National Study of Student-Athlete Health and Wellness

Thank you for your participation in this very important study.

The NCAA Research Staff
Dear Student:

Thank you for your willingness to participate in the NCAA’s National Study of Student-Athlete Health and Wellness. This study seeks to assess the experiences, health and well-being of current student-athletes. The survey includes questions about your mental wellness, peer support, sleep behaviors, weight management and body image, competition and injury history and substance use experiences. Survey results will be used by the NCAA membership and governing bodies for the purpose of further evaluating and better understanding the health and well-being aspects of the student-athlete experience. For this study to help future student-athletes, it is important that you read all questions carefully and give thoughtful and honest responses.

This information is being collected anonymously. We will not ask you to identify yourself or your school. That means nobody, including the NCAA and its researchers, will know your identity or be able to match your responses to your team or your school. The study protocols were designed specifically to help you maintain complete anonymity. Results that are reported will be in terms of national and subgroup (for example, sport, division, etc.) averages and trends, and items with small response sizes will not be reported to protect anonymity.

Your participation in this study is completely voluntary so you may choose not to answer specific questions, or to discontinue your participation at any time without penalty. The information about the study provided to you by your campus faculty athletics representative is intended to inform you of the purpose, benefits and risks associated with the study. Your voluntary completion of this survey indicates that you are consenting to participate in this study.

If you are under 18 years of age, or below the age of legal consent to participate in this study in your state, you are excused from further participation in this research study.

If you have questions regarding the study or survey instrument, please contact the survey administrator, Kelsey Gurganus-Wright, at 317-917-6566 or kgurganus@ncaa.org. For questions regarding the study procedures, please contact Michael Miranda, NCAA Research Review Board administrator, at 317-917-6409 or michael.miranda@zoho.com.

SUBSTANCE USE SECTION DEFINITIONS

Anabolic Agents and Related Hormone Modulators – synthetic derivatives of testosterone or other hormonal agents that promote muscle growth, increase endurance and enhance recovery. Examples are andro or norandro products, bodenone, DHEA, dianabol, epi-trenbolone, methasterone and stanozolol. Some of these are commonly referred to as steroids.

Cannabis and Related Products – Cannabis and hemp products may be ingested in various forms, including smoked, via “edibles” or vaporized through THC oil or wax. Includes marijuana, synthetic cannabinoids and tetrahydrocannabinol (THC).

• Marijuana – may be ingested in various forms, including smoked, via “edibles” or vaporized through THC oil or wax.
• Synthetic Cannabinoids – also inaccurately called “synthetic marijuana” – plant-based products that have been treated with artificial psychoactive compounds. Examples are Delta 8, K2 and Spice.
• Tetrahydrocannabinol (THC) – the primary psychoactive agent in marijuana.

Dietary Supplement – an over-the counter product (not food) intended to supplement one’s diet, that contains herbs, botanicals or other dietary ingredients marketed to improve health, nutrition or performance.

Narcotics – pain relievers derived from opium and its synthetic substitutes. Examples are codeine, fentanyl, heroin, morphine, oxycodone, Oxycontin, Percocet and Vicodin.

Stimulants – drugs that stimulate the central nervous system. Examples are amphetamine, Benzedrine, cocaine, Dextedrine, ecstasy, ephedrine, methamphetamine and methylphenidate.

Sedatives – drugs that slow down or depress the central nervous system. Examples are barbiturates, benzodiazepines (Xanax, Valium, Klonopin, etc.), gamma-hydroxybutyrate (GHB), and sleep-inducing drugs such as zolpidem (Ambien) and eszopiclone (Lunesta).
### 1: Demographics

1. Are you playing on a men's or women's team(s)?
   - Men's
   - Women's

2. NCAA sport(s) you are playing: *(Mark all that apply)*
   - Acrobatics & Tumbling
   - Baseball
   - Basketball
   - Beach Volleyball
   - Bowling
   - Cross Country
   - Equestrian
   - Fencing
   - Field Hockey
   - Football
   - Golf
   - Gymnastics
   - Ice Hockey
   - Lacrosse
   - Rifle
   - Rowing
   - Rugby
   - Skiing
   - Soccer
   - Softball
   - Swimming & Diving
   - Tennis
   - Track (Indoor or Outdoor)
   - Triathlon
   - Volleyball (Indoor)
   - Water Polo
   - Wrestling

3. In what NCAA division does your team compete?
   - Division I
   - Division II
   - Division III

4. What is your current academic standing?
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Completed bachelor's degree

5. How do you describe yourself? *(Mark all that apply)*
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Hispanic or Latino/a/x
   - Middle Eastern or North African
   - Native Hawaiian or Pacific Islander
   - White
   - Other

6. Do you consider yourself to be: *(Mark all that apply)*
   - Straight or heterosexual
   - Gay or lesbian
   - Queer
   - Bisexual or pansexual
   - Questioning or unsure
   - Another sexual identity
   - Prefer not to answer

7. What is your gender identity? *(Mark all that apply)*
   - Man
   - Woman
   - Genderqueer
   - Nonbinary
   - Transgender
   - Another gender identity
   - Prefer not to answer

8. What is your current age?
   - 18
   - 19
   - 20
   - 21
   - 22 or older

9. Do you qualify for a Pell Grant?
   - No
   - Yes
   - Not Sure

10. This academic year, are you receiving an athletics scholarship in your sport?
    - No
    - Yes, partial athletics scholarship
    - Yes, full athletics scholarship

11. Are you a member of a fraternity or a sorority?
    - No
    - Yes

12. Where do you currently live during the school year?
    - Residence hall or other campus housing/apartment
    - Fraternity or sorority house
    - Off-campus apartment or house

13. Where did you attend high school?
    - In the United States
    - In Canada
    - In another country
14. Within the last month, have you:

- a. Felt things were hopeless
- b. Felt overwhelmed by all you had to do
- c. Felt exhausted (not from physical activity)
- d. Felt very lonely
- e. Felt sad
- f. Felt so depressed that it was difficult to function
- g. Felt overwhelming anxiety
- h. Felt overwhelming anger
- i. Felt a sense of loss
- j. Experienced sleep difficulties (e.g., trouble falling asleep, waking too early)

15. How much do you agree or disagree that the following have negatively impacted your mental health within the last month?

- a. Academic worries
- b. COVID-19 health concerns
- c. Financial worries
- d. Family worries
- e. Playing time
- f. Coach relationship
- g. Team environment
- h. Personal experiences of racism or racial trauma
- i. Political disagreements with family or friends
- j. Planning for the future
16. How much do you agree or disagree with the following statements about mental well-being?

   a. I know where to go on campus if I have mental health concerns
   b. I know how to help a teammate that is experiencing a mental health issue
   c. I would feel comfortable seeking support from a mental health provider on this campus
   d. There are people on campus I can trust to give me support when I need it
   e. I feel that student-athletes’ mental health is a priority to our athletics department
   f. Student-athletes on this campus take the mental health concerns of their teammates seriously
   g. I would feel inadequate if I went to a therapist for psychological help
   h. My self-esteem would increase if I talked to a therapist
   i. Seeking psychological help would make me feel less intelligent

17. Please indicate how strongly you agree or disagree with the following statements:

   a. My coaches care about my physical well-being
   b. My coaches care about my mental well-being
   c. I would feel comfortable talking with my coaches about physical health issues
   d. I would feel comfortable talking with my coaches about mental health issues

18. If the following situations came up, how likely do you think you would be to engage in the following behaviors?

   a. Accompany a teammate home if they’ve had a lot to drink at a party
   b. Seek help to stop a fight that involves a teammate
   c. Walk away from a confrontation even if your toughness is being questioned
   d. Confront a teammate if you think they are treating a partner inappropriately
   e. Report a teammate’s involvement in academic misconduct
   f. Stop a teammate from driving after consuming alcohol
   g. Intervene in a situation that could lead to unwanted sexual behavior
19. Have you received training on your campus (e.g., bystander intervention, StepUP! or Green Dot) to prepare yourself to help someone in trouble?
   - Yes
   - No

**PART 3: Sleep**

20. In the past 7 days, how often have you:

   - Gotten enough sleep so that you felt rested when you woke up in the morning?  
     - 0 days
     - 1 day
     - 2 days
     - 3 days
     - 4 days
     - 5 days
     - 6 days
     - 7 days

   - Awakened too early in the morning and couldn’t get back to sleep?

   - Felt tired, dragged out, or sleepy during the day?

   - Gone to bed because you just could not stay awake any longer?

   - Had an extremely hard time falling asleep?

   - Fell asleep at an inappropriate time/place?

**PART 4: Weight, Body Image and Nutrition**

21. How do you describe your weight?
   - Very underweight for my sport
   - Slightly underweight for my sport
   - About the right weight for my sport
   - Slightly overweight for my sport
   - Very overweight for my sport

22. Which of the following are you trying to do about your weight?
   - Gain weight
   - Lose weight
   - Stay the same weight
   - I am not trying to do anything about my weight

23. Please indicate how strongly you agree or disagree with the following statements:

   - I think I have a good body
   - I am happy with my current weight
   - I like what I look like in pictures
24. Please indicate how strongly you agree or disagree with the following statements:

   a. I make an effort to eat fruits and vegetables each day ........................................
   b. I usually avoid eating fried foods ........................................
   c. I generally try to have a healthy diet .................................................................
   d. I make an effort to eat at least three meals a day .............................................
   e. Healthy food options are readily available to me after practice and competition ........................................
   f. I can afford to eat healthy meals each day .........................................................
   g. I have time to eat healthy meals each day .........................................................

25. How old were you when you started competing in your main sport?
   - 6 years old or younger
   - 7-9 years old
   - 10-12 years old
   - 13-15 years old
   - 16 years old+

26. How old were you when you started specializing in your main sport (competing in only that sport)?
   - 6 years old or younger
   - 7-9 years old
   - 10-12 years old
   - 13-15 years old
   - 16-18 years old
   - Competed in multiple sports through the end of high school (or into college)

27. Please indicate how strongly you agree or disagree with the following statements:

   a. I am accomplishing many worthwhile things in my sport ......................................
   b. I feel so tired from the physical demands of my sport that I struggle to find energy to do other things ........................................
   c. The effort I spend in my sport would be better spent doing other things ........................................
   d. I am exhausted by the mental demands of my sport ...........................................
   e. I am performing up to my ability in my sport ......................................................
   f. I care about my sport as much or more than I ever have .....................................
28. During the last 30 days, on how many days did you have the following problems or symptoms?

- Cold, flu or similar symptoms
- Headache
- Pain (non-headache) that made daily activities difficult

Options: 0, 1, 2, 3, 4, 5, 6, 7, 8+

29. How many times have you been diagnosed with a concussion by a medical professional?

- During college
- Before you entered college

Options: 0, 1, 2, 3, 4, 5, 6, 7, 8+

30. How comfortable do you feel reporting concussion-like symptoms to...

- A coach?
- A team trainer or doctor?

Options: Not At All Comfortable, Somewhat Comfortable, Mostly Comfortable, Extremely Comfortable

31. How many sport-related injuries have you sustained that required surgery, hospitalization or more than one month of time off from training or competition?

Options: 0, 1, 2, 3, 4, 5+

32. Are you currently unable to compete in your sport due to a long-term (e.g., month or more) injury or health concern?

- Yes
- No

33. Have you had COVID-19? (Mark ALL that apply)

- No
- Yes, I had COVID-19 in the last three months
- Yes, I had COVID-19 more than three months ago

34. Are any COVID-19 symptoms currently still impacting your ability to perform at your peak athletic level?

- Yes
- No
- I have not had COVID-19
35. How often do you use tobacco or other nicotine products by the following methods? (Mark ONE for each substance)

- Cigarettes
- Cigars
- Vape/E-cigarettes
- Hookah
- Spit tobacco (e.g., dip, chew, pouch, etc.)
- Other products (e.g., dissolvable, gum, etc.)

36. How often do you use marijuana or other cannabis products by the following methods? (Mark ONE for each substance)

- Inhale (e.g., smoke, vape, dab)
- Ingest (e.g., edibles, oils, tinctures)
- Apply to skin (e.g., cannabis-infused lotions)
- Use synthetic “marijuana” (e.g., Delta 8, K2, Spice, etc.)

37. Please indicate the reasons you have used marijuana or other cannabis products within the last year: (Mark ALL that apply)

- I have not used marijuana or cannabis products within the last year
- Coping with anxiety, depression or stress
- Experimentation
- Fun/enjoyment
- Help with sleep
- Medical use (e.g., alleviate physical pain, headache)
- Peer pressure
- Relaxation
- To be social

38. At the start of this school year, what were the marijuana laws in your college’s state? (Mark ONE)

- Marijuana was legal for recreational and medical use
- Marijuana was legal for medical use only
- Marijuana use was not legal in this state
- I don’t know

39. Do you believe that occasional (less than once per week) cannabis use by a student-athlete threatens their health and well-being?

- Yes
- No
- I don’t know
40. **How often do you use the following substances:** (Mark ONE for each substance)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never Used</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>Weekly or Daily</th>
<th>Never, but not in the last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Alcohol</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. LSD</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Methamphetamine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Heroin</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Amphetamines</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Cocaine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Ecstasy/Molly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Anabolic agents or related metabolic modulators (e.g., HGH, testosterone)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Nonsteroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen, aspirin, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. Injectable Toradol (ketorolac)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>k. Tylenol or acetaminophen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>l. ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>m. Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Fentanyl, Morphine, Tylenol with Codeine, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>n. Sedatives (e.g., Xanax, Valium, Klonopin, etc.)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>o. Ultracet, Ultram or Tramadol</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

41. **Within the last year, have you used the following substances specifically to prepare for a practice or competition?** (Mark ONE for each substance)

a. Spit tobacco ............................................................................. ☐

b. Marijuana ................................................................................. ☐

c. Amphetamines ............................................................................... ☐

d. Cocaine ...................................................................................... ☐

e. Anabolic agents or related metabolic modulators (e.g., HGH, testosterone) ..................... ☐

f. ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse) ....................................... ☐

g. Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Fentanyl, Morphine, Tylenol with Codeine, etc.) .................. ☐

42. **If you drink alcohol, typically how many drinks do you have in one sitting?** (Mark ONE)

- I do not drink alcohol |
  - 1 |
  - 2 |
  - 3 |
  - 4 |
  - 5 |
  - 6 |
  - 7 |
  - 8 |
  - 9 |
  - 10+ |

One drink= One 12 oz. beer  One 4 oz. glass of wine  One 12 oz. wine cooler  One mixed drink (w/ 1 shot)  One shot glass of liquor

43. **If you drink alcohol, typically how many days per week do you drink?** (Mark ONE)

- I do not drink alcohol  1 day a week or less  2 days a week  3 days a week  4 days a week  5 days a week  6 days a week  Every day
44. On average, how many times per week do you drink more than 5 drinks in one sitting (if you are a male), or more than 4 drinks in one sitting (if you are a female)? (Mark ONE)

- Never
- 1 day a week
- 2 days a week
- 3-4 days a week
- 5-6 days a week
- Every day

45. Within the last year, under what conditions have you taken the following medications? (Mark ALL that apply)

- ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse) with a prescription
- ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse) without a prescription
- Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilauidid, Fentanyl, Morphine, Tylenol with Codeine, etc.) with a prescription
- Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilauidid, Fentanyl, Morphine, Tylenol with Codeine, etc.) without a prescription
- Sedatives (e.g., Xanax, Valium, Klonopin, etc.) with a prescription
- Sedatives (e.g., Xanax, Valium, Klonopin, etc.) without a prescription
- I have not taken any of the medications listed

46. Within the last year, have you taken any of the following medications outside of their intended use, taking a dosage different from or taking it longer than what was prescribed or recommended? (Mark ALL that apply)

- Ibuprofen, naproxen, aspirin or nonsteroidal anti-inflammatory drugs
- Tylenol or acetaminophen
- Adderall, Ritalin, Concerta or Vyvanse
- Vicodin, Oxycontin, Percocet, Dilauidid, Fentanyl, Morphine or Tylenol with Codeine
- Xanax, Valium or Klonopin
- Ultracet, Ultram or Tramadol
- Injectable Toradol or Ketorolac
- I have not used any of the medications listed beyond their intended use within the last year

47. Within the last year, have you taken any of the following performance enhancers? (Mark ALL that apply)

- Andro or norandro
- Clenbuterol
- Dehydroepiandrosterone (DHEA)
- DHMT (oral turinabol)
- Epitestosterone
- Erythropoietin (EPO)
- Human chorionic gonadotrophin (HCG)
- Human growth hormone (HGH) – Injected form
- Human growth hormone (HGH) – Oral form
- Insulin (for performance enhancement)
- Prohormones
- SARMs (e.g., LGD-4033, ostarine)
- Testosterone boosters
- Other anabolic agents
- I have not taken any of the items listed

48. Within the last year, have you taken any of the following? (Mark ALL that apply)

- General multivitamin
- Multivitamin and mineral with other additives (e.g., caffeine, probiotics, herbal ingredients, etc.)
- Calcium
- Iron
- Probiotic
- Fish oil
- Glucosamine and/or chondroitin
- Amino acids (e.g., BCAAs, L-arginine, L-carnitine, beta-Alanine, etc.)
- Protein products (e.g., whey, casein, soy, etc.)
- Creatine
- Energy drinks (e.g., Red Bull, Monster, 5-Hour Energy, etc.)
- Brain/memory enhancer (i.e., nootropics)
- Diuretics (e.g., water pills)
- Prescription sleep aid (e.g., Ambien, Xanax, Ativan)
- Non-prescription sleep aid (e.g., Benadryl, Melatonin, Unisom, Valerian)
- Herbal supplements (e.g., turmeric, milk thistle, Echinacea, fenugreek, garcinia cambogia, etc.)
- Weight gain products
- Thermogenic/fat burners/weight loss products
- Sexual enhancers
- I have not taken any of the items listed
PART 8: Support

49. I wish the coaches or athletics administrators at my school talked more with my team about the following wellness topics: (Mark all that apply)

- Body image
- Concussion awareness
- Drinking/substance misuse
- Drug testing/NCAA banned substances
- Getting good sleep
- Mental wellness
- Proper nutrition
- Sexual violence prevention
- Weight management

Thank you for your participation in this important study on student experiences!

Results of previous student-athlete surveys are available on the NCAA Research website:

http://www.ncaa.org/research