

Appendix A

School Connectedness Scale (McNeely, Nonnemaker, & Blum, 2002)

1. I feel close to people at this school.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. I feel like I am part of this school.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. I am happy to be at this school.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. The teachers at this school treat students fairly.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

5. I feel safe in my school.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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Appendix B

College SME Self-Efficacy Scale (Whitson, 2008)

Assuming you were motivated to do your best, on a scale of 1 (Completely Unsure) to 10 (Completely Sure), please indicate whether or not you feel you could successfully do each of the following:

- | | | |
|---|---|---|
| 1. Complete the mathematics requirements for most science, math, or engineering majors. | - | ▼ |
| 2. Complete the chemistry requirements for most science, math, or engineering majors. | - | ▼ |
| 3. Complete the physics requirements for most science, math, or engineering majors. | - | ▼ |
| 4. Complete some science, math, or engineering degree. | - | ▼ |
| 5. Perform competently in some math, science, or engineering career field. | - | ▼ |
| 6. Remain in science, math, or engineering over the next semester. | - | ▼ |
| 7. Remain in science, math, or engineering over the next two semesters. | - | ▼ |
| 8. Remain in science, math, or engineering over the next three semesters. | - | ▼ |
| 9. Excel in science, math, or engineering over the next semester. | - | ▼ |
| 10. Excel in science, math, or engineering over the next two semesters. | - | ▼ |
| 11. Excel in science, math, or engineering over the next three semesters. | - | ▼ |
| 12. Be accepted into a science math, or engineering graduate program, law school, or medical school. | - | ▼ |
| 13. Successfully obtain a science, math, or engineering graduate degree, a law degree, or a medical degree. | - | ▼ |
| 14. Excel in a science, math, or engineering graduate program, a law program, or a medical school program. | - | ▼ |

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Appendix C

Dignity Scale

Thinking about your current life, please read each of these statements and rate to what extent you feel this is true for you at SF State, on a scale of 1 (Never) to 10 (Always).

1. I feel my **identity** is **accepted**. - ▼
2. I feel **recognized** for my good efforts, thoughtfulness, and talents. - ▼
3. I feel **acknowledged** (seen, heard, listened to, validated and responded to about my concern). - ▼
4. I feel **included** (a sense of belonging). - ▼
5. I feel **safe** (both physically and psychologically). - ▼
6. I feel **treated fairly**. - ▼
7. I feel **autonomous** (free to make my own decisions and act on my own behalf). - ▼
8. I feel **understood**. - ▼
9. I feel I am given the **benefit of the doubt**. - ▼
10. I feel **apologized to** when someone violates my dignity. - ▼

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Appendix D

Pittsburgh Sleep Quality Index (Buysse, Reynolds, Monk, Berman, & Kupfer, 1989)

The following questions relate to your usual sleep habits during the past month *only*. Your answers should indicate the most accurate reply for the *majority* of days and nights in the past month. Please answer all questions.

1. During the past month, when have you usually gone to bed at night?

For example, if you have usually gone to bed at 11 at night, please input 11 PM.

USUAL BED TIME _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

For example, if it has usually taken you 15 minutes to fall asleep please input 15.

NUMBER OF MINUTES _____

3. During the past month, when have you usually gotten up in the morning?

For example, if you have usually gotten up at 9 in the morning, please input 9 AM.

USUAL GETTING UP TIME _____

4. During the past month, how many hours of actual sleep did you get at night?

This may be different than the number of hours you spend in bed. For example, if you got 7 hours of actual sleep, please input 7.

HOURS OF SLEEP PER NIGHT _____

NEXT

For each of the remaining questions, check the one best response. Please answer *all* questions.

5. During the past month, how often have you had trouble sleeping because you...

(a) Cannot get to sleep within 30 minutes.

- Not during the past month
 Less than a week
 Once or twice a week
 Three or more times a week

(b) Wake up in the middle of the night or early morning.

- Not during the past month
 Less than a week
 Once or twice a week
 Three or more times a week

(c) Have to get up to use the bathroom.

- Not during the past month
 Less than a week
 Once or twice a week
 Three or more times a week

(d) Cannot breathe comfortably.

- Not during the past month
 Less than a week
 Once or twice a week
 Three or more times a week

(e) Cough or snore loudly.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(f) Feel too cold.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(g) Feel too hot.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(h) Had bad dreams.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(i) Have pain.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(j) Other reason(s), please describe

How often during the past month have you had trouble sleeping because of this?

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

NEXT

6. During the past month, how would you rate your sleep quality overall?

- Very good
- Fairly good
- Fairly bad
- Very bad

7. During the past month, how often have you taken medicine (prescribed or over the counter) to help you sleep?

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

- No problem at all
- Only a very slight problem
- Somewhat of a problem
- A very big problem

NEXT

10. Do you have a bed partner or roommate?

- No bed partner or roommate
- Partner/roommate in another room
- Partner in same room, but not same bed
- Partner in same bed

If you have a roommate or bed partner, ask him/her how often in the past month you have had...

(a) Loud snoring.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(b) Long pauses between breaths while asleep.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(c) Legs twitching or jerking while you sleep.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(d) Episodes of disorientation or confusion during sleep.

- Not during the past month
- Less than a week
- Once or twice a week
- Three or more times a week

(e) Other restlessness while you sleep; please describe

-
- Not during the past month
 - Less than a week
 - Once or twice a week
 - Three or more times a week

NEXT

Appendix E

Microaggression Report

← **New Report** 🗑️ ➡️

MICROAGGRESSION REPORT

Time of Incident

May 1, 2018 8:00 AM

Describe what happened...


What was it related to?

- Race
- Culture
- Gender
- Sexual Orientation
- Other _____

Where did this happen?


Campus: SFSU ▾

Click the pencil under the map below to select a location.



📍 No Location Selected


How much did it bother you?



Not at All Very Much

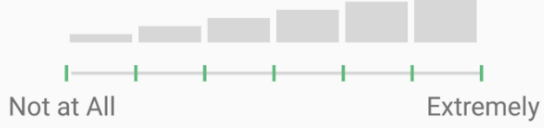
At this moment, how intensely do you feel of the following?

Angry

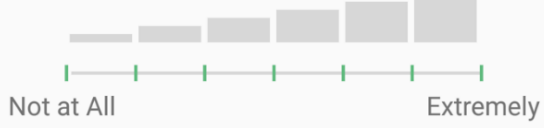


Not at All Extremely

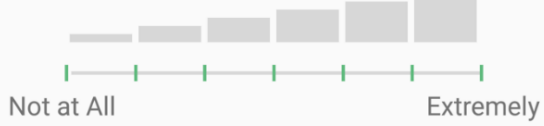
Sad



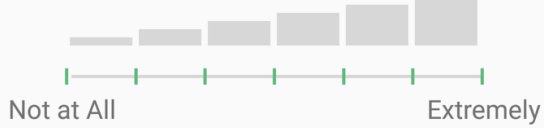
Shame



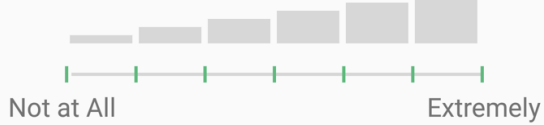
Surprise



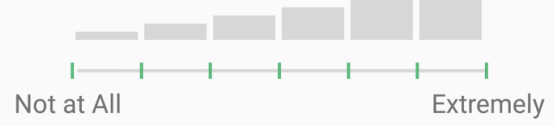
Fear



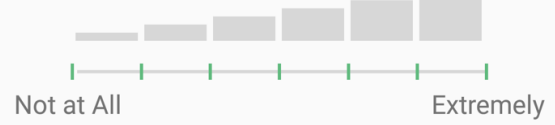
Contempt



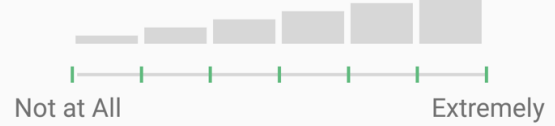
Happy



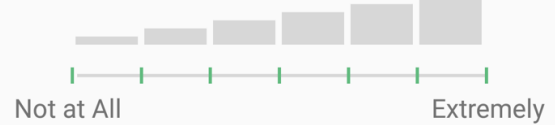
Disgust



Pride




Guilt



+ Add another emotion (optional)

Appendix F

Microaffirmation Report

← **New Report**  →

MICROAFFIRMATION REPORT

Time of Incident

May 1, 2018 8:00 PM

Describe what happened...


What was it related to?


- Race
- Culture
- Gender
- Sexual Orientation
- Other _____

Where did this happen?


Campus: **SFSU** ▼

Click the pencil under the map below to select a location.



 No Location Selected

How much did it uplift you?



Not at All Very Much

Choose Location

San Francisco State University

Administration

SFSU Bookstore

Burk Hall (BH)

Business (BUS)

Cesar Chavez Student Center
(CCSC)

Cox Stadium

Creative Arts (CA)

Ethnic Studies & Psychology (EP)

Fine Arts (FA)

Gymnasium (GYM)

Not at All

very much

Choose Location

Student Health Center (SHS)

Hensill Hall (HH)

Health and Social Sciences (HSS)

Humanities (HUM)

J. Paul Leonard Library (LIB)

Parking Garage

Quad

Science (SCI)

Student Services (SSB)

Thornton Hall (TH)

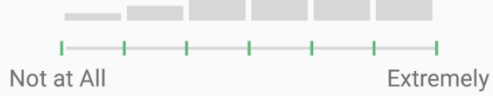
Other

Not at All

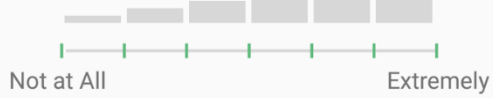
very much

At this moment, how intensely do you feel of the following?

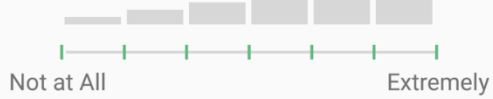
Contempt



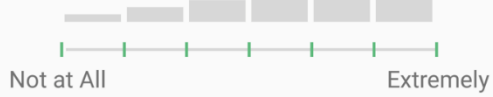
Guilt



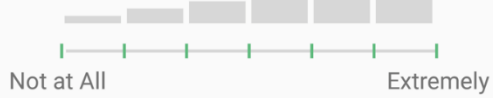
Pride



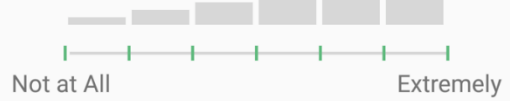
Angry



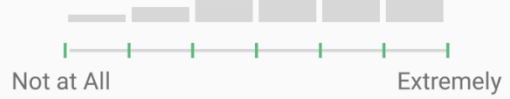
Disgust



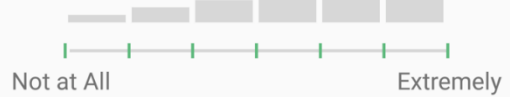
Shame



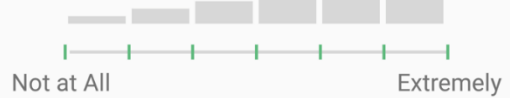
Happy



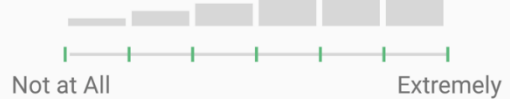
Surprise



Fear



Sad



+ Add another emotion (optional)