

SOCIODEMOGRAPHIC QUESTIONS STRESS & RESILIENCE FACTORS

Self-description questionnaire (T1)

In order to be able to link the data of today's survey with those of previous surveys without anyone being able to find out who answered the questions, we again ask you to provide your personal code:

- First and last letter of your mother's first name _ _
- Day of your mother's birth (two digits) _ _
- First and second letter of your mother's birthplace _ _

PNUM: (is assigned by the study team)

Date:

Please answer each of the following items by checking the applicable alternative or writing in the applicable value.

<p>1. biological gender</p> <p style="text-align: right;">female <input type="checkbox"/></p> <p style="text-align: right;">male <input type="checkbox"/></p> <p>3. age in years <input style="width: 50px;" type="text"/></p> <p>4. size in cm <input style="width: 50px;" type="text"/></p>	<p>2. civil status</p> <p style="text-align: right;">single <input type="checkbox"/></p> <p style="text-align: right;">married <input type="checkbox"/></p> <p style="text-align: right;">separated or divorced <input type="checkbox"/></p> <p style="text-align: right;">widowed <input type="checkbox"/></p> <p>5. weight in kg <input style="width: 50px;" type="text"/></p>
<p>6. Relationship regardless of marital status</p> <p>no partner or relationship shorter than 3 months / living without a partner <input type="checkbox"/></p> <p>married and living together <input type="checkbox"/></p> <p>not married, but living together <input type="checkbox"/></p> <p>partnership without living together (> 3 months) <input type="checkbox"/></p>	<p>7. Duration of the relationship in months (0 if no partnership) <input style="width: 50px;" type="text"/></p> <p>8. Number of biological children</p> <p><input style="width: 50px;" type="text"/></p> <p><input style="width: 50px;" type="text"/></p>
<p>9. Are you currently receiving treatment for a mental illness?</p>	
<p>none <input type="checkbox"/></p> <p>depression <input type="checkbox"/></p> <p>bipolar disorder <input type="checkbox"/></p> <p>psychosis <input type="checkbox"/></p>	<p>anxiety disorder <input type="checkbox"/></p> <p>addiction <input type="checkbox"/></p> <p>eating disorder <input type="checkbox"/></p> <p>personality disorder <input type="checkbox"/></p>
<p>10. Do you enjoy your studies?</p> <p style="text-align: right;">yes, almost always <input type="checkbox"/></p> <p style="text-align: right;">most of time <input type="checkbox"/></p> <p style="text-align: right;">rarely <input type="checkbox"/></p> <p style="text-align: right;">no, almost never <input type="checkbox"/></p>	<p>11. Are you sure that you will complete your studies successfully?</p> <p style="text-align: right;">yes, almost always <input type="checkbox"/></p> <p style="text-align: right;">most of the time <input type="checkbox"/></p> <p style="text-align: right;">rarely <input type="checkbox"/></p> <p style="text-align: right;">no, almost never <input type="checkbox"/></p>
<p>12. From today's perspective, would you decide to study medicine again?</p> <p>I am unhappy with my decision <input type="checkbox"/></p> <p>I would make a different decision today <input type="checkbox"/></p> <p>The perspective of the medical profession allows me to overcome the hurdles <input type="checkbox"/></p> <p>I would definitely choose this again <input type="checkbox"/></p>	<p>13. Are there things that are currently making it difficult for you to be happy with your decision to study? (Multiple answers possible)</p> <p>uncertain future prospects <input type="checkbox"/></p> <p>competition among students <input type="checkbox"/></p> <p>little flexibility in structuring studies <input type="checkbox"/></p> <p>time pressure <input type="checkbox"/></p> <p>individual burden from studying <input type="checkbox"/></p> <p>financial burden from studying <input type="checkbox"/></p> <p>feeling overwhelmed <input type="checkbox"/></p> <p>loneliness <input type="checkbox"/></p> <p>performance pressure <input type="checkbox"/></p>

<p>14. How do you currently live?</p> <p>alone / own apartment <input type="checkbox"/></p> <p>apartment with my partner <input type="checkbox"/></p> <p>in a shared apartment <input type="checkbox"/></p> <p>room in student hall <input type="checkbox"/></p> <p>with the parents <input type="checkbox"/></p>	<p>15. If you have moved for your studies, how do you perceive the change of residence?</p> <p>positive <input type="checkbox"/></p> <p>neutral <input type="checkbox"/></p> <p>negative <input type="checkbox"/></p> <p>My place of residence has not changed <input type="checkbox"/></p>
<p>16. How do you pay for your studies? (Multiple answers possible)</p> <p>own professional activity / part-time job <input type="checkbox"/></p> <p>financial support from family <input type="checkbox"/></p> <p>BAföG <input type="checkbox"/></p> <p>scholarship <input type="checkbox"/></p> <p>State social benefits <input type="checkbox"/></p>	<p>17. Do you have sufficient financial resources?</p> <p>more than enough <input type="checkbox"/></p> <p>sufficient <input type="checkbox"/></p> <p>sometimes too little <input type="checkbox"/></p> <p>often too little <input type="checkbox"/></p> <p>I am usually under great financial pressure <input type="checkbox"/></p>
<p>18. Have you had more or less contact with friends since you started your studies?</p> <p>more than before <input type="checkbox"/></p> <p>unchanged, a lot <input type="checkbox"/></p> <p>unchanged, a little <input type="checkbox"/></p> <p>less than before <input type="checkbox"/></p>	<p>19. Have you had more or less contact with your family since you started your studies?</p> <p>more than before <input type="checkbox"/></p> <p>unchanged, a lot <input type="checkbox"/></p> <p>unchanged, a little <input type="checkbox"/></p> <p>less than before <input type="checkbox"/></p>
<p>20. Are you experiencing sufficient emotional support?</p> <p>I get more than enough emotional support <input type="checkbox"/></p> <p>I get enough emotional support <input type="checkbox"/></p> <p>Sometimes I don't get enough emotional support <input type="checkbox"/></p> <p>I often don't get enough emotional support <input type="checkbox"/></p> <p>I don't get any emotional support <input type="checkbox"/></p>	<p>21. How many hours per week do you spend on part-time jobs? (0 if you do not have a part-time job) <input type="text"/></p> <p>22. How many hours per week do you spend on study-related activities outside of everyday university life? (Learning, presentation preparation, exam preparation) <input type="text"/></p>
<p>23. How many hours per week do you spend with your friends, family or your partner? <input type="text"/></p>	<p>24. How many hours per week do you spend on your hobbies? <input type="text"/></p>
<p>25. How many hours a week do you actively exercise? <input type="text"/></p>	<p>26. How many hours a week do you actively play music? <input type="text"/></p>
<p>27. How do you rate the time available to you for your studies?</p> <p>I always have more than enough time for the requirements of my studies <input type="checkbox"/></p> <p>I always have enough time for the requirements of my studies <input type="checkbox"/></p> <p>Sometimes I don't have enough time for the demands of my studies <input type="checkbox"/></p> <p>I often don't have enough time for the requirements of my studies <input type="checkbox"/></p> <p>I am usually under time pressure to meet the requirements of the degree <input type="checkbox"/></p>	<p>28. How do you rate the time you have available for friends, family and partnership?</p> <p>I always have more than enough time for friends, family and partnerships <input type="checkbox"/></p> <p>I always have enough time for friends, family and partnerships <input type="checkbox"/></p> <p>Sometimes i don't have enough time for friends, family and partnerships <input type="checkbox"/></p> <p>I often don't have enough time for friends, family and partnerships <input type="checkbox"/></p> <p>I am usually under time pressure to maintain friendships, family relationships and partnerships <input type="checkbox"/></p>

<p>29. How do you rate the time available to you for your hobbies?</p> <p>I always have enough time for the requirements of my studies <input style="width: 40px; height: 20px;" type="text"/></p> <p>Sometimes I don't have enough time for my hobbies <input style="width: 40px; height: 20px;" type="text"/></p> <p>I often don't have enough time for my hobbies <input style="width: 40px; height: 20px;" type="text"/></p> <p>I am usually under time pressure to pursue my hobbies <input style="width: 40px; height: 20px;" type="text"/></p>	<p>30. Overall, how satisfied are you with...</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 12.5%; text-align: center;">very satisfied</th> <th style="width: 12.5%;"></th> <th style="width: 12.5%; text-align: center;">very dissatisfied</th> <th style="width: 12.5%;"></th> </tr> </thead> <tbody> <tr> <td>... your studies</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>... your partnership</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>... your family relationships</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>... your friendships</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td>... your opportunity to pursue hobbies</td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </tbody> </table>		very satisfied		very dissatisfied		... your studies	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	... your partnership	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	... your family relationships	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	... your friendships	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	... your opportunity to pursue hobbies	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
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<p>31. Are you satisfied with your diet?</p> <p style="text-align: right;">yes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">no <input style="width: 40px; height: 20px;" type="text"/></p>	<p>32. Are you happy with your weight?</p> <p style="text-align: right;">yes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">no <input style="width: 40px; height: 20px;" type="text"/></p>																														
<p>33. Do you eat regular meals?</p> <p style="text-align: right;">yes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">usually <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">sometimes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">no <input style="width: 40px; height: 20px;" type="text"/></p>	<p>34. Do you eat a healthy diet? (For example, do you follow a certain diet?)</p> <p style="text-align: right;">yes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">usually <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">sometimes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">no <input style="width: 40px; height: 20px;" type="text"/></p>																														
<p>35. Do you use specific relaxation techniques? (e.g. yoga, PMR, autogenic training, meditation, etc.)</p> <p style="text-align: right;">yes <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">no <input style="width: 40px; height: 20px;" type="text"/></p>	<p>36. How many days a week do you drink at least one alcoholic beverage?</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 100px;"></div>																														
<p>37. How often do you drink more than 6 (women) or 8 (men) drinks per occasion? (1 drink = 250 ml beer or 1 glass of wine or 2 cl schnapps)</p> <p style="text-align: right;">never <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">rare <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">monthly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">weekly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">(almost) daily <input style="width: 40px; height: 20px;" type="text"/></p>	<p>38. In the past year, how often were you unable to (completely) remember an evening after consuming alcohol ("film tear")?</p> <p style="text-align: right;">never <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">rare <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">monthly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">weekly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">(almost) daily <input style="width: 40px; height: 20px;" type="text"/></p>																														
<p>39. In the past year, how many times have you been unable to do what you normally would have done on the morning after drinking alcohol?</p> <p style="text-align: right;">never <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">rare <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">monthly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">weekly <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">(almost) daily <input style="width: 40px; height: 20px;" type="text"/></p>	<p>40. How often did anyone ask you about your alcohol consumption in the past year? E.g. with the recommendation to reduce consumption?</p> <p style="text-align: right;">never <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">once <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">several times <input style="width: 40px; height: 20px;" type="text"/></p>																														
<p>41. How many cigarettes do you smoke on average per day?</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 100px;"></div>																															

<p>42. Do you use substances or drugs to improve concentration and performance? (Multiple answers possible)</p> <p>beverages containing caffeine <input type="checkbox"/></p> <p>medication <input type="checkbox"/></p> <p>activating drugs <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>	<p>43. Do you use substances or medication to calm down or to be able to sleep? (Multiple answers possible)</p> <p>Food (e.g. chocolate) <input type="checkbox"/></p> <p>medication <input type="checkbox"/></p> <p>sedating drugs <input type="checkbox"/></p> <p>no <input type="checkbox"/></p>
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44. Which of the following medications have you taken in the past 12 months?
Please tick everything that applies to you!

<p>painkillers <input type="checkbox"/></p> <p>sleeping pills <input type="checkbox"/></p> <p>tranquilizer <input type="checkbox"/></p> <p>stimulants <input type="checkbox"/></p>	<p>appetite suppressants <input type="checkbox"/></p> <p>antidepressants <input type="checkbox"/></p> <p>neuroleptics <input type="checkbox"/></p> <p>anabolics <input type="checkbox"/></p>
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45. Which of the following medications have you taken in the past 12 months?
Please tick everything that applies to you!

	How often taken in the last 30 days?					Was the intake prescribed by the doctor?	
	Not taken	Less frequently than once a week	several times a week	daily	⇒	yes	no
painkillers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
tranquilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
Appetite suppressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
antidepressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
neuroleptics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>
anabolics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒	<input type="checkbox"/>	<input type="checkbox"/>

<p>46. Which of the following symptoms did you experience during and as a result of your studies? (Multiple answers possible)</p> <p>Procrastination <input type="checkbox"/></p> <p>Exhaustion <input type="checkbox"/></p> <p>Feeling overwhelmed <input type="checkbox"/></p> <p>Anxiety <input type="checkbox"/></p> <p>Psychosomatic complaints (e.g. gastrointestinal problems, muscle tension, neurodermatitis) <input type="checkbox"/></p> <p>Learning and performance disorders <input type="checkbox"/></p> <p>Identity and self-worth problems <input type="checkbox"/></p> <p>Irritability <input type="checkbox"/></p> <p>Depressive mood <input type="checkbox"/></p>	<p>47. Have you spoken to anyone about these symptoms? (Multiple answers possible)</p> <p>No, i didn't confide in anyone <input type="checkbox"/></p> <p>Yes, I confided in someone, namely</p> <p>...my family <input type="checkbox"/></p> <p>...my friends <input type="checkbox"/></p> <p>...my partner <input type="checkbox"/></p> <p>...my fellow students <input type="checkbox"/></p> <p>...my lecturer <input type="checkbox"/></p> <p>...the student advisory service <input type="checkbox"/></p> <p>...a psychotherapist <input type="checkbox"/></p> <p>...a doctor <input type="checkbox"/></p>
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