

Core Alcohol and Drug Survey

Long Form

FIPSE Core Analysis Grantee Group

Core Institute
Student Health Programs
Southern Illinois University
Carbondale, IL 62901

Please use a number 2 Pencil.

For additional use:

A	0	1	2	3	4	5	6	7	8	9
B	0	1	2	3	4	5	6	7	8	9
C	0	1	2	3	4	5	6	7	8	9
D	0	1	2	3	4	5	6	7	8	9
E	0	1	2	3	4	5	6	7	8	9

<p>1. Classification:</p> <p>Freshman <input type="radio"/></p> <p>Sophomore <input type="radio"/></p> <p>Junior <input type="radio"/></p> <p>Senior <input type="radio"/></p> <p>Grad/professional <input type="radio"/></p> <p>Not seeking a degree <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p>2. Age:</p> <table style="width: 100%; text-align: center;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>3. Ethnic origin:</p> <p>American Indian/Alaskan Native <input type="radio"/></p> <p>Hispanic <input type="radio"/></p> <p>Asian/Pacific Islander <input type="radio"/></p> <p>White (non-Hispanic) <input type="radio"/></p> <p>Black (non-Hispanic) <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p>4. Marital status:</p> <p>Single <input type="radio"/></p> <p>Married <input type="radio"/></p> <p>Separated <input type="radio"/></p> <p>Divorced <input type="radio"/></p> <p>Widowed <input type="radio"/></p>																																																																																																																																				
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<p>5. Gender:</p> <p>Male <input type="radio"/></p> <p>Female <input type="radio"/></p>	<p>6. Is your current residence as a student:</p> <p>On-campus <input type="radio"/></p> <p>Off-campus <input type="radio"/></p>	<p>7. Are you working?</p> <p>Yes, full-time <input type="radio"/></p> <p>Yes, part-time <input type="radio"/></p> <p>No <input type="radio"/></p>																																																																																																																																																											
<p>9. Approximate cumulative grade point average: (choose one)</p> <p style="text-align: center;"> <input type="radio"/> A+ <input type="radio"/> A <input type="radio"/> A- <input type="radio"/> B+ <input type="radio"/> B <input type="radio"/> B- <input type="radio"/> C+ <input type="radio"/> C <input type="radio"/> C- <input type="radio"/> D+ <input type="radio"/> D <input type="radio"/> D- <input type="radio"/> F </p>		<p>8. Living arrangements:</p> <p>A. Where: (mark best answer)</p> <p>House/apartment/etc. <input type="radio"/></p> <p>Residence hall <input type="radio"/></p> <p>Approved housing <input type="radio"/></p> <p>Fraternity or sorority <input type="radio"/></p> <p>Other <input type="radio"/></p> <p>B. With whom: (mark all that apply)</p> <p>With roommate(s) <input type="radio"/></p> <p>Alone <input type="radio"/></p> <p>With parent(s) <input type="radio"/></p> <p>With spouse <input type="radio"/></p> <p>With children <input type="radio"/></p> <p>Other <input type="radio"/></p>																																																																																																																																																											
<p>10. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used. Which of these is closest to your own view?</p> <p style="text-align: center;">Have available Not have available</p> <p>With regard to drugs? <input type="radio"/> <input type="radio"/></p> <p>With regard to alcohol? <input type="radio"/> <input type="radio"/></p>				<p>11. Student status:</p> <p>Full-time (12+ credits) <input type="radio"/></p> <p>Part-time (1-11 credits) .. <input type="radio"/></p>																																																																																																																																																									
<p>13. Place of permanent residence:</p> <p>In-state <input type="radio"/></p> <p>USA, but out of state <input type="radio"/></p> <p>Country other than USA .. <input type="radio"/></p>		<p>12. Campus situation on alcohol and drugs:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">yes</th> <th style="width: 10%; text-align: center;">no</th> <th style="width: 20%; text-align: center;">don't know</th> </tr> </thead> <tbody> <tr> <td>a. Does your campus have alcohol and drug policies?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. If so, are they enforced?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Does your campus have a drug and alcohol prevention program?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d. Do you believe your campus is concerned about the prevention of drug and alcohol use?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>					yes	no	don't know	a. Does your campus have alcohol and drug policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. If so, are they enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Does your campus have a drug and alcohol prevention program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Do you believe your campus is concerned about the prevention of drug and alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																																
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<p>14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?</p> <p>None <input type="radio"/></p> <p>Once <input type="radio"/></p> <p>Twice <input type="radio"/></p> <p>3 to 5 times <input type="radio"/></p> <p>6 to 9 times <input type="radio"/></p> <p>10 or more times <input type="radio"/></p>	<p>15. Average # of drinks* you consume a week:</p> <table style="width: 100%; text-align: center;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p>(If less than 10, code answers as 00, 01, 02, etc.)</p>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>16. At what age did you first use... (mark one for each line)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 5%; text-align: center;">Did not use</th> <th style="width: 5%; text-align: center;">Under 10</th> <th style="width: 5%; text-align: center;">10-11</th> <th style="width: 5%; text-align: center;">12-13</th> <th style="width: 5%; text-align: center;">14-15</th> <th style="width: 5%; text-align: center;">16-17</th> <th style="width: 5%; text-align: center;">18-20</th> <th style="width: 5%; text-align: center;">21-25</th> <th style="width: 5%; text-align: center;">26+</th> </tr> </thead> <tbody> <tr> <td>a. Tobacco (smoke, chew, snuff)</td> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. 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Marijuana (pot, hash, hash oil)</td> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d. Cocaine (crack, rock, freebase) ..</td> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>e. 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Opiates (heroin, smack, horse)</td> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>i. 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Other illegal drugs</td> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>					Did not use	Under 10	10-11	12-13	14-15	16-17	18-20	21-25	26+	a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. 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k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																																																				
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																																																				
<p>*A drink is a bottle of beer, a glass of wine, a wine cooler, a shot glass of liquor, or a mixed drink.</p>		<p style="text-align: center;">*Other than a few sips</p>																																																																																																																																																											

17. Within the last year about how often have you used...
(mark one for each line)

	Did not use	Once/year	6 times/year	Once/month	Twice/month	Once/week	3 times/week	5 times/week	Every day
a. Tobacco (smoke, chew, snuff) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (diet pills, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. During the past 30 days on how many days did you have:
(mark one for each line)

	0 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (diet pills, speed) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How often do you think the average student on your campus uses...
(mark one for each line)

	Never	Once/year	6 times/year	Once/month	Twice/month	Once/week	3 times/week	5 times/week	Every day
a. Tobacco (smoke, chew, snuff) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (diet pills, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please indicate how often you have experienced the following due to your drinking or drug use during the last year...
(mark one for each line)

	Never	Once	Twice	3-5 times	6-9 times	10 or more times
a. Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been in trouble with police, residence hall, or other college authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Damaged property, pulled fire alarm, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Got nauseated or vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Driven a car while under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Missed a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Been criticized by someone I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Thought I might have a drinking or other drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Had a memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Done something I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Been arrested for DWI/DUI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Tried unsuccessfully to stop using. . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Seriously thought about suicide.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Seriously tried to commit suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Been hurt or injured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Where have you used...
(mark all that apply)

	Never used	On campus events	Residence hall	Frat/sorority	Bar/restaurant	Where you live	In a car	Private parties	Other
a. Tobacco (smoke, chew, snuff) . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Marijuana (pot, hash, hash oil) . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (crack, rock, freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamines (diet pills, speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sedatives (downers, ludes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hallucinogens (LSD, PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Opiates (heroin, smack, horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Inhalants (glue, solvents, gas) . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Designer drugs (ecstasy, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Have any of your family had alcohol or other drug problems: (mark all that apply)

<input type="checkbox"/> Mother	<input type="checkbox"/> Brothers/sisters	<input type="checkbox"/> Spouse
<input type="checkbox"/> Father	<input type="checkbox"/> Mother's parents	<input type="checkbox"/> Children
<input type="checkbox"/> Stepmother	<input type="checkbox"/> Father's parents	<input type="checkbox"/> None
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Aunts/uncles	

23. If you volunteer any of your time on or off campus to help others, please indicate the approximate number of hours per month and principal activity:

<input type="checkbox"/> Don't volunteer, or less than 1 hour	<input type="checkbox"/> 10-15 hours
<input type="checkbox"/> 1-4 hours	<input type="checkbox"/> 16 or more hours
<input type="checkbox"/> 5-9 hours	Principal volunteer activity is: _____

24. Within the last year to what extent have you participated in any of the following activities?
(mark one for each line)

- | | Not involved | Attended | Active involvement, non-leader | Leadership position |
|---|-----------------------|-----------------------|--------------------------------|-----------------------|
| a. Intercollegiate athletics | <input type="radio"/> | n/a | <input type="radio"/> | <input type="radio"/> |
| b. Intramural or club sports | <input type="radio"/> | n/a | <input type="radio"/> | <input type="radio"/> |
| c. Social fraternities or sororities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Religious and interfaith groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. International and language groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Minority and ethnic organizations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Political and social action groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Music and other performing arts groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Student newspaper, radio, TV, magazine, etc. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Do you believe that alcohol has the following effects?
(mark one for each line)

- | | yes | no |
|---|-----------------------|-----------------------|
| a. Breaks the ice | <input type="radio"/> | <input type="radio"/> |
| b. Enhances social activity | <input type="radio"/> | <input type="radio"/> |
| c. Makes it easier to deal with stress | <input type="radio"/> | <input type="radio"/> |
| d. Facilitates a connection with peers | <input type="radio"/> | <input type="radio"/> |
| e. Gives people something to talk about | <input type="radio"/> | <input type="radio"/> |
| f. Facilitates male bonding | <input type="radio"/> | <input type="radio"/> |
| g. Facilitates female bonding | <input type="radio"/> | <input type="radio"/> |
| h. Allows people to have more fun | <input type="radio"/> | <input type="radio"/> |
| i. Gives people something to do | <input type="radio"/> | <input type="radio"/> |
| j. Makes food taste better | <input type="radio"/> | <input type="radio"/> |
| k. Makes women sexier | <input type="radio"/> | <input type="radio"/> |
| l. Makes men sexier | <input type="radio"/> | <input type="radio"/> |
| m. Makes me sexier | <input type="radio"/> | <input type="radio"/> |
| n. Facilitates sexual opportunities | <input type="radio"/> | <input type="radio"/> |

25. In the first column, indicate whether any of the following have happened to you within the last year while you were in and around campus. If you answered yes to any of these items, indicate in the second column if you had consumed alcohol or other drugs shortly before these incidents.

- | | Happened to you | | → | Consumed alcohol or drugs | |
|---|-----------------------|-----------------------|--------|---------------------------|-----------------------|
| | yes | no | | yes | no |
| a. Ethnic or racial harassment | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b. Threats of physical violence | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| c. Actual physical violence | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| d. Theft involving force or threat of force | <input type="radio"/> | <input type="radio"/> | If yes | <input type="radio"/> | <input type="radio"/> |
| e. Forced sexual touching or fondling | <input type="radio"/> | <input type="radio"/> | → | <input type="radio"/> | <input type="radio"/> |
| f. Unwanted sexual intercourse | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |

28. On this campus, drinking is a central part in the social life of the following groups:
(mark one for each line)

- | | yes | no |
|--------------------|-----------------------|-----------------------|
| a. Male students | <input type="radio"/> | <input type="radio"/> |
| b. Female students | <input type="radio"/> | <input type="radio"/> |
| c. Faculty/staff | <input type="radio"/> | <input type="radio"/> |
| d. Alumni | <input type="radio"/> | <input type="radio"/> |
| e. Athletes | <input type="radio"/> | <input type="radio"/> |
| f. Fraternities | <input type="radio"/> | <input type="radio"/> |
| g. Sororities | <input type="radio"/> | <input type="radio"/> |

26. How do you think your close friends feel (or would feel) about you...
(mark one for each line)

- | | Don't disapprove | Disapprove | Strongly disapprove |
|--|-----------------------|-----------------------|-----------------------|
| a. Trying marijuana once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Smoking marijuana occasionally | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Smoking marijuana regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Trying cocaine once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Taking cocaine regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Trying LSD once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Taking LSD regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Trying amphetamines once or twice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Taking amphetamines regularly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Taking one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Taking four or five drinks nearly every day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Having five or more drinks <u>in one sitting</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. Taking steroids for body building or improved athletic performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

29. Campus environment: (mark one for each line)

- | | yes | no |
|---|-----------------------|-----------------------|
| a. Does the social atmosphere on this campus promote alcohol use? | <input type="radio"/> | <input type="radio"/> |
| b. Does the social atmosphere promote other drug use? | <input type="radio"/> | <input type="radio"/> |
| c. Do you feel safe on this campus? | <input type="radio"/> | <input type="radio"/> |

30. Compared to other campuses with which you are familiar, this campus' use of alcohol is... (mark one)

- Greater than other campuses
- Less than other campuses
- About the same as other campuses

31. Housing preferences: (mark one for each line)

- | | yes | no |
|---|-----------------------|-----------------------|
| a. If you live in university housing, do you live in a designated alcohol-free/ drug-free residence hall? | <input type="radio"/> | <input type="radio"/> |
| b. If no , would you like to live in such a residence hall unit if it were available? | <input type="radio"/> | <input type="radio"/> |

32. To what extent do students on this campus care about problems associated with...
(mark one for each line)

Not at all Slightly Somewhat Very much

- a. Alcohol and other drug use
- b. Campus vandalism.
- c. Sexual assault.
- d. Assaults that are non-sexual.
- e. Harassment because of gender
- f. Harassment because of sexual orientation
- g. Harassment because of race or ethnicity
- h. Harassment because of religion

33. To what extent has your alcohol use changed within the last 12 months?

- Increased
- About the same.
- Decreased.
- I have not used alcohol

34. To what extent has your illegal drug use changed within the last 12 months?

- Increased
- About the same.
- Decreased.
- I have not used drugs

35. How much do you think people risk harming themselves (physically or in other ways) if they...
(mark one for each line)

No risk Slight risk Moderate risk Great risk Can't say

- a. Try marijuana once or twice
- b. Smoke marijuana occasionally
- c. Smoke marijuana regularly
- d. Try cocaine once or twice
- e. Take cocaine regularly
- f. Try LSD once or twice
- g. Take LSD regularly
- h. Try amphetamines once or twice
- i. Take amphetamines regularly
- j. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day.
- k. Take four or five drinks nearly every day
- l. Have five or more drinks in one sitting
- m. Take steroids for body building or improved athletic performance.
- n. Consume alcohol prior to being sexually active
- o. Regularly engage in unprotected sexual activity with a single partner.
- p. Regularly engage in unprotected sexual activity with multiple partners

36. Mark one answer for each line:

- a. Did you have sexual intercourse within the last year? yes no
- If yes, answer b and c below.**
- b. Did you drink alcohol the last time you had sexual intercourse?
- c. Did you use other drugs the last time you had sexual intercourse?

37. During the past 30 days, to what extent have you engaged in any of the following behaviors?
(mark one for each line)

Zero times One time Two times 3-5 times 6-9 times 10 or more times

- a. Refused an offer of alcohol or other drugs
- b. Bragged about your alcohol or other drug use
- c. Heard someone else brag about his/her alcohol or other drug use
- d. Carried a weapon such as a gun, knife, etc. (do not count hunting situations or weapons used as part of your job)
- e. Experienced peer pressure to drink or use drugs
- f. Held a drink to have people stop bothering you about why you weren't drinking
- g. Thought a sexual partner was not attractive because he/she was drunk
- h. Told a sexual partner that he/she was not attractive because he/she was drunk

38. To what extent do you agree with the following statements?
(mark one for each line)

Strongly agree Agree Neutral Disagree Don't know

- a. I feel valued as a person on this campus
- b. I feel that faculty and staff care about me as a student
- c. I have a responsibility to contribute to the well-being of other students
- d. My campus encourages me to help others in need
- e. I abide by the university policy and regulations that concern alcohol and other drug use

39. In which of the following ways does other students' drinking interfere with your life on or around campus?
(mark one for each line)

- | | yes | no |
|---|-----------------------|-----------------------|
| a. Interrupts your studying | <input type="radio"/> | <input type="radio"/> |
| b. Makes you feel unsafe | <input type="radio"/> | <input type="radio"/> |
| c. Messes up your physical living space (cleanliness, neatness, organization, etc.) | <input type="radio"/> | <input type="radio"/> |
| d. Adversely affects your involvement on an athletic team or in other organized groups. | <input type="radio"/> | <input type="radio"/> |
| e. Prevents you from enjoying events (concerts, sports, social activities, etc.) | <input type="radio"/> | <input type="radio"/> |
| f. Interferes in other way(s) | <input type="radio"/> | <input type="radio"/> |
| g. Doesn't interfere with my life | <input type="radio"/> | <input type="radio"/> |