when asked to speak in front of a group of people	47 (11.9%)	61 (15.4%)	75 (18.9%)	110 (27.8%)	102 (25.8%)	1 (0.3%)	2.60
Math anxiety	43 (10.9%)	43 (10.9%)	65 (16.4%)	82 (20.7%)	160 (40.4%)	3 (0.8%)	2.31
Homesickness	22 (5.6%)	27 (6.8%)	47 (11.9%)	96 (24.2%)	200 (50.5%)	4 (1.0%)	1.92
Loneliness/feeling isolated	45 (11.4%)	70 (17.7%)	77 (19.4%)	102 (25.8%)	102 (25.8%)	0 (0.0%)	2.63
Breakup/loss of a relationship	33 (8.3%)	36 (9.1%)	35 (8.8%)	58 (14.6%)	232 (58.6%)	2 (0.5%)	1.93

**Counseling and Psychological Services Survey Results**  
 (All comments are verbatim, spelling and grammar errors have not been corrected)

***7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently, (continued)***

	To a great extent 5	4	3	2	Not at all 1	Missing	Mean
Relationship with partner/spouse	23 (5.8%)	36 (9.1%)	38 (9.6%)	63 (15.9%)	234 (59.1%)	2 (0.5%)	1.86
Relationship with parents	24 (6.1%)	36 (9.1%)	53 (13.4%)	82 (20.7%)	199 (50.3%)	2 (0.5%)	1.99
Relationship with other family members	17 (4.3%)	25 (6.3%)	56 (14.1%)	89 (22.5%)	205 (51.8%)	4 (1.0%)	1.88
Relationship with friends	15 (3.8%)	29 (7.3%)	68 (17.2%)	121 (30.6%)	161 (40.7%)	2 (0.5%)	2.03
Relationship with roommate	16 (4.0%)	14 (3.5%)	28 (7.1%)	65 (16.4%)	268 (67.7%)	5 (1.3%)	1.58
Relationship with peers	13 (3.3%)	17 (4.3%)	67 (16.9%)	117 (29.5%)	176 (44.4%)	6 (1.5%)	1.91
Being ill at ease with people	14 (3.5%)	36 (9.1%)	74 (18.7%)	104 (26.3%)	161 (40.7%)	7 (1.8%)	2.07
Dating concerns	31 (7.8%)	54 (13.6%)	52 (13.1%)	83 (21.0%)	174 (43.9%)	2 (0.5%)	2.20
Afraid of a close relationship	37 (9.3%)	44 (11.1%)	46 (11.6%)	58 (14.6%)	205 (51.8%)	6 (1.5%)	2.10
Communication skills (able to say what you truly feel and think to others)	28 (7.1%)	67 (16.9%)	85 (21.5%)	98 (24.7%)	115 (29.0%)	3 (0.8%)	2.48
Dealing with anger	30 (7.6%)	43 (10.9%)	77 (19.4%)	106 (26.8%)	135 (34.1%)	5 (1.3%)	2.30
Perfectionism (no matter how well you do, it's not good enough)	50 (12.6%)	83 (21.0%)	75 (18.9%)	82 (20.7%)	102 (25.8%)	4 (1.0%)	2.74
Tendency to be insulting to others	9 (2.3%)	35 (8.8%)	78 (19.7%)	108 (27.3%)	164 (41.4%)	2 (0.5%)	2.03
Tendency to be overly negative	29 (7.3%)	44 (11.1%)	72 (18.2%)	106 (26.8%)	140 (35.4%)	5 (1.3%)	2.27
Death of a friend or loved one	24 (6.1%)	22 (5.6%)	20 (5.1%)	47 (11.9%)	280 (70.7%)	2 (0.8%)	1.63
Smoking cigarettes	19 (4.8%)	7 (1.8%)	9 (2.3%)	17 (4.3%)	340 (85.9%)	4 (1.0%)	1.34
Drinking too much wine, liquor, or beer	9 (2.3%)	10 (2.5%)	23 (5.8%)	36 (9.1%)	315 (79.5%)	3 (0.8%)	1.38
Using illegal drugs	3 (0.8%)	5 (1.3%)	7 (1.8%)	20 (5.1%)	358 (90.4%)	3 (0.8%)	1.16
Abuse of prescription drugs	4 (1.0%)	1 (0.3%)	3 (0.8%)	11 (2.8%)	374 (94.4%)	3 (0.8%)	1.09

**Counseling and Psychological Services Survey Results**  
 (All comments are verbatim, spelling and grammar errors have not been corrected)

***7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently, (continued)***

	To a great extent 5	4	3	2	Not at all 1	Missing	Mean
Bingeing (overeating, followed by efforts to get rid of the food by overexercising, vomiting, laxatives, etc.)	8 (2.0%)	12 (3.0%)	17 (4.3%)	20 (5.1%)	336 (84.8%)	3 (0.8%)	1.31
Dieting to reduce weight (counting calories, restricting food intake, following one of the popular diet plans such as low carb)	20 (5.1%)	25 (6.3%)	56 (14.1%)	41 (10.4%)	251 (63.4%)	3 (0.8%)	1.78
Weight problems	41 (10.4%)	58 (14.6%)	61 (15.4%)	86 (21.7%)	144 (36.4%)	6 (1.5%)	2.40
Bulimia (intentionally vomiting, overexercising, using laxatives to get rid of food/calories)	4 (1.0%)	5 (1.3%)	7 (1.8%)	6 (1.5%)	371 (93.7%)	3 (0.8%)	1.13
Anorexia (restricting your eating – eating very little or only very specific “safe” foods)	2 (0.5%)	8 (2.0%)	11 (2.8%)	15 (3.8%)	357 (90.2%)	3 (0.8%)	1.18
Physical handicap or disability	3 (0.8%)	6 (1.5%)	6 (1.5%)	18 (4.5%)	357 (90.2%)	6 (1.5%)	1.15
Pregnancy (yours or hers)	2 (0.5%)	2 (0.5%)	4 (1.0%)	5 (1.3%)	380 (96.0%)	3 (0.8%)	1.07
Sleep problems	28 (7.1%)	63 (15.9%)	64 (16.2%)	85 (21.5%)	152 (38.4%)	4 (1.0%)	2.31
Depression	43 (10.9%)	42 (10.6%)	60 (15.2%)	78 (19.7%)	169 (42.7%)	4 (1.0%)	2.27
Anxiety or tension	52 (13.1%)	70 (17.7%)	68 (17.2%)	94 (23.7%)	109 (27.5%)	3 (0.8%)	2.65
Worrying too much	72 (18.2%)	73 (18.4%)	88 (22.2%)	89 (22.5%)	70 (17.7%)	4 (1.0%)	2.97
Stress	94 (23.7%)	90 (22.7%)	91 (23.0%)	77 (19.4%)	42 (10.6%)	2 (0.5%)	3.30
Feeling unworthy or inferior	53 (13.4%)	51 (12.9%)	64 (16.2%)	91 (23.0%)	131 (33.1%)	6 (1.5%)	2.50
Unhappy much of the time	27 (6.8%)	46 (11.6%)	57 (14.4%)	95 (24.0%)	168 (42.4%)	3 (0.8%)	2.16

**Counseling and Psychological Services Survey Results**  
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***7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently, (continued)***

	To a great extent 5	4	3	2	Not at all 1	Missing	Mean
Thoughts of suicide	9 (2.3%)	13 (3.3%)	24 (6.1%)	37 (9.3%)	308 (77.8%)	5 (1.3%)	1.41
Thoughts of harming others	3 (0.8%)	6 (1.5%)	20 (5.1%)	37 (9.3%)	323 (81.6%)	7 (1.8%)	1.28
Current verbal/emotional abuse	2 (0.5%)	9 (2.3%)	21 (5.3%)	48 (12.1%)	309 (78.0%)	7 (1.8%)	1.32
Past verbal/emotional abuse	25 (6.3%)	34 (8.6%)	41 (10.4%)	65 (16.4%)	224 (56.6%)	7 (1.8%)	1.90
Current physical abuse	1 (0.3%)	0 (0.0%)	2 (0.5%)	7 (1.8%)	381 (96.2%)	5 (1.3%)	1.04
Past physical abuse	14 (3.5%)	11 (2.8%)	9 (2.3%)	25 (6.3%)	329 (83.1%)	8 (2.0%)	1.34
Current sexual abuse	1 (0.3%)	0 (0.0%)	4 (1.0%)	3 (0.8%)	382 (96.5%)	6 (1.5%)	1.04
Past sexual abuse	17 (4.3%)	15 (3.8%)	18 (4.5%)	24 (6.1%)	317 (80.1%)	5 (1.3%)	1.44
Date rape	4 (1.0%)	3 (0.8%)	2 (0.5%)	5 (1.3%)	375 (94.7%)	7 (1.8%)	1.09
Rape/sexual assault (other than date rape)	5 (1.3%)	1 (0.3%)	3 (0.8%)	11 (2.8%)	370 (93.4%)	6 (1.5%)	1.10
Deliberate self-inflicted injuries	10 (2.5%)	8 (2.0%)	9 (2.3%)	22 (5.6%)	342 (86.4%)	5 (1.3%)	1.27
Identifying sexual orientation	5 (1.3%)	8 (2.0%)	9 (2.3%)	20 (5.1%)	346 (87.4%)	8 (2.0%)	1.21
Discrimination based on race, gender, sexual orientation, etc.	11 (2.8%)	12 (3.0%)	22 (5.6%)	48 (12.1%)	298 (75.3%)	5 (1.3%)	1.44
Sexually transmitted disease(s)	1 (0.3%)	4 (1.0%)	6 (1.5%)	18 (4.5%)	361 (91.2%)	6 (1.5%)	1.12
Arrest or legal problems	3 (0.8%)	1 (0.3%)	4 (1.0%)	6 (1.5%)	376 (94.9%)	6 (1.5%)	1.07
Physical assault	1 (0.3%)	1 (0.3%)	0 (0.0%)	2 (0.5%)	387 (97.7%)	5 (1.3%)	1.02

**Counseling and Psychological Services Survey Results**  
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***7. Please indicate the extent to which each of the following is a PERSONAL PROBLEM FOR YOU currently, (continued)***

	To a great extent 5	4	3	2	Not at all 1	Missing	Mean
Financial difficulties	78 (19.7%)	92 (23.2%)	98 (24.7%)	83 (21.0%)	43 (10.9%)	2 (0.5%)	3.20
Managing your money	37 (9.3%)	68 (17.2%)	91 (23.0%)	109 (27.5%)	88 (22.2%)	3 (0.8%)	2.64
Over-involved or controlling parents	17 (4.3%)	14 (3.5%)	23 (5.8%)	58 (14.6%)	280 (70.7%)	4 (1.0%)	1.55
Personal experience with racism	11 (2.8%)	14 (3.5%)	19 (4.8%)	58 (14.6%)	289 (73.0%)	5 (1.3%)	1.47
Lack of nurturing parent as a child	18 (4.5%)	15 (3.8%)	38 (9.6%)	42 (10.6%)	279 (70.5%)	4 (1.0%)	1.60
Troubled or lack of relationship with a parent	33 (8.3%)	34 (8.6%)	60 (15.2%)	53 (13.4%)	212 (53.5%)	4 (1.0%)	2.04
A diagnosed learning disability	2 (0.5%)	8 (2.0%)	8 (2.0%)	11 (2.8%)	363 (91.7%)	4 (1.0%)	1.15
A suspicion of a learning disability	11 (2.8%)	14 (3.5%)	25 (6.3%)	31 (7.8%)	312 (78.8%)	3 (0.8%)	1.42
Other, please describe or explain below.	21 (5.3%)	15 (3.8%)	4 (1.0%)	6 (1.5%)	280 (70.7%)	70 (17.7%)	1.44