

Mental Health of Collegiate Athletes

Submitted by Taryn Faull

California Lutheran University

for EXSC 494: Capstone

May 11, 2022

ABSTRACT

Mental health of collegiate athletes is a growing topic of conversation recently, with student athletes being about 2% more likely to experience a severe mental health disorder than their non-athlete peers (McQuade, 2021). The purpose of the current study was to determine the prevalence of depression, anxiety disorders, and eating disorders in collegiate athletes as well as their perception of whether participating in their sport has improved or worsened their symptoms of these disorders. The participants in this study were asked to complete a survey regarding their diagnosis and/or experience with symptoms of depression, anxiety disorders, and/or eating disorders as well as whether or not they would consider seeking professional help for their mental health. The survey included questions based on previously developed inventories for these disorders such as the Beck Depression Inventory (BDI) (Beck et al., 1961), the Generalized Anxiety Disorder Assessment (GAD-7) (Spitzer et al., 2006), and the Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn & Beglin, 2008). Data from these questions were analyzed to calculate a score as determined by the respective assessment to determine if the participant was categorized as having a minimal, mild, moderate, or severe case of the disorder. The results of the study revealed that only 5 participants had been clinically diagnosed with at least one of the three disorders of interest, however about two-thirds of participants reported experiencing some symptoms of the disorders regardless of a clinical diagnosis. Furthermore, of the respondents whose scores suggested either moderate or severe levels of symptoms, there were 8 for anxiety disorders, 5 for depression, and 7 for eating disorders. The results also showed that about 52% of student-athletes surveyed would consider seeking therapy and another 9% were already in therapy for their mental health. These numbers contradict previous research that suggested that student-athletes were less likely to seek professional help in regard to their mental health as non-athletes (Kaier et al., 2015). However, consistent with previous studies, the current study found that athletes are at a greater risk of depression, anxiety disorders, and eating disorders due to additional pressures faced while balancing athletics and academics while also enduring other stressors of life as a college student (Goldman, 2014).

Key words: Depression, Anxiety, Eating Disorders, NCAA, Therapy

INTRODUCTION

Mental illness is a growing issue among collegiate student athletes. The American Psychiatric Association (2018) defines mental illness as a health condition that involves changes in emotions, thoughts, and/or behaviors that may be caused by stress or problems in work, school, or social life. Mental illness does not only affect specific populations, nor does it present the same in each person. Athletes for Hope reports that about 25% of student athletes experience mental health issues, with 10-15% being severe enough to warrant counseling (Kuik, 2021). However, athletes are not as likely as their non-athlete counterparts to seek professional help for their mental health. Additionally, males are typically more resistant to seeking psychological help than females (Martin, 2006). Among the most common mental disorders that collegiate athletes experience are anxiety disorder, depression, and eating disorders (Thompson & Sherman, 2007).

Collegiate athletes are under significant amounts of stress as they endure the pressure of being an athlete on top of the normal stress of being a college student. Previous studies used surveys to reveal that between 15-21% of college athletes have experienced symptoms of depression or met criteria for a clinical diagnosis (Wolanin et al., 2015). While this is less than non-athletes, it is important to note that the stigma surrounding mental health in athletes is oftentimes greater than for non-athletes which leads to athletes avoiding asking for help in fear that they will appear weak (Armstrong et al., 2015). In fact, studies have found that only about 10% of student athletes seek mental health services (Bird et al., 2018). Furthermore, female athletes are more likely to report symptoms of depression than males, however, they are less likely to complete suicide (Rao & Hong, 2015).

Anxiety is also an increasing issue in college athletics with the American College of Sports Medicine (ACSM) reporting that 25-30% of student athletes frequently experience overwhelming feelings of anxiety (2021). The presence of additional stressors of balancing academics, demanding athletic schedule, and social life in the everyday life of a college athlete may increase their risk of developing an anxiety disorder (Lopes Dos Santos et al., 2020). Many athletes suffer from extreme anxiety prior to competition, which is known as performance anxiety, and can be used either positively or negatively in competition situations (Ryan et al., 2018). Therefore, anxiety may cause reductions in both their athletic as well as their academic performance which can cause even more stress. As with depression, Lopes Dos Santos et al. (2020) also reported that athletes are less likely than non-athletes to report their symptoms of anxiety or seek psychological help. Additionally, similar to depression, females are more likely to report high levels of anxiety than males (Lopes Dos Santos et al., 2020).

Eating disorders are likewise commonly seen in collegiate athletes, especially female athletes. Female collegiate athletes are particularly at risk for eating disorders due to pressure from coaches or teammates, weigh-ins, or uniform fits in addition to the societal pressure to look a certain way. One study reported that between 17-19% of female college athletes have a subclinical level of an eating disorder and between 15-78% of female athletes had engaged in some method of weight control that could be considered disordered eating (Wells et al., 2015). Females tend to present symptoms of eating disorders with a goal of appearing smaller or losing weight. Among the most common eating disorders in female athletes are binge eating disorder, bulimia, and skipping meals (Greenleaf et al., 2009). Males are certainly not immune to eating disorders, however, they typically do not experience the same prevalence rates as females. As

opposed to females, male athletes tend to want to appear bigger and more muscular, which could lead to overexercising, binge eating, bulimia, and/or fasted diets (Chatterton & Petrie, 2013).

Previous research has examined the prevalence of different mental disorders in collegiate athletes, however, the purpose of this study was to determine the prevalence of specifically anxiety disorders, depression, and eating disorders among collegiate athletes and whether they feel that participation in their sport has either improved or worsened their symptoms.

Additionally, it aims to examine the likelihood of these athletes to seek professional help in regard to their experiences with symptoms of these mental health disorders.

METHODS

Participants

This study included survey data from 35 current collegiate student-athletes from NCAA Division III. All participants were anonymous volunteers and included both males and females. The survey was distributed to participants by sample of convenience. The investigator invited specific teams to participate in the survey and the link was posted on the investigator's social media. Both of these distribution options gave recipients the option of whether or not to complete the survey. All participants gave their informed consent (see Appendix A) prior to completing the survey questions and were allowed to skip questions or stop the survey at any time.

Design and Procedure

The survey was designed using Qualtrics and consisted of 14 questions regarding participation in college athletics and experience with symptoms of mental health disorders (see Appendix B). At first the questions gathered demographic information such as age, sport, and competition level. Then the participants were asked if they had been diagnosed with depression, anxiety disorder(s), and/or eating disorder(s) during their time in college, followed by a question of whether or not they would classify themselves as experiencing symptoms of these disorders regardless of if they had received a clinical diagnosis.

The next few questions focused on specific symptoms of anxiety disorders, depression, and eating disorders based on diagnostic criteria detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The survey asked questions based on the Generalized Anxiety Disorder Assessment (GAD-7) (Spitzer et al., 2006), the Beck Depression Inventory (BDI) (Beck et al., 1961), and the Eating Disorder Examination Questionnaire (EDE-Q) (Fairburn & Beglin, 2008). These previously developed assessments were used to reveal whether the

participants who stated they did not experience symptoms of these disorders actually reported any when asked about a specific symptom. In other words, it aimed to determine if the athletes would admit to having symptoms of mental health disorders when they were not explicitly asked about just a general disorder. It then asked if the participants felt if competing in a sport made their symptoms or diagnosis better or worse and how so. Lastly, the survey inquired about whether or not the participants were currently in therapy or if they would consider starting therapy in regard to their mental health.

Statistical Analysis

The data was downloaded and analyzed in Microsoft Excel. Data was still included if the survey was incomplete up to the point where it was completed. Each of the responses from the questions based on previously developed questionnaires correlated to a numerical score. For example, a response of “not at all” received a score of 0, “several days” equaled 1, “more than half the days” received a score of 2, and “nearly every day” corresponded with a score of 3. All of these values were summed up to determine the level of severity of each of the three disorders of interest for each participant. Higher scores indicated a greater severity of the given disorder, while lower scores indicated a more mild case of the disorder.

RESULTS

The survey was completed by 35 collegiate student athletes, 31 females and 4 males, who were currently participating in an NCAA Division III sport. Data was collected from athletes who played softball, basketball, water polo, football, lacrosse, swim, and volleyball. The participants included 10 freshmen, 7 sophomores, 10 juniors, and 8 seniors with an average age of 19.8 ± 1.4 years.

Of the participants, only 5 reported that they had been clinically diagnosed with depression, anxiety disorder(s), and/or eating disorder(s). There were a total of 3 reporting depression, 5 reporting anxiety, and 2 reporting eating disorders diagnoses, meaning that 3 subjects reported a diagnosis of multiple disorders. However, Figure 1 shows that over half of the athletes reported that they have experienced symptoms of at least one of these disorders regardless of whether they had been clinically diagnosed.

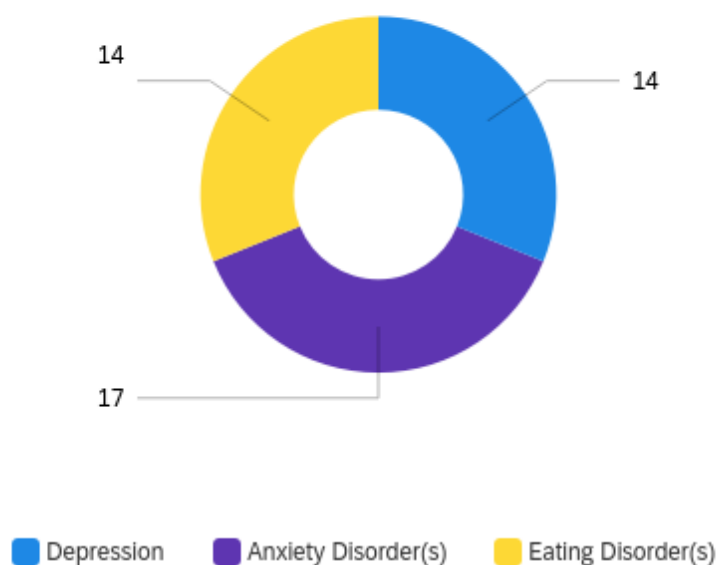


Figure 1: Number of athletes who reported experiencing symptoms of depression, anxiety disorder(s), and/or eating disorder(s) regardless of a clinical diagnosis.

Table 1-3 show the responses of athletes to questions about specific symptoms based on the questions that were created from the Generalized Anxiety Disorder scale, 7-item scale, Beck's Depression Inventory, and the Eating Disorder Examination Questionnaire.

Table 1: Responses to questions assessing anxiety disorder

#	Field	Not at all	Several days	More than half of the days	Nearly everyday
1	Feeling nervous, anxious, or on edge	17.65%	58.82%	14.71%	8.82%
2	Not being able to stop/control worrying	38.24%	44.12%	8.82%	8.82%
3	Trouble relaxing / feeling restless	23.53%	50.00%	14.71%	11.76%
4	Difficulty concentrating	32.35%	38.24%	14.71%	14.71%
5	Easily annoyed or irritable	23.53%	50.00%	14.71%	11.76%
6	Feeling afraid that something bad might happen	52.94%	38.24%	2.94%	5.88%
7	Worrying too much about different things	29.41%	47.06%	2.94%	20.59%

Table 2: Responses to questions assessing depression.

#	Field	Not at all	Some days	More than half the days	Nearly everyday
1	Feeling sad or discouraged	24.24%	48.48%	18.18%	9.09%
2	Feeling hopeless about the future	69.70%	21.21%	9.09%	0.00%
3	Uninterested in hobbies	59.38%	31.25%	6.25%	3.13%
4	Disappointed / feeling like a failure	48.48%	39.39%	6.06%	6.06%
5	Thoughts of hurting yourself	87.88%	9.09%	3.03%	0.00%
6	More tired than usual	15.15%	42.42%	24.24%	18.18%
7	Low self-confidence	33.33%	39.39%	21.21%	6.06%

Table 3: Responses to questions assessing eating disorders.

#	Field	Not at all	Several days	More than half the days	Nearly everyday
5	Thought a lot about the calories in food	31.25%	31.25%	31.25%	6.25%
2	Tried to limit amount or type of food you were eating	37.50%	25.00%	21.88%	15.63%
1	Had a strong desire to change your weight	37.50%	18.75%	15.63%	28.13%
8	Felt guilty about what or how much you ate	40.63%	25.00%	12.50%	21.88%
3	Gone long periods without eating anything	65.63%	21.88%	9.38%	3.13%
7	Exercised with the purpose of losing weight	50.00%	31.25%	9.38%	9.38%
6	Tried to make yourself sick or force an empty stomach	84.38%	6.25%	3.13%	6.25%
4	Had a fear of losing control around food	78.13%	15.63%	0.00%	6.25%

For each individual participant, the sum of scores was calculated using the predetermined scaling where each response corresponded to a number value. Higher scores indicated a greater severity of that particular disorder while lower scores corresponded with a more mild case. Figure 2 details the number of athletes that scored at each level of severity for anxiety disorders, depression, and eating disorders.

Next, the athletes indicated whether or not participation in their sport had improved or worsened their mental health. About 35% of athletes reported that sport participation has improved their mental health, while another 35% said that their sport had worsened their mental health. The other 28% indicated that sport participation neither positively or negatively impacted their mental health.

Finally, the participants were asked about therapy and if they would consider talking to a professional regarding their mental health. Figure 3 details the percentage of athletes who reported their status or thoughts about getting professional help.

Anxiety, Depression and Eating Disorders

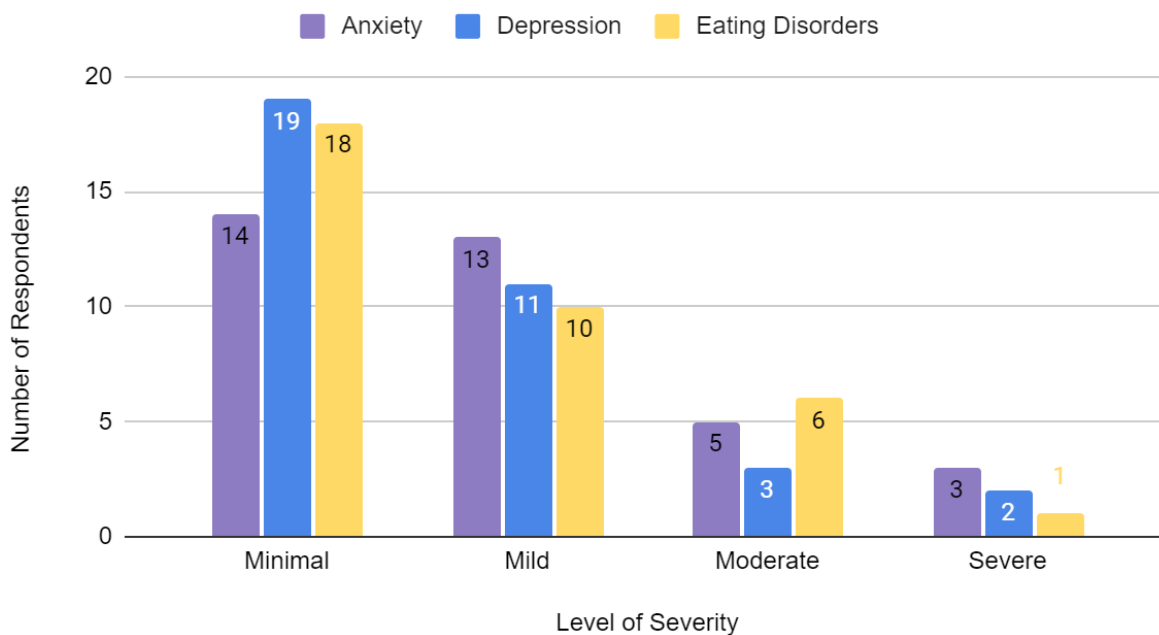


Figure 2: Athlete’s scores from the GAD-7, BDI, and the EDE-Q classified by the level of each disorder that their score corresponded to.

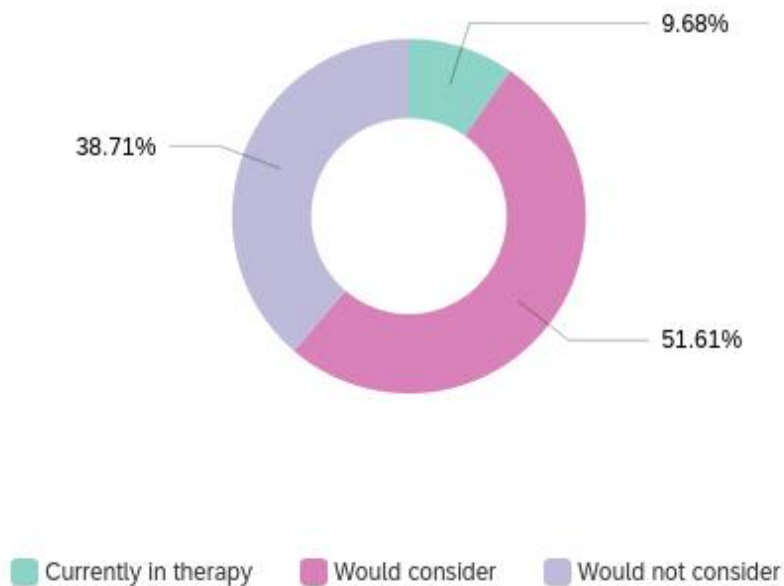


Figure 3: The percentage of participants who reported they would consider starting therapy, or not consider starting therapy, as well as those who are already working with a professional.

DISCUSSION

The purpose of this study was to determine the prevalence of depression, anxiety disorders, and eating disorders among college athletes as well as their perceptions of seeking psychological help for their mental health. The findings of this study contradict the results from other studies in terms of athlete's attitude toward seeking professional help in regard to their mental health. Previous research has suggested that despite being at greater risk, athletes may be less likely to utilize mental health services due to personal or public stigma and fear of being judged or appearing weak to teammates or peers (Kaier et al., 2015). Therefore, the results of the current study were somewhat unexpected in that they revealed that over 60% of student-athletes surveyed were either currently in therapy or would consider starting therapy. This may be due to the fact that the athletes in the current study were all from NCAA Division III universities, which one study suggested may be a factor in regard to their level of comfort with seeking psychological services compared to NCAA Division I athletes (Moore, 2017).

Consistent with previous research, this study found that experiencing symptoms of depression, anxiety disorders, and eating disorders are common among collegiate student-athletes. One study reported that athletes may experience additional factors that could contribute to a greater risk of depression compared to non-athletes (Wolanin et al., 2015). Another study detailed these potential sport related risks including response to injury, response to end of athletic career, and overtraining (Bader, 2014). Other research suggested that athletes may suffer from depression more than their non-athlete counterparts, but are less likely to report their experiences (Gill, 2014). Furthermore, one study described the prevalence of anxiety disorders in college athletics may be heightened due to the added stress of wanting to perform well in their sport, in addition to other life and college stressors (Goldman, 2014). Lastly, eating disorders

have been found to be common in college athletes because of a pressure to look a certain way for their sport or position, or to be at a specific weight for competition, which can come from teammates, coaches, or oneself (Thompson, 2014). Though a small number of males participated in the current study, it was still revealed that more females experienced and reported symptoms of depression, anxiety, and eating disorders which is consistent with other previous studies (Ryan et al., 2018).

One interesting finding of the current study was that the same number of participants reported an improvement of their mental health symptoms as reported a worsening as a result of sport participation. A previous study shows concurring evidence that athletes may appear less symptomatic of mental health disorders because their sport offers them an immediate outlet for stress as well as a built in support system in their team, trainers, and coaches (Proctor & Boan-Lenzo, 2010). The same study continues to say, however, that the culture of college athletics may facilitate an attitude of toughness both physically and mentally that creates a stigma around mental health. This stigma can lead to less athletes talking about their mental health struggles to avoid being labeled as weak and instead suffering alone.

The results of this study are not necessarily generalizable to all collegiate student-athletes due to the relatively small sample size of athletes surveyed, however they do provide an idea of the mental health experiences of student-athletes. Additionally, a possible limitation of the study was the number of male participants compared to female participants. As a result of a low male sample, it was difficult to compare the experiences of male athletes to those of female athletes. Another potential limitation was that the sample was only collected from student-athletes at NCAA Division III level universities. Therefore, it was not possible to determine if the level of

competition had any effect on experiences of mental health symptoms or the level of comfort with seeking psychological help.

Future studies related to this topic should investigate if athletic programs at different universities offer mental health support and if so, whether or not athletes would be comfortable utilizing them. In addition, it would be interesting to further investigate what causes athletes to feel like sport participation had either improved or worsened their symptoms of mental health disorders. This information could be used to develop a plan for how athletic programs or coaching staffs can incorporate changes to better support their athletes.

REFERENCES

- The American College of Sports Medicine Statement on Mental Health Challenges for Athletes.* ACSM. (2021, August). Retrieved February 15, 2022, from <https://www.acsm.org/news-detail/2021/08/09/the-american-college-of-sports-medicine-statement-on-mental-health-challenges-for-athletes>
- Armstrong, S. N., Burcin, M. M., Bjerke, W. S., & Early, J. (2015). Depression in student athletes: A particularly at-risk group? . *Athletic Insight*, 7(2), 177–193. <https://doi.org/https://www.researchgate.net/publication/290391456>
- Beck , A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). *An inventory for measuring depression.* Archives of general psychiatry. Retrieved March 29, 2022, from <https://pubmed.ncbi.nlm.nih.gov/13688369/>
- Bird, M. D., Chow, G. M., & Cooper, B. T. (2018). Student-athletes' mental health help-seeking experiences: A mixed methodological approach. *Journal of College Student Psychotherapy*, 34(1), 59–77. <https://doi.org/10.1080/87568225.2018.1523699>
- Chatterton, J. M., & Petrie, T. A. (2013). Prevalence of disordered eating and pathogenic weight control behaviors among male collegiate athletes. *Eating Disorders*, 21(4), 328–341. <https://doi.org/10.1080/10640266.2013.797822>
- Fairburn, & Beglin. (2008). *Eating questionnaire - center for eating disorders.* Retrieved March 29, 2022, from <http://cedd.org.au/wordpress/wp-content/uploads/2014/09/Eating-Disorder-Examination-Questionnaire-EDE-Q.pdf>
- Gill, E. L. (2014). *Integrating collegiate sports into social work education.* Taylor & Francis. Retrieved April 21, 2022, from <https://www.tandfonline.com/doi/full/10.1080/10437797.2014.856245>
- Greenleaf, C., Petrie, T. A., Carter, J., & Reel, J. J. (2009). Female collegiate athletes: Prevalence of eating disorders and disordered eating behaviors. *Journal of American College Health*, 57(5), 489–496. <https://doi.org/10.3200/jach.57.5.489-496>
- Kaier, E., Cromer, L. D. M., Johnson, M. D., Strunk, K., & Davis, J. L. (2015, October 29). *Perceptions of mental illness stigma: Comparisons of athletes to Nonathlete Peers.* Journal of College Student Development. Retrieved April 19, 2022, from <https://muse.jhu.edu/article/597271>
- Kuik, R. (2021). *Mental health and athletes.* Athletes for Hope. Retrieved February 14, 2022, from <https://www.athletesforhope.org/2019/05/mental-health-and-athletes/>
- Lopes Dos Santos, M., Uftring, M., Stahl, C. A., Lockie, R. G., Alvar, B., Mann, J. B., & Dawes, J. J. (2020). Stress in academic and athletic performance in collegiate athletes: A narrative review of sources and Monitoring Strategies. *Frontiers in Sports and Active Living*, 2. <https://doi.org/10.3389/fspor.2020.00042>

- Martin, S. B. (2006, August 23). *High school and college athletes' attitudes toward sport psychology consulting*. Taylor & Francis. Retrieved March 29, 2022, from <https://www.tandfonline.com/doi/full/10.1080/10413200590932434>
- McQuade, L. (2021, August 30). *College student-athlete health and well-being*. TimelyMD. Retrieved May 3, 2022, from <https://timely.md/blog/student-athlete-mental-health/>
- Moore, M. (2017). *Perceptions of seeking behavioral health services amongst college athletes*. Retrieved April 19, 2022, from http://csri-jiia.org/wp-content/uploads/2017/07/JIIA_2017_SI_08.pdf
- Proctor, S. L., & Boan-Lenzo, C. (2010). *Prevalence of depressive symptoms in male intercollegiate student-athletes and nonathletes*. *Journal of Clinical Sport Psychology*. Retrieved April 21, 2022, from <https://sci-hubtw.hkvisa.net/10.1123/jcsp.4.3.204>
- Rao, A. L., & Hong, E. S. (2015). Understanding depression and suicide in college athletes: Emerging concepts and future directions. *British Journal of Sports Medicine*, 50(3), 136–137. <https://doi.org/10.1136/bjsports-2015-095658>
- Ryan, H., Gayles, J. G., & Bell, L. (2018). Student-athletes and mental health experiences. *New Directions for Student Services*, 2018(163), 67–79. <https://doi.org/10.1002/ss.20271>
- Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006, May 22). *A brief measure for assessing generalized anxiety disorder: The gad-7*. *Archives of internal medicine*. Retrieved March 29, 2022, from <https://pubmed.ncbi.nlm.nih.gov/16717171/>
- Thompson, R. A., & Sherman, R. T. (2007). *Managing student-athletes' mental health issues*. National Collegiate Athletics Association (NCAA). Retrieved February 14, 2022, from https://www.usna.edu/MDC/_files/documents/2007_managing_mental_health.pdf
- Thompson, R., Goldman, S., & Bader, C. (2014). Dissecting the Disorders. In *Mind, Body, and Sport: Understanding and supporting student-athlete mental wellness* (pp. 25–35). essay. Retrieved April 19, 2022, from <https://campusmentalhealth.ca/wp-content/uploads/2021/03/Mind-Body-and-Sport-Supporting-Athlete-Mental-Health.pdf>.
- Wells, E. K., Chin, A. D., Tacke, J. A., & Bunn, J. A. (2015). Risk of disordered eating among division I female college athletes. *International Journal of Exercise Science*, 8(3), 256–264. <https://doi.org/https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4882473/>
- What is mental illness?*, American Psychiatric Association . (n.d.). Retrieved February 14, 2022, from <https://www.psychiatry.org/patients-families/what-is-mental-illness>
- Wolanin, A., Gross, M., & Hong, E. (2015). Depression in athletes. *Current Sports Medicine Reports*, 14(1), 56–60. <https://doi.org/10.1249/jsr.0000000000000123>

APPENDIX A

Informed Consent Form**Permission to take part in a Human Research Study**

Title of research study: Mental Health of Collegiate Athletes

Investigator: Taryn Faull, California Lutheran University, Exercise Science Department

Key Information: The following is a short summary of this study to help you decide whether or not to be a part of this study. More detailed information is listed later on in this form.

Why am I being invited to take part in a research study?

We invite you to take part in a research study because you are a collegiate student-athlete who potentially has experienced symptoms of certain mental health disorders.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Why is this research being done?

The purpose of this study is to determine the prevalence of anxiety disorders, depression, and eating disorders among collegiate athletes. Mental health is a growing issue, especially among student athletes, therefore your participation in this survey can help us to better understand the experiences of college athletes.

How long will the research last and what will I need to do?

We expect that this study will take about 10 minutes to complete. Once the survey is submitted there is nothing else asked of you.

You will be asked about 15 questions regarding your status as a student athlete as well as various questions about your experiences with mental health disorders including anxiety, depression, and eating disorders.

Is there any way being in this study could be bad for me?

The only potential risk of this study could be a triggered emotional response when reflecting on questions that discuss issues such as self-harm, suicide, and unhealthy relationships with food.

Will being in this study help me in any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include recognition of symptoms of mental health disorders and encouragement to seek professional help regarding your mental health if necessary or desired.

What happens if I do not want to be in this research?

Participation in research is completely voluntary. You can decide to participate or not to participate.

Your alternative to participating in this research study is to not participate.

Detailed Information: The following is more detailed information about this study in addition to the information listed above.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at tfaull@callutheran.edu

This research has been reviewed and approved by an Institutional Review Board (“IRB”). You may reach them at irb@callutheran.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the Principal Investigator.
- You want to talk to someone besides the Principal Investigator.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

How many people will be studied?

We expect about 50 people will be in this research study.

What happens if I say yes, I want to be in this research?

If you choose to participate in this study, you will be asked to fill out a survey regarding your mental health that is expected to take about 10 minutes to complete. You may skip any question(s) or stop the survey at any point if you feel necessary for any reason.

What happens if I say yes, but I change my mind later?

You can leave the research at any time; it will not be held against you. Taking part in this research study is your decision. Your participation in this study is voluntary. You do not have to take part in this study, but if you do, you can stop at any time. You have the right to choose not to answer any study question or completely withdraw from participation at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your relationship with the researchers or with California Lutheran University.

If you choose to skip questions or withdraw from the survey, the responses from the other questions that were completed may still be used in the analysis of the data.

What happens to the information collected for the research?

This study is conducted in a way that limits the possibility of identifying the participants. The survey is designed to be anonymous, and efforts will be made to limit the use and disclosure of any provided information to people who have a need to review this information. However, we cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this organization.

Will I be Paid or Given Anything for taking part in this Study?

There is no payment or reimbursement for participating in this study.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. Clicking on the “I Agree” button indicates that:

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

I Agree

I Disagree

APPENDIX B

Survey: Mental Health of Collegiate Athletes

Informed Consent: Have read the above information, voluntarily agree to participate, over 18 years of age

- I Agree
- I Disagree

Q1: Are you currently a collegiate student athlete? (Fall/Winter athletes may select yes if athletic career is complete but have not yet graduated)

- Yes
- No

Q2: Which best describes you?

- Female
- Male
- Other
- Prefer not to answer

Q3: How old are you?

Q4: Please select the option that best describes your academic standing

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

Q5: What sport(s) do you participate in? (Check all that apply)

- Baseball / Softball
- Basketball
- Soccer
- Water Polo
- Football
- Tennis
- Lacrosse
- Cross country / Track & Field
- Volleyball

- Swimming
 Golf
 Other (Specify): _____

Q6: What level do you compete at?

- NCAA Division I
 NCAA Division II
 NCAA Division III
 NAIA

Q7: Have you been diagnosed with any of the following while in college? (Check all that apply)

- Depression
 Anxiety Disorder(s)
 Eating Disorder(s)
 None of the above

Q8: Whether or not you have been diagnosed, would you say you have experienced symptoms of any of the following while in college? (Check all that apply)

- Depression
 Anxiety Disorder(s)
 Eating Disorder(s)
 None of the above

Q9: Over the last 2 weeks, how often have you experienced the following?

	Not at all	Several days	More than half the days	Nearly everyday
Feeling nervous, anxious, on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop/control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble relaxing/ feeling restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid something bad might happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worrying too much about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------	--------------------------

Q10: Over the last 2 weeks, how often have you experienced the following?

	Not at all	Several days	More than half the days	Nearly everyday
Feeling sad or discouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninterested in hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disappointed / feeling like a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of hurting yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More tired than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low self confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11: In the last month, how often have you experienced the following?

	Not at all	Several days	More than half the days	Nearly everyday
Had a strong desire to change your weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to limit amount or type of food you were eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gone long periods without eating anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a fear of losing control around food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thought a lot about the calories in food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried to make yourself sick or force an empty stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercised with the purpose of losing weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felt guilty about what or how much you ate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12: Do you think participation in your sport has improved or worsened your symptoms or diagnosis?

- Improved symptoms/diagnosis
- Worsened symptoms/diagnosis
- Neither
- N/A (don't have symptoms)

Q13: If your sport has affected your mental health either positively or negatively, please describe how so:

Q14: Are you currently, or would you consider talking to a professional regarding your mental health?

- Currently in therapy
- Would consider
- Would not consider