

Survey on the needs of female college students in SLO County

This is a confidential survey being conducted by the SLO County Community Foundation on the needs of women and girls within the county. Please answer all questions (1-20) to the best of your ability. Remember that this is confidential and you are able to skip any question that you do not feel like answering or that does not apply to you. Thank you for your participation.

1. Gender: \_\_\_\_\_  Don't know

2. Are you a college student **and** currently residing in San Luis Obispo County?  
 Yes  No  Don't know

3. *If yes to question 2:* What college institution do you attend?  
 Cal Poly State University  Cuesta Community College  
 Allan Hancock Community College  
 Other, please specify: \_\_\_\_\_  
 Don't know  Do not attend college in SLO County

4. In which area of San Luis Obispo County do you reside?  
 North Coast (Los Osos and north)  South County (Avila, Pismo Beach, and south)  
 North County (Paso Robles, Atascadero, etc.)  Not a resident of SLO County  
 City of San Luis Obispo  Don't know

5. Please rank the top five issues, using only the options from the list below, that you believe need to be addressed in order to improve the lives of women and girls in San Luis Obispo County:

- |                                                      |                              |
|------------------------------------------------------|------------------------------|
| 1. Affordable, Adequate Childcare                    | 12. Pay Inequality           |
| 2. Basic Needs (Food, Clothing, Housing, Employment) | 13. Peer Pressure            |
| 3. Domestic Violence                                 | 14. Poverty                  |
| 4. Education                                         | 15. Resources                |
| 5. Elderly needs                                     | 16. Self Esteem              |
| 6. Financial Literacy                                | 17. Sexual Assault           |
| 7. Fragmentation of Services                         | 18. Substance abuse          |
| 8. Hopelessness                                      | 19. Teenage Pregnancy        |
| 9. Lack of Mentors                                   | 20. Traditional Gender Roles |
| 10. Lack of Opportunities                            | 21. Transportation           |
| 11. Lack of Role Models                              | 22. Violence (in general)    |

First: #
Second: #
Third: #
Fourth: #
Fifth: #

Don't know

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6. On a scale from 1-10 (1 being poor and 10 being excellent), how would you rate the overall quality of life here in San Luis Obispo County for you and your household?

Circle choice

1      2      3      4      5      6      7      8      9      10

Don't know

7. Do you feel you have reasonable access to any help you may need in the following areas:

Circle Yes, No, or Don't know

a)	Affordable housing?	Yes	No	Don't know
b)	Childcare?	Yes	No	Don't know
c)	Domestic violence?	Yes	No	Don't know
d)	Drug/Alcohol treatment?	Yes	No	Don't know
e)	Education?	Yes	No	Don't know
f)	Financial management?	Yes	No	Don't know
g)	Food/meals?	Yes	No	Don't know
h)	Health care?	Yes	No	Don't know
i)	Legal assistance?	Yes	No	Don't know
j)	Mental health services?	Yes	No	Don't know
k)	Transportation?	Yes	No	Don't know

8. Do you seek help or assistance (for the categories a-k listed under question 7 or others) from any organizations not associated with your school in San Luis Obispo County?

Yes    No    No, but would like to seek help    Don't know

9. *If answered yes, or would like to, to question 8: What types of help or assistance do you, or would you, seek from those organizations? Check all that apply*

- |                                                            |                                                         |
|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Basic needs (housing, food, etc.) | <input type="checkbox"/> Medical                        |
| <input type="checkbox"/> Childcare                         | <input type="checkbox"/> Mental health                  |
| <input type="checkbox"/> Drug/alcohol                      | <input type="checkbox"/> Reproductive health            |
| <input type="checkbox"/> Employment services               | <input type="checkbox"/> Sexual assault victim services |
| <input type="checkbox"/> Financial                         | <input type="checkbox"/> Veteran assistance             |
| <input type="checkbox"/> Government aid                    | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Legal                             | <input type="checkbox"/> Don't know                     |

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10. On average, how often do you drink alcohol?

- |                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Never                  | <input type="checkbox"/> 2 to 3 times per week    |
| <input type="checkbox"/> 1 time a month or less | <input type="checkbox"/> 4 or more times per week |
| <input type="checkbox"/> 2 to 4 times a month   | <input type="checkbox"/> Don't know               |

11. On average, how often do you use drugs (other than alcohol) recreationally?

- |                                                 |                                                   |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Never                  | <input type="checkbox"/> 2 to 3 times per week    |
| <input type="checkbox"/> 1 time a month or less | <input type="checkbox"/> 4 or more times per week |
| <input type="checkbox"/> 2 to 4 times a month   | <input type="checkbox"/> Don't know               |

12. If you do drink alcohol, what are your reasons for doing so? *Check all that apply*

- |                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Peer pressure                    | <input type="checkbox"/> To meet people/make friends      |
| <input type="checkbox"/> It is normal to drink in college | <input type="checkbox"/> To increase sexual opportunities |
| <input type="checkbox"/> It is something to do            | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> To relax/deal with stress        | <input type="checkbox"/> Do not drink alcohol             |
| <input type="checkbox"/> To have more fun                 | <input type="checkbox"/> Don't know                       |
| <input type="checkbox"/> To increase confidence           |                                                           |

13. Have you been sexually active within the past year?

- Yes       No       Don't know

14. *If yes to question 13:* Have you ever engaged in any type of unprotected sex? (including vaginal, anal, and oral)

- Yes       No       Don't know

15. *If yes to question 14:* Why did you engage in unprotected sex? *Check all that apply*

- |                                                                            |                                              |
|----------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> In a long term relationship                       | <input type="checkbox"/> I did not want to   |
| <input type="checkbox"/> Did not have any method of protection at the time | <input type="checkbox"/> Uncomfortable topic |
| <input type="checkbox"/> Under the influence of drugs/alcohol              | <input type="checkbox"/> Religious reasons   |
| <input type="checkbox"/> Did not think would get pregnant and/or STD's     | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Partner did not want to                           | <input type="checkbox"/> Don't know          |

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16. Age: \_\_\_\_\_  Don't know

17. What would you consider your race/ethnicity to be?

- |                                           |                                     |
|-------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Asian            | <input type="checkbox"/> White      |
| <input type="checkbox"/> Black            | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Native American  |                                     |
| <input type="checkbox"/> Pacific Islander |                                     |

18. Estimated total annual income that includes: employment, family support, spousal support, loans, scholarships, and GI benefits

- |                                           |                                           |
|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Less than 10,000 | <input type="checkbox"/> 75,000-99,999    |
| <input type="checkbox"/> 10,000-14,999    | <input type="checkbox"/> 100,000-149,999  |
| <input type="checkbox"/> 15,000-24,999    | <input type="checkbox"/> 150,000-199,000  |
| <input type="checkbox"/> 25,000-34,999    | <input type="checkbox"/> 200,000 or above |
| <input type="checkbox"/> 35,000-49,999    | <input type="checkbox"/> Don't know       |
| <input type="checkbox"/> 50,000-74,999    |                                           |

19. What is the highest level of education that you have attained?

- |                                                             |                                                       |
|-------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Less than high school              | <input type="checkbox"/> Master's degree              |
| <input type="checkbox"/> High school degree/GED             | <input type="checkbox"/> Doctoral degree              |
| <input type="checkbox"/> Some college                       | <input type="checkbox"/> Professional degree (MD, JD) |
| <input type="checkbox"/> 2 year college degree (Associates) | <input type="checkbox"/> Don't know                   |
| <input type="checkbox"/> 4 year college degree (BA, BS)     |                                                       |

*[The following question was included for a senior project. Results were not used in the report.]*

20. How would you classify your political beliefs?

- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Extremely Liberal              | <input type="checkbox"/> Slightly Conservative  |
| <input type="checkbox"/> Liberal                        | <input type="checkbox"/> Conservative           |
| <input type="checkbox"/> Slightly Liberal               | <input type="checkbox"/> Extremely Conservative |
| <input type="checkbox"/> Moderate; "middle of the road" | <input type="checkbox"/> Don't Know             |