

## Student Health Behaviour Change Survey – Multi-Centre Study Online Survey

This survey is designed to explore the health behaviours of students and whether these change while they are at university. It is part of a multi-centre university study and will take about 5 minutes to complete.

Please be as honest as possible. All the replies we receive will be anonymous and confidential, and will be used for research purposes only. However, if there are any questions that you would prefer not to answer, please just move on to the next question you are comfortable answering.

### SECTION A – HEALTH BEHAVIOUR CHANGE

**Q1: Since you started university have you changed something you normally do to try to become healthier? (Like stopping something, doing less/more of something or starting something) Please tick one box**

Yes	
No	

*If the student answers yes, the questionnaire should proceed to questions 2 -5.*

*If the student answers no, the questionnaire should proceed to question 6*

**If yes**

**Q2. What did you try to change? Please tick all relevant boxes**

To exercise more	
To eat healthier food/have a healthier diet	
To stop smoking	
To cut down on alcohol consumption	
To lose weight	
Other – please describe	

**Q3. Why did you try to change? Please tick all relevant boxes**

To be healthier, fitter or feel better	
Because I know it is good for me	
To lose weight	
A health problem experienced by me or someone close to me	
A medical check or advice	
Encouraged to do this by someone else (e.g. parents, partner, friends, fellow students or someone at the university)	
I was feeling tired, unwell or lethargic	
To prepare for an event e.g. a charity run	



## SECTION B – HEALTH BEHAVIOUR OVERALL

### Smoking

**Q1. Do you smoke? Please tick one box**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

### Eating

**Q2. How many servings of fruit and vegetables do you eat in a typical day? Please tick one box**

Five or more	<input type="checkbox"/>
Less than five	<input type="checkbox"/>
None	<input type="checkbox"/>

**Q3. Are there any foods you try to avoid? If so, what are they? Please tick all relevant boxes**

Takeaways and Fast Food (e.g. from burger chains)	<input type="checkbox"/>
Sugary food (e.g. sweets, cakes, puddings, pastries and biscuits)	<input type="checkbox"/>
Fizzy drinks/Sugary drinks	<input type="checkbox"/>
Red meat/Processed meat/animal fat	<input type="checkbox"/>
Dairy products (milk, cream, cheese, butter)	<input type="checkbox"/>
Other – please describe	<input type="checkbox"/>

**Q4. If there are some foods you try to avoid why do you try to avoid them? Please tick all relevant boxes**

Don't like the taste	<input type="checkbox"/>
Not good for my health	<input type="checkbox"/>
Food allergy or intolerance	<input type="checkbox"/>
Animal welfare	<input type="checkbox"/>
Environmental concerns	<input type="checkbox"/>
Cost	<input type="checkbox"/>
Other – please describe	<input type="checkbox"/>

**Q5. How do you describe yourself? Please tick one box**

Overweight	
About right	
Underweight	

### Alcohol

**Q6. Over the last week how many alcoholic drinks have you had (like beer, wine, cocktails or spirits)? Please tick one box**

0	
1 - 5	
6 - 10	
11 - 15	
More than 15	

### Physical activity

**Q7. Which of the following did you do over the last seven days? Please tick all relevant boxes**

Aerobics	
Cycling	
Dancing	
Going to the gym	
Playing a sport (e.g. football, hockey)	
Running/Jogging	
Swimming	
Brisk Walking	
Zumba	
Other –please describe	
None	

**Q8. How much time did you spend on these different types of physical activity over the last seven days as a whole? Please tick one box**

Less than three hours/180 minutes	
Three - four hours/180 – 240 minutes	
More than four hours/240 minutes	

### Section C -Demographics

**Q1. How old are you?**

Under 18	18	19	20	21	22	23	24	25	Over 25
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**Q2. How do you see your gender?**

Male	
Female	
Non-binary/Gender-queer	
Trans female	
Trans male	
In another way	
Prefer not to say	

**Q3. To which of the following ethnic groups do you feel you belong?**

Asian or Asian British	
Black or Black British	
Mixed or Multiple ethnic groups	
White: British or Irish	
White: Other	
Any other ethnic group	
Prefer not to say	

**Q4. What is your main field of study? *Please comment here***


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**Q5. During term time, where do you live?**

Exchange family	
Inter-collegiate Halls of Residence	
University Halls of Residence	
Home with parent(s)/guardian(s)	
Private accommodation (shared or single)	
Own Home (owned)	
Other –please describe	

**Q6. Which other members of your immediate family have been to university? *Please tick all relevant boxes***

Father	
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Mother	
Brother(s)	
Sister(s)	

**Q7. How tall are you (in feet/inches)?**

**Q8. How much do you weigh (in kilos)?**

**Q9. In general, how would you rate your health? *Please tick one box***

Excellent	
Very good	
Good	
Fair	
Poor	