

**11/17/25 (minor edits: typo corrections and moving codes to beginning of questions)**

### **What is the Sexual Misconduct Survey?**

Many people in Oregon are concerned about students who experience sexual misconduct at colleges and universities. Legislators passed a law requiring schools to survey their students about those kinds of experiences. Schools must offer the survey to all students every two years and post a summary of the results of the survey on their webpages. The Sexual Misconduct Survey Council, which is part of the [Higher Education Coordinating Commission](#), was created to write the survey.

### **Who takes the survey?**

The survey is for students at all Oregon public and private colleges and universities, community colleges, and OHSU. All students who are 18 years or older can take the survey, whether or not they have experienced any kind of sexual misconduct. **Please exit the survey now if you are younger than 18. [exit link to resources page]**

### **Do I have to take the survey?**

No, you do NOT have to take this survey. If you choose to take the survey, you can skip any question that you don't want to answer. You can exit the survey at any time. There will be no consequences to you if you choose not to participate.

### **Is taking the survey the same as reporting sexual misconduct?**

No. This survey is not the same as a report. If you want to make a report of sexual misconduct, please contact [name of Title IX coordinator or equivalent staff person; link to contact information or institution's Title IX webpage] You can also connect with RAINN, a national hotline (<https://rainn.org/>), or your local advocacy organization for support (<https://www.ocadsv.org/find-help/>).

### **Who will be able to see my responses?**

Your responses to the survey will be anonymous. You won't be asked to share your name, email, or any other identifying information; no identifying information, including your IP address, will be connected to your responses. Data from the survey will be held by [office or person]. Responses cannot be seen by anybody else. If you have questions about how your data will be protected, please contact [office at your school].

### **How will the data be used?**

Survey data may be used for:

- Increasing awareness of sexual misconduct experienced by higher education students
- Providing information that institutions can use to improve campus safety and sexual misconduct prevention and response
- Preparing a summary report of the survey data (all responses will be combined in the summary)
- [Insert any institution-specific uses of the data]

### **What does the survey ask about?**

This survey asks about experiences of different kinds of sexual misconduct. Sexual misconduct is a term for unwanted behaviors that have to do with sex, sexuality, gender, and relationships. The questions have been written with trauma-informed language. There are no questions that ask for descriptions of experiences.

If someone says that they have had an experience of sexual misconduct, the survey will have follow-up questions about:

- When and where the incident happened
- Whether the other person was associated with the school
- Whether they told anyone what happened
- Whether the experience affected them personally or academically.

There are also questions about identity such as:

- Racial and ethnic identity
- Gender

- Sexual orientation
- Citizenship status
- Disability status
- Economic status

The reason we are asking those kinds of questions is to help us understand more about the experiences of different groups of people.

The survey also asks about what you think about safety on your campus and how you think people would respond if they saw sexual misconduct.

Any of the questions can be skipped at any time.

#### **Are there any risks to taking the survey?**

The topics in the survey may make you think about things that are uncomfortable. Some people may be upset by the questions.

If you want to speak to someone right away, you can contact RAINN (Rape, Abuse, & Incest National Network, a crisis line that can be accessed by online chat, WhatsApp chat, or phone: 800-656-4673). The link for RAINN (rainn.org) is on every page of the survey.

If you are interested in learning more about resources on campus and in the local community, you can find it here [link to institution's resource webpage or document].

#### **Are there any benefits to taking the survey?**

Some people like knowing that the information they provide may help others. Some people may also feel that they have learned something from completing the survey.

The information from this survey will help your school and the public know more about how many people experience sexual misconduct, what kinds of sexual misconduct are most common, and how people are affected by sexual misconduct.

#### **What is taking the survey like?**

We encourage you to take the survey when you have plenty of time. You may want to take it when you are in a private place where you are comfortable answering questions about these topics.

The survey takes most people 10-30 minutes to complete. You can take it on your cell phone, a tablet, or a computer. If you exit the survey, your answers will not be saved and you will not be able to start over. So if you want to take a break, you may want leave the survey open on your device. (If you do, remember that someone who looks at the device can see your responses.)

**At the end of the survey, you will be asked to click "submit" so that your answers will be counted. If you do not select "submit," all of your responses will be discarded.** You can exit the survey any time before this and your data will not be used. Because the survey is anonymous, no one can find your responses and remove them after you submit the survey.

If you have technical questions about taking the survey, please contact [IT information]. For all other questions about the survey, you can contact [name of campus contact] or go to the [Higher Education Coordinating Commission webpage](#).

[You may use this form](#) to report errors in the survey questions or responses, or to share your thoughts about the survey with the Sexual Misconduct Survey Council at HECC. Your name and other identifying information will not be collected by the form. When reporting an error, please include the code at the beginning of the question. It will be in capital letters and may have numbers; for example, "GENDR" or "EXP2A4AFF2". Information from this form will be received by staff at the Higher Education Coordinating Commission. Problem reports may be used by HECC staff or shared with the school to fix the online survey. Comments will be reviewed by the Sexual Misconduct Survey Council and may be used to improve future versions of the survey. HECC staff will remove any information that could identify a person or organization before the Council sees the comment.

When you are ready to start the survey, please click [if using Qualtrics: the arrow at the bottom of this page; if using SurveyMonkey: next at the bottom of this page].

**Note: a progress bar and the URL for RAINN will appear on every page.**

**SECTION 1: All students**

**Participants will not see this description.**

**Demographics: Age, Education status, Race/Ethnicity/National origin, Sex/Sexual orientation/Gender identity, Disability status, Economic status, Immigration status**

First we'll ask questions about you to help us understand who is filling out the survey, and who is affected by sexual misconduct. You don't have to answer any of the questions, and can skip any questions.

Please remember that only people aged 18 and older can take the survey. If you are younger than 18, please exit now.

1. AGE What is your current age? [FREE TEXT]
2. ENROLL What is your current enrollment status?
  - ☐ Enrolled full-time in classes
  - ☐ Enrolled part-time in classes
  - ☐ Unsure/I don't know
  - ☐ Not applicable
  - ☐ Prefer not to answer

Optional: include a question about class year with the terms used by your campus such as "how many years have you attended this school?", freshman/sophomore/junior/senior/graduate student, first year/second year/etc., # of semesters)

Optional:

Do you take classes in person, online, or both?

- ☐ In person
- ☐ Online
- ☐ In person and online (hybrid)
- ☐ Not applicable
- ☐ Prefer not to answer

Optional:

Which of the following best describes you currently? Please select all that apply.

- ☐ I am taking classes to get an associate's degree
- ☐ I am taking classes to get a bachelor's degree
- ☐ I am taking classes to get a graduate degree (master's, doctorate, etc.)
- ☐ I am taking classes to get professional certification
- ☐ I am taking classes for personal and/or professional development (including classes such as GED, basic education, life-long learner or ESL)
- ☐ I am taking classes for another reason
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

Race, Ethnicity, and National Origin: Participants will not see this heading				
<b>3. REALD1</b> Which of the following describes your racial or ethnic identity? <b>Please select all that apply.</b> [Qualtrics only: You will be given an opportunity to provide additional information.]				
<input type="checkbox"/> <b>REALD 1.1 American Indian and Alaska Native – You may provide more details below.</b>				
<input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> American Indian <input type="checkbox"/> Indigenous Mexican, Central American, or South American Enter more details about your identity (if you would like), for example, Inuit or Haida, Confederated Tribes of Siletz Indians, Navajo, Aztec, Maya, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.2 Asian – You may provide more details below.</b>				
<input type="checkbox"/> Afghan <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Indonesian <input type="checkbox"/> Pakistani <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino/a <input type="checkbox"/> Japanese <input type="checkbox"/> South Asian <input type="checkbox"/> Cambodian/Khmer <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Taiwanese <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Thai Enter more details about your identity (if you would like), for example, Mongolian, Malaysian, Uzbeks, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.3 Black and African American – You may provide more details below.</b>				
<input type="checkbox"/> African American <input type="checkbox"/> Ethiopian <input type="checkbox"/> Jamaican <input type="checkbox"/> Somali <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Haitian <input type="checkbox"/> Nigerian Enter more details about your identity (if you would like), for example, Trinidadian, Ghanaian, Congolese, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.4 Hispanic and Latino/a/x/e – You may provide more details below.</b>				
<input type="checkbox"/> Afro-Latino/a/x/e <input type="checkbox"/> Cuban <input type="checkbox"/> Guatemalan <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Central American <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Salvadoran Enter more details about your identity (if you would like), for example, Colombian, Honduran, Spaniard, or another not listed: [FREE TEXT].				
<input type="checkbox"/> <b>REALD 1.5 Jewish – You may provide more details below.</b>				
<input type="checkbox"/> Ashkenazi <input type="checkbox"/> Sephardi                      Enter details, for example, Mizrahi, etc.: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.6 Middle Eastern/North African/SWANA – You may provide more details below.</b>				
<input type="checkbox"/> Egyptian <input type="checkbox"/> Iranian <input type="checkbox"/> Lebanese <input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Israeli <input type="checkbox"/> Palestinian <input type="checkbox"/> Turkish Enter more details about your identity (if you would like), for example, Moroccan, Yemeni, Kurdish, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.7 Native Hawaiian and Pacific Islander – You may provide more details below.</b>				
<input type="checkbox"/> CHamoru <input type="checkbox"/> Communities of the <input type="checkbox"/> Fijian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan (Chamorro)                      Micronesian Region <input type="checkbox"/> Marshallese <input type="checkbox"/> Tongan Enter more details about your identity (if you would like), for example, Chuukese, Palauan, Tahitian, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.8 White – You may provide more details below.</b>				
<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Slavic <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Romanian <input type="checkbox"/> Scottish <input type="checkbox"/> Ukrainian Enter more details about your identity (if you would like), for example, French, Swedish, Norwegian, or another not listed: [FREE TEXT]				
<input type="checkbox"/> <b>REALD 1.9 Another identity not listed – You may provide more details below.</b>				
<input type="checkbox"/> Specify: [FREE TEXT] <input type="checkbox"/> Unsure/don't know <input type="checkbox"/> Prefer not to answer				
<b>4. PRIMID</b> If you checked more than one identity, is there <b>one</b> you think of as your primary racial or ethnic identity?				

<input type="checkbox"/> Yes. Please specify your primary identity: [FREE TEXT].	<input type="checkbox"/> I don't have just one primary racial or ethnic identity.	<input type="checkbox"/> No. I identify as Biracial or Multiracial.	<input type="checkbox"/> Not applicable. I only checked one category above.	<input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer
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<b>Sex, Sexual Orientation and Gender Identity: Participants will not see this heading</b> Please note: We are asking about gender, sex, and sexual orientation because they can affect how vulnerable a person is to sexual misconduct. Your answers to all questions in this survey are anonymous. You do not have to answer these questions.			
<b>5. GENDR</b> What is your gender? Please select all that apply.			
<input type="checkbox"/> Woman or girl <input type="checkbox"/> Man or boy <input type="checkbox"/> Nonbinary <input type="checkbox"/> Agender/No gender <input type="checkbox"/> Bigender	<input type="checkbox"/> Demiboy <input type="checkbox"/> Demigirl <input type="checkbox"/> Genderfluid <input type="checkbox"/> Genderqueer <input type="checkbox"/> Questioning/Exploring	<input type="checkbox"/> Another gender not listed: [FREE TEXT].	<input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> I don't understand what this question is asking <input type="checkbox"/> Prefer not to answer
<b>6. GEND1</b> Do you have a gender identity not listed above that is specific to your ethnicity?			
<input type="checkbox"/> No <input type="checkbox"/> I don't understand what this question is asking <input type="checkbox"/> Yes [FREE TEXT]			
<b>7. TRANS</b> Are you transgender?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Questioning/Exploring <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer			
<b>8. SEX</b> What is your sex?			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not listed, my sex is: [FREE TEXT]			
<b>9. ORIEN</b> What is your sexual orientation? Please select all that apply.			
<input type="checkbox"/> Same-gender loving <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Asexual Spectrum <input type="checkbox"/> Queer <input type="checkbox"/> Pansexual <input type="checkbox"/> Questioning/Exploring <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> I don't understand what this question is asking <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not listed, my sexual orientation is: [FREE TEXT]			

**Relationship status screening question. Participants will not see this heading. This is placed here because in future questions we will ask if the experiences they had were done by partners or ex-partners, and if so, coded as relationship abuse.**

- 10. RELAT** Since you enrolled at [school], have you been in any romantic or intimate relationships? Please include current and past relationships. Please select all that apply.
- ☐ I have not been in a relationship since I enrolled at this school
  - ☐ Exclusive or serious relationship but not living together
  - ☐ Living together with my partner(s)

- ☐ Marriage or civil union
- ☐ Other intimate/romantic relationship (including dating, friends with benefits, hooking up , etc.)
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

**11. DISABL Do you identify as a person with a disability or other chronic condition?**

- ☐ Yes
- ☐ No
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

**12. PELLGR Did you receive a Pell Grant for the current academic year?**

- ☐ Yes
- ☐ No
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

**13. HOUSE What is your current housing status?**

- ☐ I live in a dorm or other campus housing during the school year
- ☐ I live off campus in stable housing during the school year
- ☐ I do not have stable housing during the school year (for example: staying in your car, couch-surfing, etc.)
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

**14. FINAN For this question, please tell us how much you agree with the statement: "I am confident that my current financial situation will allow me to stay in school."**

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

**15. USCITSKIP Please note: The next question asks about US citizenship because it can affect how vulnerable a person is to sexual misconduct. Your answers to all questions in this survey are anonymous. You do not have to answer this question.**

- ☐ I would like to skip the question about citizenship.
- ☐ I will look at the question about citizenship.

**16. USCIT Are you currently a US citizen?**

- ☐ Yes

- ☐ No
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

Optional:

- ☐ If no, do you have any of the following? Please mark all that apply.
  - ☐ US visa (any type)
  - ☐ Green card
  - ☐ DACA recipient
  - ☐ Asylum/refugee status
  - ☐ None of the above
  - ☐ Unsure/I don't know
  - ☐ Not applicable
  - ☐ Prefer not to answer



**SECTION 2A: All students**

**Participants will not see this description.**

**Sexual, gender-based, or sexual orientation harassment; sexual exploitation:** If the participant says that the person who did these things was a partner or ex-partner, the responses will also be coded as intimate partner violence.

The next questions ask about experiences related to sex and gender that made you feel uncomfortable, intimidated, offended, unsafe, or unwelcome. Just to be clear, we are asking about things that someone else did to you that you did not want. We would like to know about all your experiences since you enrolled at [school], including things that happened outside school.

The first question will ask about what happened. Questions on following pages will ask you:

- Where and when the experience or experiences happened
- If the person or people who did the unwanted behavior is someone you were in a relationship with or connected to your school (we will not ask for their name)

Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

**Reading these questions may cause uncomfortable or negative feelings.** You can skip any of the questions.

Question	Responses
17. EXP2A1 Since you enrolled at [school], has someone done any of the following things in a way that made you feel uncomfortable, intimidated, offended, unsafe, or unwelcome? Please select all that apply.	<input type="checkbox"/> Made comments (either out loud or in writing) about sex, sexuality, or sexual body parts <input type="checkbox"/> Asked me to do something sexual with them <input type="checkbox"/> Touched non-sexual parts of my body (like my shoulders, head, stomach, back, or legs) <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

Responses	When	Where	Who
<b>18. EXP2A1# All together, how many times did these things happen?</b>  <input type="checkbox"/> Never <input type="checkbox"/> 1 time <input type="checkbox"/> 2 or more times <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<b>19. EXP2A1WHEN1 About when did the experience happen?</b> Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<b>20. EXP2AWHERE1 Where did the experience happen? Please select all that apply.</b>  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b>  <b>21. EXP2A1REL1 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>22. EXP2A1AFF1 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

			<input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>If the person was connected with the school:</b> <b>23. EXP2A1CON1 How were they connected with the school?</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
	<p><b>If 2 or more times:</b></p> <p><b>24. EXP2A1WHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____ MM YYYY</p> <p><b>25. EXP2A1WHENLAST About when did the last experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____ MM YYYY</p> <p><input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><b>If 2 or more times:</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>26. EXP2A1WHERE2 Where did the experience happen? Please select all that apply.</b></p> <p><input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><b>If yes 2 or more times:</b></p> <p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>27. EXP2A1REL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>28. EXP2A1AFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>If the person was connected with the school:</b>  <b>29. EXP2A1CON2 How were they connected with the school?</b></p>

			<input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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**Gender-based harassment: Participants will not see this heading.**

Question	Responses
<b>30.</b> EXP2A2 Since you enrolled at [school], has someone done the following things in a way that made you feel uncomfortable, intimidated, offended, unsafe, or unwelcome? Please select all that apply.	<input type="checkbox"/> Made comments (out loud or in writing, including texts) about my biological sex, gender, gender expression, or gender identity (or perceived sex or gender). <input type="checkbox"/> Tried to hurt me or cause me harm in some other way because of my biological sex, gender, gender expression, or gender identity (or perceived sex or gender). <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

How often	When	Where	Who
<b>31.</b> EXP2A2# All together, how many times did these things happen?  Never 1 time 2 or more times  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<b>If yes 1 time:</b>  <b>32.</b> EXP2A2WHEN1 About when did the experience happen? Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<b>If yes 1 time:</b>  <b>33.</b> EXP2A2WHERE1 Where did the experience happen? Please select all that apply.  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <b>34.</b> EXP2A2REL1 Was the other person (or people) someone you were in a romantic or intimate relationship with?  <input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>35.</b> EXP2A2AFF1 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?  <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable

			<input type="checkbox"/> Prefer not to answer  <b><i>If the person was connected with the school:</i></b> <b>36. EXP2A2CON1 How were they connected with the school?</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>37. EXP2A2WHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year          ____/____          MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>38. EXP2A2WHENLAST About when did the last experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year          ____/____          MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>39. EXP2A2WHERE2 Where did the experience happen? Please select all that apply.</b></p> <p><input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>40. EXP2A2REL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>41. EXP2A2AFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b><i>If the person was connected with the school:</i></b>  <b>42. EXP2A2CON2 How were they connected with the school?</b>  <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member</p>

			<input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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**Sexual orientation harassment: Participants will not see this heading**

Question	Responses
<b>43.</b> EXP2A3 Since you enrolled at [school], has someone done the following things in a way that made you feel uncomfortable, intimidated, offended, unsafe, or unwelcome? Please select all that apply.	<input type="checkbox"/> Made comments (out loud or in writing, including texts) about my sexual orientation (or what they thought my sexual orientation is). Sexual orientation could include: gay, lesbian, straight, bisexual, pansexual, queer, asexual, etc. <input type="checkbox"/> Tried to hurt me or cause me harm in some other way because of my sexual orientation or perceived sexual orientation. <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

Responses	When	Where	Who
<b>44.</b> EXP2A3# All together, how many times did these things happen?  Never 1 time 2 or more times  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<i>If yes 1 time:</i> <b>45.</b> EXP2A3WHEN1 About when did the experience happen? Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<i>If yes 1 time:</i> <b>46.</b> EXP2A3WHERE1 Where did the experience happen? Please select all that apply.  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>47.</b> EXP2A3REL1 Was the other person (or people) someone you were in a romantic or intimate relationship with?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <p><b>48.</b> EXP2A3AFF1 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

			<p><b><i>If the person was connected with the school:</i></b></p> <p><b>49. EXP2A3CON1 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>
	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>50. EXP2A3WHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____ MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>51. EXP2A3WHENLAST About when did the last experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____ MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>52. EXP2A3WHERE2 Where did the experience happen? Please select all that apply.</b></p> <p> <input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>53. EXP2A3REL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>54. EXP2A3AFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b><i>If the person was connected with the school:</i></b></p> <p><b>55. EXP2A3CON2 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator         </p>

			<input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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**Sexual exploitation: Participants will not see this heading**

Question	Responses
<b>56.</b> EXP2A4 Since you enrolled at [school], has someone done the following things without first getting your permission? Please select all that apply.	<input type="checkbox"/> Watched me while I was undressing, was nude, or was having sex. <input type="checkbox"/> Showed me or sent me photos or videos of the private areas of their body (such as their breasts, genital area, or penis). <input type="checkbox"/> Sent intimate photos or videos of me to other people or posted them online, or threatened to send or post images. <input type="checkbox"/> Tried to get me to send them intimate photos or videos by threatening to share private information about me or harm me in some other way. <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

Responses	When	Where	Who
<b>57.</b> EXP2A4# All together, how many times did these things happen?  <input type="checkbox"/> Never <input type="checkbox"/> 1 time <input type="checkbox"/> 2 or more times  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<b>If yes 1 time:</b>  <b>58.</b> EXP2A4WHEN1 <b>About when did the experience happen?</b> Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM    YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<b>If yes 1 time:</b>  <b>59.</b> EXP2A4WHERE1 <b>Where did the experience happen? Please select all that apply.</b>  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>60.</b> EXP2A4REL1 <b>Was the other person (or people) someone you were in a romantic or intimate relationship with?</b>   <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p> <p><b>61.</b> EXP2A4AFF1 <b>Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b>   <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p>

			<p><b><i>If the person was connected with the school:</i></b></p> <p><b>62. EXP2A4CON1 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>
	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>63. EXP2A4WHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____</p> <p>MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>64. About when did the last experience happen?</b></p> <p>EXP2A4WHENLAST</p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____</p> <p>MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>65. EXP2A4WHERE2 Where did the experience happen? Please select all that apply.</b></p> <p> <input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>66. EXP2A4REL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>67. EXP2A4AFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b><i>If the person was connected with the school:</i></b></p> <p><b>68. EXP2A4CON2 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor         </p>



			<input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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## SECTION 2B

**Participants will not see this description**

**Stalking (stranger, acquaintance, or intimate partner).** If the participant says that the person who did these things was a partner or ex-partner, they will also be coded as intimate partner violence.

The next questions ask about times someone tried to communicate with you, followed you, tracked you, or watched you when you did not want them to. Just to be clear, we would like to know about all your experiences since you enrolled at [school], including things that happened outside school.

The first question will ask about what happened. Questions on following pages will ask you:

- Where and when the experience or experiences happened
- If the person or people who did the unwanted behavior is someone you were in a relationship with or connected to your school (we will not ask for their name)

Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

**Reading these questions may cause uncomfortable or negative feelings.** You can skip any of the questions.

Question	Responses
<b>69.</b> EXP2BSKIP Would you like to skip <b>all</b> questions about times someone tried to communicate with you, followed you, tracked you, or watched you and go to the next section of the survey?	<input type="checkbox"/> I want to skip all of these questions. Take me to the next section. <input type="checkbox"/> I will look at the questions. I know I can skip any questions that I don't want to answer.

Question	Responses
<b>70.</b> EXP2B Since you enrolled at [school], has someone done the following things? Please select all that apply.	<input type="checkbox"/> Tried to communicate with me in any way that made me feel upset, uneasy, unsafe, alarmed, or fearful <input type="checkbox"/> Monitored, followed, watched, or tracked me (or had other people monitor, follow, watch, or track me). This can include using technology like a smartwatch, phone, tablet, computer, smart appliance, or GPS tracker. <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

Responses	When	Where	Who
<b>71.</b> All together, how many times did these	<i>If yes 1 time:</i>	<i>If yes 1 time:</i>	<b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like</b>

<p>things happen? EXP2B#</p> <p>Never 1 time 2 or more times</p> <p><input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer</p>	<p><b>72. EXP2BWHEN1 About when did the experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable</p>	<p><b>73. EXP2BWHERE1 Where did the experience happen? Please select all that apply.</b></p> <p><input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer</p>	<p><b>"perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>74. EXP2BREL1 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer</p> <p><b>75. EXP2BAFF1 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer</p> <p><i>If the person was connected with the school:</i></p> <p><b>76. EXP2BCON1 How were they connected with the school?</b></p> <p><input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer</p>
	<p><i>If yes 2 or more times:</i></p> <p><b>77. EXP2BWHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know</p>	<p><i>If yes 2 or more times:</i></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>79. EXP2BWHERE2 Where did the experience happen? Please select all that apply.</b></p> <p><input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory</p>	<p><i>If yes 2 or more times:</i></p> <p><b>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>80. EXP2BREL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p>

	<input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>78. EXP2BWHENLAST</b> <b>About when did the last experience happen?</b> Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>81. EXP2BAFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b>If the person was connected with the school:</b> <b>82. EXP2BCON2 How were they connected with the school?</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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## SECTION 2C:

Participants will not see this description

**Intimate partner violence: Please note that many things that constitute intimate partner violence are asked about in other sections, and are not repeated here.**

The next questions ask about behaviors that some people have experienced in relationships with intimate partners. An intimate partner is someone you have been in a romantic or sexual relationship with. That can include someone you have dated, hooked up with, lived with, or married. It can include current and former partners. Just to be clear, we would like to know about all your experiences since you enrolled at [school], including things that happened outside school.

The first question will ask about what happened. Questions on following pages will ask you:

- Where and when the experience or experiences happened
- If the person or people who did the unwanted behavior is someone you were in a relationship with or connected to your school (we will not ask for their name)

Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

**Reading these questions may cause uncomfortable or negative feelings. You can skip any of the questions.**

Question	Responses
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83. EXP2CSKIP Would you like to skip <b>all</b> questions about behaviors that some people have experienced in relationships with intimate partners and go to the next section of the survey?	<input type="checkbox"/> I want to skip all of these questions. Take me to the next section. <input type="checkbox"/> I will look at the questions. I know I can skip any questions that I don't want to answer.
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Question	Responses
84. EXP2C Since you enrolled at [school], has someone you were in a relationship with done any of the following things? Please select all that apply.	<input type="checkbox"/> They said things that made me feel embarrassed, ashamed, or hurt my feelings <input type="checkbox"/> They stomped around, slammed doors, broke things, or threw things when they were angry <input type="checkbox"/> They said or did things to keep me from going out with my friends or seeing my family <input type="checkbox"/> They did things that kept me from going to school or work <input type="checkbox"/> They kept me from sleeping or woke me up when I needed to sleep <input type="checkbox"/> They made threats to hurt me or others (including children and pets) <input type="checkbox"/> They threatened to tell or told other people private information about me <input type="checkbox"/> They put their hands around my neck or controlled my breath in another way when I didn't ask them to <input type="checkbox"/> They hurt me physically (for example: hit, kicked, or grabbed me, used a weapon or other object, threw something at me) <input type="checkbox"/> They messed with the birth control we were using (hid it, damaged it, lied about it, etc.), tried to get pregnant/get me pregnant, or pressured or forced me to end a pregnancy or to keep a pregnancy even though I told them I did not want to. <input type="checkbox"/> They tried to keep me or kept me from using other medication or medical aids (including mobility devices) <input type="checkbox"/> They took my money (including credit cards and online accounts), used my money without my permission, controlled how I spent my money, or did not pay money they owed me (for example: didn't pay back borrowed money, didn't pay rent, etc.) <input type="checkbox"/> They tried to control what I did or harmed me in a way not listed above <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

Responses	When	Where	Who
85. EXP2C# All together, how many times did these things happen? EXP2C#  <input type="checkbox"/> Never <input type="checkbox"/> 1 time <input type="checkbox"/> 2 or more times  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<i>If yes 1 time:</i>  86. EXP2CWHEN1 About when did the experience happen? Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<i>If yes 1 time:</i>  87. EXP2CWHERE1 Where did the experience happen? Please select all that apply.  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "abuser." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.  88. EXP2CREL1 Were you in the relationship with the other person (or people) when it happened? <input type="checkbox"/> No <input type="checkbox"/> Yes, we were in the relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

			<p><b>89. EXP2CAFF1 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><i>If the person was connected with the school:</i></p> <p><b>90. EXP2CCON1 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>
	<p><i>If yes 2 or more times:</i></p> <p><b>91. EXP2CWHEN1ST About when did the first experience happen?</b> Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>92. EXP2CWHENLAST About when did the last experience happen?</b> Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM      YYYY</p>	<p><i>If yes 2 or more times:</i></p> <p>Please think about the experience that was most serious or that had the biggest impact on you.</p> <p><b>93. EXP2CWHERE2 Where did the experience happen? Please select all that apply.</b></p> <p> <input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><i>If yes 2 or more times:</i></p> <p>In this section, we are going to ask about the person or people who did those things. There are many ways to describe such a person. Some people might use words like "perpetrator" or "abuser." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</p> <p>Please think about the experience that was most serious or that had the biggest impact on you.</p> <p><b>94. EXP2CREL2 Were you in the relationship with the other person (or people) when it happened?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in the relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>95. EXP2CAFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know         </p>

	<input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <b><i>If the person was connected with the school:</i></b> <b>96. EXP2CCON2 How were they connected with the school?</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty member <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor <input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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## SECTION 2D:

Participants will not see this description

### Sexual violence

In this section we will ask about times when someone had sexual contact or sex with you without your permission. Experiences where you were made to perform sexual acts on others are also included. Just to be clear, we would like to know about all your experiences since you enrolled at [school], including things that happened outside school.

The first question will ask about what happened. Questions on following pages will ask you:

- Where and when the experience or experiences happened
- If the person or people who did the unwanted behavior is someone you were in a relationship with or connected to your school (we will not ask for their name)

**Reading these questions may cause uncomfortable or negative feelings. You can skip any questions at any time.** Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

These are some examples of what we mean by a person not giving permission for sexual contact or sex:

- Saying yes to some sexual acts, but other acts occurring that they did not agree to.
- Being unconscious, asleep, or so high or drunk that they could not stop what was happening.
- Giving reasons why they can't agree to have sexual contact.
- Giving in to having sex because the other person made threats.
- Trying to get away from the other person or leave the situation.
- Pushing, hitting, or kicking to get the other person to move away.
- Directly saying "no" or "I don't want to."
- Agreeing to have sex only with a condom or contraception, but the condom or contraception was removed or tampered with.
- Saying "yes" to keep the other person from doing something more harmful.

The next question asks about sexual contact done without your permission. (Another question will ask about sex without permission.) You can skip any of the questions.

When we use the words "sexual contact" we mean any of the following acts:

- Someone kisses or touches a person in a sexual way.

- Someone touches or grabs sexual parts of a person's body (breasts/chest, butt, crotch/genitals). This could be with clothing on or not.
- Someone makes a person touch sexual parts of someone else's body.

Question	Responses
<b>97. EXP2D1SKIP</b> Would you like to skip <b>all</b> questions about sexual contact without permission and go to the next section of the survey?	<input type="checkbox"/> I want to skip all of these questions. Take me to the next section. <input type="checkbox"/> I will look at the questions. I know I can skip any questions that I don't want to answer.

Question	Responses
<b>98. EXP2D1</b> Since you enrolled at [school], has someone done the following things without your permission (but did not have sex with you at that time)? Please select all that apply.	<input type="checkbox"/> Kissed me or hugged me in a sexual way <input type="checkbox"/> Touched or grabbed sexual parts of my body (breasts/chest, butt, crotch/genitals) <input type="checkbox"/> Made me touch sexual parts of their body (breasts/chest, butt, crotch/genitals) None of these things happened <input type="checkbox"/> None of these things happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

How often	When	Where	Who
<b>99. EXP2D1#</b> All together, how many times did these things happen?  Never 1 time 2 or more times  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<b>If yes 1 time:</b>  <b>100. EXP2D1WHEN1</b> About when did the experience happen? Please provide your answer using 2 digits for the month and 4 digits for the year ____/____ MM    YYYY  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not applicable	<b>If yes 1 time:</b>  <b>101. EXP2D1WHERE1</b> Where did the experience happen? Please select all that apply.  <input type="checkbox"/> On campus <input type="checkbox"/> Off campus and within Oregon <input type="checkbox"/> In another US state or territory <input type="checkbox"/> In another country <input type="checkbox"/> Online <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer	<p><b>In this section, we are going to ask about the person or people who had sexual contact with you without your permission. There are many ways to describe someone who does these things. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>102. EXP2D1REL1</b> Was the other person (or people) someone you were in a romantic or intimate relationship with?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, we were in a relationship when it happened <input type="checkbox"/> Yes, but the relationship had ended when it happened <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <p><b>103. EXP2D1AFF1</b> Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

			<p><b><i>If the person was connected with the school:</i></b></p> <p><b>104. EXP2D1CON1 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>
	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>105. EXP2D1WHEN1ST About when did the first experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____</p> <p>MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>106. EXP2D1WHENLAST About when did the last experience happen?</b></p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____</p> <p>MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>107. EXP2D1WHERE2 Where did the experience happen? Please select all that apply.</b></p> <p> <input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p>	<p><b><i>If yes 2 or more times:</i></b></p> <p><b>In this section, we are going to ask about the person or people who had sexual contact with you without your permission. There are many ways to describe someone who does these things. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>108. EXP2D1REL2 Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b>109. EXP2D1AFF2 Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer         </p> <p><b><i>If the person was connected with the school:</i></b></p> <p><b>110. EXP2D1CON2 How were they connected with the school?</b></p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor         </p>



			<input type="checkbox"/> Other staff person or administrator <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it <input type="checkbox"/> Someone else connected with the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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**The next questions ask about sex done without your permission.**

The first question will ask about what happened. Questions on following pages will ask you:

- Where and when the experience or experiences happened
- If the person or people who did the unwanted behavior is someone you were in a relationship with or connected to your school (we will not ask for their name)

**When we use the word “sex,” we mean any of the following acts:**

- Someone using their mouth to touch sexual parts of another person's body (breasts/chest, butt, crotch/genitals).
- Someone making a person use their mouth to touch sexual parts of someone else's body.
- Someone putting their penis, fingers, a sex toy, or another object into another person's vagina, genital opening, or butt (anus).
- Someone making a person put their penis, fingers, a sex toy, or another object into someone else's vagina, genital opening, or butt (anus).

**Reading these questions may cause uncomfortable or negative feelings. You can skip any of the questions.**

Question	Responses
<b>111. EXP2D2PSKIP</b> Would you like to skip <b>all</b> questions about sex without permission and go to the next section of the survey?	<input type="checkbox"/> I want to skip all of these questions. Take me to the next section. <input type="checkbox"/> I will look at the questions. I know I can skip any questions that I don't want to answer.

Question	Responses
<b>112. EXP2D2</b> Since you enrolled at [school], has someone done the following things and then had sex with you? Please select all that apply.	<input type="checkbox"/> Waited until I was drunk or high, or gave me alcohol or drugs to make me impaired so I could not give permission or say no to sex <input type="checkbox"/> Withheld information about their sexual infection status, lied about using birth control, or tampered with or removed a condom after agreeing to use one <input type="checkbox"/> Pressured me by saying things such as, "don't be so uptight," "no one else would want you," "you owe me," "I know you want it," or by questioning my sexuality or gender <input type="checkbox"/> Pressured me by threatening the relationship in some way (for example: threatening to break up with me, threatening to have sex with someone else, or questioning my commitment to the relationship) <input type="checkbox"/> Made me feel guilty or obligated to have sex with them (for example: threatened to harm themselves, put themselves down, said things to make me feel sorry for them) <input type="checkbox"/> Threatened to damage my personal reputation (for example: start rumors with peers, tell lies about me, share personal information or images without my permission) <input type="checkbox"/> Threatened to damage my academic or professional standing (for example: not provide a recommendation or reference, give me a lower grade or evaluation than I deserved, or not give me a job or internship) <input type="checkbox"/> Didn't listen when I tried to get them to stop by saying no, trying to change the subject, moving away, saying I didn't want to or something similar

- ☐ Threatened to physically harm me, someone close to me, or my pets
- ☐ Used any level of physical force such as keeping me from leaving, holding me down with their body weight, pinning my arms, or other types of physical force
- ☐ Did something else to have sex with me without my permission.
- ☐ None of these things happened
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

Now we will ask for more information about the experiences you indicated in the last question. Please remember that you can skip any questions.

How often	When	Where	Who
<p><b>113. EXP2D2#</b> All together, how many times did these things happen?</p> <p> <input type="checkbox"/> Never  <input type="checkbox"/> 1 time  <input type="checkbox"/> 2 or more times  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p>	<p><i>If yes 1 time:</i></p> <p><b>114. EXP2D2WHEN1</b> About when did the experience happen?</p> <p>Please provide your answer using 2 digits for the month and 4 digits for the year</p> <p>____/____</p> <p>MM      YYYY</p> <p> <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Not applicable </p>	<p><i>If yes 1 time:</i></p> <p><b>115. EXP2D2WHERE1</b> Where did the experience happen? Please select all that apply.</p> <p> <input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p>	<p><b>In this section, we are going to ask about the person or people who had sex with you without your permission. There are many ways to describe someone who does these things. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>116. EXP2D2REL1</b> Was the other person (or people) someone you were in a romantic or intimate relationship with?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> Yes, but the relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p> <p><b>117. EXP2D2AFF1</b> Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</p> <p> <input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p> <p><i>If the person was connected with the school:</i></p> <p><b>118. EXP2D2CON1</b> How were they connected with the school?</p> <p> <input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer </p>

	<p><i>If yes 2 or more times:</i></p> <p><b>119. EXP2D2WHEN1ST</b>  <b>About when did the first experience happen?</b>  Please provide your answer using 2 digits for the month and 4 digits for the year  ____/____  MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>120. EXP2D2WHENLAST</b>  <b>About when did the last experience happen?</b>  Please provide your answer using 2 digits for the month and 4 digits for the year  ____/____  MM      YYYY</p> <p><input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><i>If yes 2 or more times:</i></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>121. EXP2D2WHERE2</b> <b>Where did the experience happen?</b>  <b>Please select all that apply.</b></p> <p><input type="checkbox"/> On campus  <input type="checkbox"/> Off campus and within Oregon  <input type="checkbox"/> In another US state or territory  <input type="checkbox"/> In another country  <input type="checkbox"/> Online  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>	<p><i>If yes 2 or more times:</i></p> <p><b>In this section, we are going to ask about the person or people who had sex with you without your permission. There are many ways to describe someone who does these things. Some people might use words like "perpetrator" or "offender." Other people would not use those words. We are using the phrase "other person (or people)" to be relevant to any person's experience. This is not meant to minimize the behavior.</b></p> <p><b>Please think about the experience that was most serious or that had the biggest impact on you.</b></p> <p><b>122. EXP2D2REL2</b> <b>Was the other person (or people) someone you were in a romantic or intimate relationship with?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes, we were in a relationship when it happened  <input type="checkbox"/> The relationship had ended when it happened  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b>123. EXP2D2AFF2</b> <b>Was the other person (or people) connected with the school (for example, a student who attends the school or a staff member who works there)?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p> <p><b><i>If the person was connected with the school:</i></b></p> <p><b>124. EXP2D2CON2</b> <b>How were they connected with the school?</b></p> <p><input type="checkbox"/> Student  <input type="checkbox"/> Faculty member  <input type="checkbox"/> Instructional or research staff, graduate assistant, teaching assistant, tutor  <input type="checkbox"/> Other staff person or administrator  <input type="checkbox"/> Contractor or other person doing work at the school but not employed by it  <input type="checkbox"/> Someone else connected with the school  <input type="checkbox"/> Unsure/I don't know  <input type="checkbox"/> Not applicable  <input type="checkbox"/> Prefer not to answer</p>
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**SECTION 3: Only for students that experienced sexual misconduct**

**Participants will not see this description.**  
**Disclosure, reporting, & campus response**

If you had any of the experiences we asked about earlier, we would like to ask you follow up questions about:

- Whether you told anyone about the experience
- How the experience affected you

You can skip any of the follow up questions, or you can skip all of them and go to the next section of the survey.

**125. DRC** Did you have any of the experiences we asked about in earlier questions?

- ☐ Yes, and I will look at follow up questions.
- ☐ Yes, but I don't want to look at any follow up questions.
- ☐ No, I didn't have any of the experiences.
- ☐ Unsure/I don't know
- ☐ Not applicable
- ☐ Prefer not to answer

The kinds of experiences we have been asking about are sometimes called "sexual misconduct." We use this term for any kind of unwanted behaviors that have to do with sex, sexuality, gender, and relationships. We recognize that there are many ways to describe what happened, and that people have the right to name their experiences for themselves. We chose the term "sexual misconduct" as a way to be as inclusive as possible, and do not mean to minimize anyone's experience.

The following questions ask if you told anyone about the things that happened to you and, if so, how they responded. If more than one kind of sexual misconduct happened, please answer the questions for the experience that was most serious or that had the biggest impact on you.

Question	Responses
<b>126. DRC1</b> Did you tell anyone about the sexual misconduct you experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

**If no to Question DRC1**

Question	Responses
<p>There are many reasons someone might not tell anyone that they experienced sexual misconduct, and they are all valid. We are interested in learning why you decided not to tell anyone.</p> <p><b>127. DRC2</b> Why didn't you tell anyone about what happened? Please select all that apply.</p>	<input type="checkbox"/> I did tell someone  <input type="checkbox"/> I wanted to forget about it <input type="checkbox"/> I felt like it wasn't a big deal <input type="checkbox"/> I didn't have time to deal with it <input type="checkbox"/> It was a personal, private matter <input type="checkbox"/> I was embarrassed  <input type="checkbox"/> I thought they might blame me <input type="checkbox"/> I thought it was at least partly my fault <input type="checkbox"/> I thought I might get in trouble <input type="checkbox"/> I didn't think anyone would believe me

	<input type="checkbox"/> I didn't want to upset my friends, family, or community  <input type="checkbox"/> I didn't want to get anyone else in trouble <input type="checkbox"/> I didn't want to get involved with an investigation or disciplinary process <input type="checkbox"/> I didn't think anything could be done about it  <input type="checkbox"/> I was worried that the person who harmed me would find out and try to get back at me <input type="checkbox"/> I was worried that others in the community would find out and try to get back at me  <input type="checkbox"/> I didn't know who I could tell <input type="checkbox"/> I didn't know that I was allowed to tell  <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer  <input type="checkbox"/> Another reason I didn't tell anyone
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**If yes to Question DRC1**

Question	Responses
<b>128. DRC3</b> Have you told any of these people about the sexual misconduct you experienced? You will be asked about people who work at your school in another question. Please select all that apply.	<input type="checkbox"/> Romantic partner (for example: boyfriend, girlfriend, spouse) <input type="checkbox"/> Friend(s), roommate(s) who go to this school <input type="checkbox"/> Acquaintances or classmates <input type="checkbox"/> Off-campus confidential advocate, counselor, therapist, or crisis line <input type="checkbox"/> Off-campus medical provider (nurse, doctor, etc.) <input type="checkbox"/> Off-campus employer or supervisor <input type="checkbox"/> Off-campus law enforcement <input type="checkbox"/> Friend(s) who don't go to this school <input type="checkbox"/> Family members <input type="checkbox"/> I shared the information online (for example: Instagram, blog, Facebook) <input type="checkbox"/> I told other people not on this list <input type="checkbox"/> I didn't tell any of these people <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>129. DRC4</b> Have you told any of these people <b>who work at your school</b> about the sexual misconduct you experienced? Please select all that apply.	<input type="checkbox"/> Confidential advocate, counselor, therapist, or campus crisis line (By "confidential," we mean someone who is not permitted to tell anyone else what you shared with them.) <input type="checkbox"/> Medical professional/health center staff person <input type="checkbox"/> Title IX coordinator <input type="checkbox"/> Other non-confidential school employee (for example: administrative official, campus employer, or faculty member) <input type="checkbox"/> Campus security or campus police <input type="checkbox"/> Religious leader or clergy (for example: imam, pastor, rabbi, or priest) <input type="checkbox"/> Student staff/Student leader

	<input type="checkbox"/> Made an anonymous report <input type="checkbox"/> I told someone else who works at my school <input type="checkbox"/> I didn't tell any of these people <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>130. DRC5</b> Did the person you told at your school give you information about these on-campus resources? Please select all that apply.	<input type="checkbox"/> On-campus advocacy or other victim support services <input type="checkbox"/> On-campus crisis services or mental health help line <input type="checkbox"/> On-campus mental health counseling <input type="checkbox"/> On-campus medical care <input type="checkbox"/> On-campus legal services <input type="checkbox"/> On-campus sexual assault medical and forensic examination <input type="checkbox"/> On-campus student conduct or Title IX office <input type="checkbox"/> Other on-campus resource <input type="checkbox"/> I was not given information about any on-campus resources <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>131. DRC6</b> Were you able to use the resources you were offered?	<input type="checkbox"/> Yes, at least one of the resources was helpful <input type="checkbox"/> I tried to use at least one of them, but they were not helpful <input type="checkbox"/> I did not try to use any of the resources <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>132. DRC7</b> Did the person you told at your school give you the following information about your rights and options? Please select all that apply.	<input type="checkbox"/> My right to be protected from retaliation <input type="checkbox"/> My right to campus supportive measures or other accommodations <input type="checkbox"/> My right to talk to a confidential advocate <input type="checkbox"/> My right to choose whether or not to participate in any campus investigation or disciplinary process <input type="checkbox"/> Law enforcement remedies (like filing a police report or pressing charges) that might be available to me <input type="checkbox"/> Civil justice remedies (like court-issued restraining orders or lawsuits) that might be available to me <input type="checkbox"/> I did not receive any information about my rights and remedies <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>133. DRC8</b> Did you make a formal report to someone at the school, ask for an investigation, or otherwise ask them to document the misconduct you experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

**These questions will only be seen by people who said they told someone at their school.**

You said that you told at least one person at your school about the sexual misconduct that you experienced. Please tell us how much you agree with the following statements:

Question	Responses
134. DRC9 At least one person I told took me seriously.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
135. DRC10 I am glad I told at least one person what happened.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
136. DRC11 I regret talking about what happened.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

#### SECTION 4: Only for students that experienced sexual misconduct

Participants will not see this description

#### Effects and impacts of sexual misconduct

The following question asks about whether your experience(s) of sexual misconduct affected your academics and participation in college life.

Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

Reading these questions may cause uncomfortable or negative feelings.

Question	Responses
137. EXPSKIP Would you like to skip all questions about how sexual misconduct affected you and go to the next section of the survey?	<input type="checkbox"/> I want to skip all of these questions. Take me to the next section. <input type="checkbox"/> I will look at the questions. I know I can skip any questions that I don't want to answer.

Question	Responses
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<p><b>138. EXP1</b> Did any of these things happen after your experience(s) of sexual misconduct? Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I stopped doing social or extracurricular activities such as hanging out with friends or going to study groups, clubs, and sports events</li> <li><input type="checkbox"/> I had trouble focusing on my classwork, paying attention in class, or remembering information that I read</li> <li><input type="checkbox"/> I had trouble completing research, writing a thesis or dissertation, or completing an internship</li> <li><input type="checkbox"/> I missed classes or assignments and that harmed the grades I had expected to get</li> <li><input type="checkbox"/> I dropped classes or changed my schedule</li> <li><input type="checkbox"/> I took a leave of absence from school or dropped out for a while</li> <li><input type="checkbox"/> My grade point average (GPA) was lower after the experience(s)</li> <li><input type="checkbox"/> I took an incomplete in a class</li> <li><input type="checkbox"/> I was placed on academic probation</li> <li><input type="checkbox"/> I didn't do any of those things</li> <li><input type="checkbox"/> My social life or academics were affected in another way</li> <li><input type="checkbox"/> Unsure/I don't know</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>
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The following questions ask if the experience of sexual misconduct cost you money or affected your financial situation in other ways. Please remember that you can skip any questions.

<p><b>139. EXP2</b> Did any of these things happen because of the sexual misconduct you experienced? Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I missed work, changed my schedule, or quit a job (including work study)</li> <li><input type="checkbox"/> I had extra transportation or travel costs (for example: changed the kind of transportation I used or traveled to get away from the person)</li> <li><input type="checkbox"/> I had to replace or repair things that were damaged (for example: clothing, bedding, or other belongings)</li> <li><input type="checkbox"/> I had unexpected housing-related expenses (for example: damage to a residence, costs for moving to a new residence, losing a deposit, breaking a lease)</li> <li><input type="checkbox"/> I had medical expenses (for example: therapy co-pays, physical examinations, lab fees, treatment for infections)</li> <li><input type="checkbox"/> I had legal expenses (for example: attorney's fees, court costs, etc.)</li> <li><input type="checkbox"/> I didn't have any of these kinds of expenses or impacts</li> <li><input type="checkbox"/> Unsure/I don't know</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>
<p><b>140. EXP3</b> Did any of these things happen because of the sexual misconduct you experienced? Please select all that apply.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> I lost a scholarship or grant because I could not keep my grades up or because I could not keep taking all my classes</li> <li><input type="checkbox"/> I had to borrow money or take out a loan to cover extra costs (for example: extra tuition, moving costs, increased rent, etc.)</li> <li><input type="checkbox"/> I broke a campus housing and/or board contract</li> <li><input type="checkbox"/> I had extra costs because it took more time to finish my degree than I planned</li> <li><input type="checkbox"/> I didn't have any of these kinds of expenses or impacts</li> <li><input type="checkbox"/> I had other expenses or costs</li> <li><input type="checkbox"/> Unsure/I don't know</li> <li><input type="checkbox"/> Not applicable</li> <li><input type="checkbox"/> Prefer not to answer</li> </ul>



<b>141. EXP4</b> If you made a report to the school, do you believe the school's response to your report contributed to your extra costs or financial issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I did not make a report to the school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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The following question asks about how the sexual misconduct affected your health. **This question asks about sensitive topics like suicide and self-harm. Reading this question may cause uncomfortable or negative feelings.** You can skip this question.

<b>142. EXP5</b> After you experienced the sexual misconduct, did you have any of these issues? Please select all that apply.	<input type="checkbox"/> Anxiety, depression, post-traumatic stress and/or PTSD <input type="checkbox"/> Issues with memory, attention, ability to focus, spacing out, or dissociation <input type="checkbox"/> Disordered eating (for example: anorexia, binge eating, bulimia) <input type="checkbox"/> Disturbed sleep (for example: not being able to fall asleep, waking up and not being able to go back to sleep, sleeping too much) <input type="checkbox"/> Self-harming behaviors (for example: cutting yourself, burning yourself, scratching yourself, hitting yourself, pulling hair) <input type="checkbox"/> Suicidal thoughts or attempts <input type="checkbox"/> Increased alcohol or drug use, including using off-label prescription drugs <input type="checkbox"/> Increased severity of existing physical health condition (for example: migraines, chronic pain, autoimmune disorder) <input type="checkbox"/> Emotional dysregulation (for example: emotional outbursts, mood swings, feeling more angry than usual, struggling to control impulses, shutting down emotionally) <input type="checkbox"/> Appeasement (for example: avoiding conflict, people-pleasing, fear of making people angry) <input type="checkbox"/> Isolation (for example: avoiding social situations, quitting activities you used to enjoy, not talking to friends, ending relationships, not wanting to leave your home or room) <input type="checkbox"/> Concussion or other brain injury <input type="checkbox"/> Other physical injuries (for example: bruises, sprains, cuts, broken bones) <input type="checkbox"/> I didn't have any health effects <input type="checkbox"/> My health was affected in other ways <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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## SECTION 5: All students

Participants will not see this description

Campus attitudes, safety, and awareness

Now we will ask about how safe you feel on your current campus, and how you feel about the way the school and its students respond to sexual misconduct. Just to be clear, by sexual misconduct we mean any kind of unwanted behaviors that have to do with sex, sexuality, gender, and relationships.

The next questions ask about how familiar you are with the resources and policies at your institution. When we say "institution," we mean the administration, staff, or faculty at your school.

Please remember that all of your responses are anonymous. They will not be linked to your name, email, or other identifying information. Your responses will help us understand the kinds of experiences students at this school are having.

Please remember that you can skip any questions.

Using the scale provided, please indicate your level of agreement with the following statements:

<b>143. ASA1</b> I know where to go to get help on campus if a friend or I experience sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>144. ASA2</b> I know how my institution's policy defines sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>145. ASA3</b> I know what the institution will do when someone makes a report of sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

The next question asks about information your institution has provided you in an email, training, or other communication.

<b>146. ASA4</b> Has your institution ever shared any of the following? Please select all that apply.	<input type="checkbox"/> An explanation of what sexual misconduct is and how to recognize it <input type="checkbox"/> Instructions for how to report an experience of sexual misconduct <input type="checkbox"/> Information about where to find confidential resources for someone who experienced sexual misconduct <input type="checkbox"/> The institution's process when investigating sexual misconduct <input type="checkbox"/> I have not received any of this information from my school <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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The following questions ask about how safe you usually feel at this school. Using the scale provided, please indicate your level of agreement with the following statements:

<b>147. ASA5</b> In general, I feel safe at this school.	<input type="checkbox"/> Strongly agree
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	<input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
148. ASA6 I feel safe from sexual harassment at this school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
149. ASA7 I feel safe from relationship abuse at this school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
150. ASA8 I feel safe from sexual violence at this school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
151. ASA9 I feel safe from stalking at this school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
Optional	
I feel safe during the day when I am on campus	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree

	<input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
I feel safe at nighttime when I am on campus	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

The following questions ask about your school's response to sexual misconduct. Using the scale provided, please indicate your level of agreement with the following statements.

<b>152. ASA10</b> This school does a good job of protecting students from sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>153. ASA11</b> The people who work at this school provide the school community with training for preventing sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

**Optional:** School-specific sexual misconduct prevention and awareness activities

Have you attended or participated in any of these activities on campus?	[Schools may list their activities by name here]
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The next questions ask about people's attitudes towards sexual misconduct at this school. Just to be clear, by "sexual misconduct" we mean unwanted behaviors that have to do with sex, sexuality, gender, and relationships. Using the scale provided, please indicate your level of agreement with the following statements.

<b>154. ASA12</b> Most people at this school don't tolerate any kind of sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
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155. ASA13 A person at this school would intervene if they saw someone publicly harassed or abused because of their gender or sexuality, even if they didn't know the people involved.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
156. ASA14 Sexual misconduct is not a problem at this school.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
157. ASA15 People at this school would be supportive of a friend who told them they had experienced sexual misconduct.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

The next questions ask about what you might do in a situation at this school. Using the scale provided, please indicate your agreement with the following statements.

158. ASA16 If my friends at this school were making unwanted sexual jokes, comments, or gestures to someone, I would try to stop them.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
159. ASA17 If I suspected that my <b>friend at this school was being hurt</b> by their partner (physically or verbally), I would talk to my friend about it.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
160. ASA18 If I saw <b>my friend at this school hurt their partner</b> physically or verbally, I would talk to them about their behavior.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree

	<input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>161. ASA19</b> If I saw someone at this school that I didn't know yelling at or physically hurting someone, I would try to stop them.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer
<b>162. ASA20</b> If I knew that someone was trying to get another person drunk or high to have sex with them, I would try to stop them.	<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree nor disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Unsure/I don't know <input type="checkbox"/> Not applicable <input type="checkbox"/> Prefer not to answer

**163. SHARE** Is there anything else you would like to share about your experiences of sexual misconduct? [FREE TEXT]

**164. SHAREHECC** [You may use this form](#) to report errors in the survey questions or responses, or to share your thoughts about the survey with the Sexual Misconduct Survey Council at HECC. Your name and other identifying information will not be collected by the form.

**VERY IMPORTANT! Please read this question!**

**165. SUBMIT** You have reached the last question! You can choose to submit your data now by selecting "submit" below. **If you do not select "submit," none of your information will be added to the survey results.** This is the last step of the survey.

- ☐ **Submit!** I give permission for my responses to be added to the survey results.  
☐ I do not give permission for my responses to be added to the survey results.