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	

To take part in or get better at sport or use the gym	
To live longer/enjoy long term health benefits	
Having children/parental responsibility	
Because of information/guidance/support provided by my university and/or student union	
Other – please describe	

Q4. How successful were you at making the change? *Please rate how successful you've been at making the change.*

1	2	3	4	5
Not at all successful			Completely Su	uccessful

Q5. Based on this rating, what do you think influenced your success? Please comment here

Q6. Is there anything your university and/or student union could do to help support your health and wellbeing? *Please comment here*

Participant will be taken to Section B after completing this section

If the student answers 'yes' to question 1, they will not answer question 2 below; they will skip to Section B.

If the student answers 'no' to question 1, the questionnaire will proceed to the below question

Q2. What would you say is the main thing that has stopped you from making a change to try to become healthier?

I already lead a healthy lifestyle	
l don't care enough about my health	
Too many other things going on in my life – I	
don't have enough time	
Laziness	
Lack of will power	
Other – please describe	

Q3. Is there anything your university and/or student union could do to help support your health and wellbeing? *Please comment here*

SECTION B – HEALTH BEHAVIOUR OVERALL

Smoking

Q1. Do you smoke? Please tick one box



Eating

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

Five or more	
Less than five	
None	

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)	
Sugary food (e.g. sweets, cakes, puddings, pastries and biscuits)	
Fizzy drinks/Sugary drinks	
Red meat/Processed meat/animal fat	
Dairy products (milk, cream, cheese, butter)	
Other – please describe	

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

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	19	20	21	22	23	24	25	Over 25
18									

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

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

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	