Supplemental Table 1. Measure information for rating scales used in survey

<table>
<thead>
<tr>
<th>Measure Information</th>
<th>Description and psychometric properties</th>
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<tbody>
<tr>
<td>Rosenberg Self-Esteem Scale (RSES)(^1)</td>
<td>10-item measure that assesses positive and negative feelings toward the self. Respondents are asked to rate each item on a scale from 1 (strongly disagree) to 4 (strongly agree). The RSES is internally consistent across a wide range of populations including students ((\alpha = 0.77–0.88)) and has shown good 2-week test-retest reliability (r=0.82)(^1). Variable type: continuous total score</td>
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<tr>
<td>Resilience Scale for Adolescence (RSA)(^3)</td>
<td>A 16-item measure comprising 3 subscales: social competence, social support, family cohesion. Respondents indicate their response on a 5-point likert scale ranging from 1 (Strongly agree) to 5 (strongly disagree). The RSA is internally consistent ((\alpha &gt; .83)) and has shown good convergent validity across several different samples with measures of psychiatric symptoms, and relevant personal and demographic factors(^3). Test-retest reliabilities have been shown to be good (r≥ .80)(^4). Variable type: continuous total score</td>
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<tr>
<td>Perceived Stress Scale (PSS)-4(^5)</td>
<td>A 4-item measure of perceived stress. Respondents indicate their response to each item on a 5-point likert scale ranging from 0(never) to 4(very often). The psychometric properties of the short PSS have been studied extensively, largely in university populations showing acceptable validity and reliability with Cronbach’s alphas ranging from 0.67-0.82(^6). Variable type: continuous total score</td>
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<tr>
<td>Childhood Experiences of Physical and Sexual Abuse Questionnaire (CECA)(^7)</td>
<td>The screening items from the physical and sexual abuse section of the CECA were used consisting of questions pertaining to physical and sexual abuse in childhood. Test-retest reliabilities of the abuse screening questions are good (r&gt;0.61) and convergent validity with measures of depression are good(^8). Variable type: binary</td>
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<tr>
<td>Locus of Control Scale (LCS)(^9)</td>
<td>8-item measure of internal and external locus of control. Respondents indicate their response on a 7-item likert scale ranging from 1 (agree completely) to 7 (disagree completely). The LCS has adequate internal consistency ((\alpha =0.70))(^10) and 4-week test-retest reliability is acceptable (r=0.56)(^11). Variable type: continuous total score</td>
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<tr>
<td>Motivation Strategies for Learning Questionnaire (MSLQ)(^12)</td>
<td>15-item scale designed to assess motivations for learning comprised of 3 subscales: Task value, test anxiety and effort regulation. Respondents indicate their response on a 7-point likert scale ranging from 1 (not at all true of me) to 7 (very true of me). Cronbrach’s alpha for</td>
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the MSLQ range from 0.62 – 0.93 and the MSLQ has shown adequate convergent and factor validity in university students\(^{12}\).

Variable type: continuous total score

**Lifetime Columbia Lifetime Suicidal Behavior (CLSB)\(^{13}\)**

The CLSB assesses the severity and intensity of suicide-related thoughts and presence and lethality of suicide-related behaviour. For the Uflourish survey, we pulled 4-items from this measure to measure passive and active suicide-related thoughts, suicide-related behaviour, and self-harm (without suicidal intent). Participants indicated yes or no to each of the following items: Have you ever wished you were dead or wished you could go to sleep and not wake up? Have you ever actually had any thoughts about ending your life? In your entire lifetime, have you made any attempts to end your life? Have you ever harmed yourself without the intent of ending your life? The CLSB has demonstrated strong convergent and divergent validity in clinical samples of adolescents\(^{13}\).

Variable type: binary

**Generalized Anxiety Disorder Scale (GADS-7)\(^{14}\)**

7-item screening measure assessing current anxiety in the past 2 weeks. Respondents indicate their response on a 4-point likert scale ranging from 0 (not at all), to 3 (nearly every day). The GADS-7 is internally consistent (\(\alpha=0.89\))\(^{15}\) and has shown good convergent, divergent validity and test-retest reliability (intraclass correlation=0.83) in an adult sample\(^{14}\).

Variable type: continuous total score and binary using clinical cut-offs

**Patient Health Questionnaire (PHQ-9)\(^{16}\)**

9-item screening measure assessing current depressive symptoms. Respondents indicate their response on a 4-point likert scale ranging from 0 (not at all) to 3 (nearly every day). The PHQ-9 has excellent internal consistency (\(\alpha>0.85\)) in university student and adult primary care patients\(^{16,-17}\) and has excellent 4-week test-retest reliability in students (\(r=0.87\))\(^{17}\) and has shown good criterion and construct validity in student and adult primary care patients\(^{16-18}\).

Variable type: continuous total score and binary using clinical cut-offs

**Sleep Condition Indicator (SCI)\(^{19}\)**

8-item measure of sleep problems. Respondents indicate in a 5-point likert scale ranging from 0 (poor sleep) to 4 (good sleep). The SCI has excellent internal consistency (\(\alpha>0.85\)) in general population samples and clinical samples and has good concurrent, and content validity in these same samples\(^{19}\).

Variable type: continuous total score

**Brief Multidimensional Student’s Life Satisfaction Scale (MSLSS)\(^{20}\)**

6-item measure of satisfaction with life relevant to students. Respondents indicate their response on a 5-point likert scale ranging from 0 (very dissatisfied) to 4 (very satisfied). The MSLSS has shown good internal consistency in students (\(\alpha=.80\)) and acceptable convergent and divergent validity\(^{20}\).
Variable type: continuous total score

College Student Subjective Wellbeing Questionnaire (CSSWQ)\textsuperscript{21}

16-item measure assessing students satisfaction with university life. Respondents indicate their response on a 7-point likert scale ranging from 0 (strongly disagree) to 6 (strongly agree). The CSSWQ has shown good internal consistency (\(\alpha= .75 \) to \( .92 \)) and evidence of good convergent validity in adolescent students\textsuperscript{21, 22}.

Variable type: continuous total score

Barriers to Care Checklist\textsuperscript{23}

12-item attitudinal and 6-item practical subscales from the Barriers to Care Checklist were used in the UFlourish survey. These subscales assess attitudes and practical barriers towards accessing and receiving mental health care. Psychometrics of this checklist have not been formally evaluated.

Barriers to Care Scale (BACE)\textsuperscript{24}

9-items from the stigma subscale from the BACE were used in the UFlourish survey. This measure is designed to assess perceived barriers to seeking mental health care. Respondents rate their response to each question on a scale from 0 (not at all) to 3 (always or almost always). The BACE has demonstrated good content and convergent validity in adults. The stigma subscale is internally consistent (\(\alpha= .89 \)) and has shown acceptable 2-week test-retest (weighted kappas: 0.61-0.81\textsuperscript{24}).

References


