

Questionnaire on attitudes toward the Infirmary

Recreation and General Health

at Bennington College

The following questionnaire has been issued by the Health Service Committee because we are interested in hearing the opinions of the community towards the infirmary and other health problems here at Bennington. We are also interested in what your previous as well as present attitude toward health and recreation have been. If you feel that there is room for improvement in the Health Service of the college we would be interested in having your ideas, therefore we would like your cooperation in filling out this questionnaire.
Please feel free to make any comments.

Year _____

Age _____

- A. 1. How many separate admissions did you have in the infirmary last year?
2. What were the reasons for your admissions? (Please check. In case of more than one admission for ~~xxxxxxx~~ the same reason please check number of times)
- | | |
|------------|---------------|
| Measles | Throat |
| Chest cold | Pneumonia |
| Head cold | Stomach upset |
- change to broken limbs or sprains*
3. How many times did you report to the dispensary last year? (Excluding times for typhoid shots, hay fever, and other periodic injections)
4. What were your reasons for reporting? (Please check all reasons. When you reported more than once for the same reason check number of times)
- | | |
|-------------------------|------------------|
| Guts | Indigestion |
| Constipation | Headache |
| "Cramps" | Measles check-up |
| Conjunctivitis ? | Muscle strain |
| Eyestrain | Sprains |
| Fatigue | Sinusitis |
| Glandular dysfunction ? | Ringworm |
| | Colds |
5. If you had colds how do you think you caught the majority of them? (Drafts __, Fatigue __, Insufficient clothing __, Another person __, Other __)
6. Have you urged other girls to go to the infirmary when they were ill? (Yes __, Sometimes __, No __)
- B. 7. When you stayed in the infirmary, do you think you were considered cooperative? (No __, Usually __, Yes __)
8. When you stayed in the infirmary, did you urge the nurses or doctors to dismiss you before they indicated that you could leave? (Never __, Often __, Always __)

9. a) Do you believe that you have been kept in the infirmary longer than necessary? (Never__, Once__, Twice__, Three times__, More often__)
b) Do you think the infirmary made any money off of you? (Yes__, No__)
at your expense?
10. Have you been ill enough to have outside care and still not reported to the ~~infirmary~~ dispensary? (Never__, Once__, Twice__, Three times__, More often__)
11. Do you have your own home remedies for such illnesses as colds, headaches, indigestion? (Yes__, No__)
12. If you do not report to the dispensary, which do you usually do? (Stay in your room__, Carry on as usual__) *Go home?*
13. Do you believe that people with common colds should be isolated? (Yes__, No__)
14. What were the most outstanding criticisms of the Health Service that you heard last year?
15. Do you think that you will be prevailed upon to stay in the infirmary when you do not think it is necessary to stay in bed? (Yes__, No__)
16. Do you think that the infirmary unnecessarily avoids telling you what is really wrong with you when you feel that you should know? (Yes__, Sometimes__, No__)
17. Which of the following do you think the attitude of the infirmary has been in your case? (Coldly professional__, Indifferent__, Sympathetic__)
- D. 18. When you were a child were you sick (Often__, Sometimes__, Never__)
19. Were you made to stay in bed for very slight reasons? (Always__, Sometimes__, Never__)
20. Were you considered a "sickly" child? (Yes__, No__)
21. If you were sickly, did your family tend to be over-solicitous of you? (Yes__, No__)
22. a) Did anything or anybody ever prejudice you against doctors? (Yes__, No__)
b) If so, how did this happen?
- E. 23. Do you think that you get enough recreation?
a) Daily (Yes__, Sometimes__, No__)
b) Weekly (Yes__, Sometimes__, No__)
- X 24. What is your favorite recreation on an average Wednesday afternoon?
25. Do you like forms of recreation involving physical exercise? (Yes__, Sometimes__, No__)

26. Assuming there are facilities available, which physical recreations would you especially like to engage in during college?

Archery	Golf	Shooting
Badminton	Hand ball	Skating
Basket ball	Hiking(mountains, overnight trips)	Skiing
Bicycling		Soft-ball
Bowling	Hockey	Squash
Dancing	Horse-back riding	Swimming
Deck tennis	Horse-shoe pitching	Tennis
Fencing	Paddle tennis	Volley ball
Fishing		Walking

27. Would you be interested in having teams in tennis, hockey, basketball, to play intercollegiate games? (Yes___, No___)

28. a) How many week-ends were you away from college last year?
b) Where did you go most often? (Home___, Men's colleges___, Other___)
c) Did you come back to college (Tired___, Rested___, As usual___)

F. 29. Do you usually get enough sleep?(Yes___, NO___)

30. How many hours of sleep is your usual average?

31. How is your appetite? (Not so good___, Average___, Tremendous!___)

32. How has your weight been in the last two years? (Lost___, Gained___, Stayed about the same___)

33. Do you smoke? (Occasionally___, Regularly___, Not at all___)

34. If you do smoke, how many cigarettes do you smoke per day as an average?

35. Do you consider your present health(Excellent___, Good___, Fair___, Poor___)

G. 36. If you have questions about health how do you prefer to have them answered? (Discussion with health director___, Attending meeting where these subjects are discussed___, Reading about them___)

37. The Health Department is planning a series of afternoon meetings on the subject of human reproduction. Would you be interested in attending these meetings? (Yes___, No___)

Please make any additions or comments you may have concerning this questionnaire.