Stand Up for Your Sister

Please circle Y or N for each question. This survey is completely anonymous. Your honesty in answering these questions is vital for this process to work accurately.

EATING
1. Have you ever made yourself throw up on purpose?  Y  N
2. Have you ever used laxatives in an attempt to lose weight?  Y  N
3. Have you ever intentionally not eaten or starved yourself to lose weight?  Y  N
4. Have you ever turned to food for comfort?  Y  N
5. Have you ever been diagnosed with an eating disorder?  Y  N
6. Have you ever turned to shopping or the need to acquire things for comfort?  Y  N
7. Have you ever abused working out (i.e. working out excessively)?  Y  N

ABUSE
8. Have you ever been physically abused?  Y  N
9. Have you ever been sexually abused?  Y  N
10. Have you ever been verbally abused?  Y  N
11. Have you ever been emotionally abused?  Y  N

ASSAULT
12. Have you ever been sexually assaulted by an acquaintance?  Y  N
13. Have you ever been sexually assaulted by someone whom you did not know?  Y  N

SEX
14. Have you had sex (intercourse) outside of marriage?  Y  N
15. Have you participated in oral sex?  Y  N
16. Have you participated in “sexting” or any form of “cyber sex”?  Y  N
17. Have you gone further with a guy than you wanted to (crossed a physical boundary)?  Y  N
18. Have you struggled with pornography or erotic literature?  Y  N
19. Have you compulsively masturbated?  Y  N

FAMILY
20. Have you ever experienced divorce in your family?  Y  N
21. Do you come from a single parent home?  Y  N
22. Do either of your parents have an immigrant status?  Y  N
23. Have any of your direct family members been diagnosed with a mental illness?  Y  N

SUBSTANCE USE
23. Have you ever used drugs?  Y  N
24. Do you use tobacco products? Y N
25. Do you drink regularly? Y N
26. Do you drink as a response to stress? Y N

ADDITION
27. Have you ever been addicted to nicotine? Y N
28. Have you ever been addicted to drugs? Y N
29. Have you ever been addicted to alcohol? Y N

MENTAL HEALTH
30. Have you ever experienced depression? Y N
31. Have you ever experienced anxiety? Y N
32. Have you ever thought about suicide? Y N
33. Have you ever intentionally hurt yourself (i.e. cutting, burning, etc) Y N
34. Have you ever seen a professional counselor? Y N
35. Has the fear of stigma ever prevented you from seeking professional counseling? Y N

OTHER
36. Have you ever had an abortion? Y N
37. Have you ever had sexual thoughts about another woman? Y N
38. Have you ever looked down on someone because of their struggles? Y N
39. Have you ever compared yourself to another woman? Y N
40. Have you ever had feelings of insecurity after comparing yourself with someone else? Y N
41. Have you ever experienced jealousy over another’s relationship? Y N
42. Have you ever kept any of the above struggles to yourself (told no one)? Y N
43. Have you ever lied about any of these issues because you were afraid of being judged? Y N
44. Have you ever felt alone in any of these issues? Y N
45. Have you ever felt like God could not love you or forgive you? Y N

Do you consent to allow the Women’s Resource Center to use the information gathered on this anonymous survey to conduct further research on about the issues facing APU women?

Yes  No