

Texas College Survey of Substance Use - 2019

Welcome Message (This survey on pprisurvey is only for sending emails)
There are 119 questions in this survey.

BACK BUTTON WARNING

NOTE: Using your browser's Back button during the survey may cause your survey responses to be lost. Instead, please use the 'Previous' and 'Next' buttons at the bottom of the survey screen to navigate the survey.

ORIGINAL SCREENING QUESTIONS

First, are you an undergraduate or a graduate student?

Please choose **only one** of the following:

- Undergraduate
- Graduate

Are you a freshman, sophomore, junior, or senior?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field.
Please choose **only one** of the following:

Freshman (year 1)

Sophomore (year 2)

Junior (year 3)

Senior (year 4+)

Other

How many credit hours are you currently enrolled in?

❗ Only an integer value may be entered in this field.
Please write your answer here:

{SCR2.relevanceStatus}

Are you male or female?

Please choose **only one** of the following:

Male

Female

Not Listed

What is your age?

- ❗ Your answer must be between 1 and 120
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

{SCR3.relevanceStatus}

ETHNICITY/RACE

Are you ethnically Spanish/Hispanic/Latino?

Please choose **only one** of the following:

- Yes
- No

Are you:

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '9 [BI3]' (Are you ethnically Spanish/Hispanic/Latino?)

❗ If you choose 'Other (please specify)' please also specify your choice in the accompanying text field.

Please choose **only one** of the following:

Mexican, Mexican American

Puerto Rican

Cuban

Other (please specify)

What is your race?

Please choose **only one** of the following:

White

Black, African, African-American

American Indian or Alaskan native

Asian

Pacific Islander

Other (please specify)

AL: PERSONAL ALCOHOL USE

The following questions ask about how much you drink. A “drink” means the following:

- One 12-ounce can or bottle of beer

- One 4-ounce glass of wine
- One 12-ounce bottle or can of ready-made drinks like wine coolers, hard lemonade, hard cider, or hard soda
- One shot of liquor straight or in a mixed drink

Think back over the last 30 days. How many times have you had five or more drinks in a row within a two-hour period?

Only answer this question if the following conditions are met:

((SEX.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/3/qid/8) == "1") or (SEX.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/3/qid/8) == "3") or is_empty(SEX.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/3/qid/8)))

Please choose **only one** of the following:

- None
- Once
- Twice
- Three to five times
- Six to nine times
- Ten or more times
- Don't know

Think back over the last 30 days. How many times have you had four or more drinks in a row within a two-hour period?

Only answer this question if the following conditions are met:

((SEX.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/3/qid/8) == "2"))

Please choose **only one** of the following:

- None
- Once
- Twice
- Three to five times
- Six to nine times
- Ten or more times
- Don't know

Now thinking just about beer: When did you last have a drink of beer (that is more than a few sips)?

Please choose **only one** of the following:

- Within the past week
- Within the past month
- Within the past year
- More than a year ago
- Never had a drink of beer
- Don't know

When did you last have a glass of wine (more than a few sips)?

[Exclude any wine that you may have drunk during a religious service]

Please choose **only one** of the following:

- Within the past week
- Within the past month
- Within the past year
- More than a year ago
- Never had a drink of wine
- Don't know

Now consider ready-mixed drinks like wine coolers, hard lemonade, hard cider, or hard sodas, etc.: When did you last have a can or bottle of a mixed drink (again more than a few sips)?

Please choose **only one** of the following:

- Within the past week
- Within the past month
- Within the past year
- More than a year ago
- Never had a ready-mixed drink
- Don't know

Think about liquor either straight like a shot of whiskey, or mixed in a drink like a margarita: When did you last have a drink of liquor (again more than a few sips)?

Please choose **only one** of the following:

- Within the past week
- Within the past month
- Within the past year
- More than a year ago
- Never had a drink of liquor
- Don't know

```
{if(AL3.NAOK == 5 AND AL4.NAOK == 5 AND  
AL5.NAOK == 5 AND AL6.NAOK == 5,1,0)}
```

How would you best describe yourself in terms of your current use of alcohol?

Only answer this question if the following conditions are met:

ZAllNevers (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/5/qid/20) == 0

Please choose **only one** of the following:

- an abstainer that never drinks
- a light drinker
- a moderate drinker
- a heavy drinker
- a problem drinker


```
{if(is_empty(AL3.NAOK),99,intval(AL3.NAOK))}
```

```
{if(is_empty(AL4.NAOK),99,intval(AL4.NAOK))}
```

```
{if(is_empty(AL5.NAOK),99,intval(AL5.NAOK))}
```

```
{if(is_empty(AL6.NAOK),99,intval(AL6.NAOK))}
```

```
{min(ZBeer.NAOK, ZWine.NAOK, ZMixed.NAOK,  
ZLiquor.NAOK)}
```

Hopefully the min of the 4 values.

```
{if((ZBeer.NAOK == 5 AND ZWine.NAOK == 5 AND  
ZMixed.NAOK == 5 AND ZLiquor.NAOK == 5) OR  
AL7.NAOK == 1,1,0)}
```

AL: PERSONAL ALCOHOL USE - PAST WEEK/MONTH

In total, on how many occasions have you had a drink of alcohol in the past 30 days?

❗ Your answer must be at least 1

❗ Only an integer value may be entered in this field.

Please write your answer here:

occasions

{AL8.relevanceStatus}

On those occasions what did you typically drink?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose **only one** of the following:

Beer

Wine

Ready-made drinks, such as coolers, hard lemonade, hard cider, or hard sodas

Liquor or mixed drinks

A combination of the above

Other

On those days when you drank, about how many drinks did you typically have on each occasion?

- ❗ Your answer must be at least 1
 - ❗ Only an integer value may be entered in this field.
- Please write your answer here:

drinks

{AL10.relevanceStatus}

In the past 30 days, about how many times did you drink enough to feel drunk? (By drunk we mean that you felt lightheaded or dizzy, buzzed, unsteady and/or sick due to alcohol.)

- ❗ Your answer must be at least 0
 - ❗ Only an integer value may be entered in this field.
- Please write your answer here:

times

{AL11.relevanceStatus}

In the past 30 days, about how many drinks did you have when you attended...

Please choose the appropriate response for each item:

	Didn't attend	None	1-2	3-4	5+	Don't know
A private party or get together on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A college/university sponsored dance, concert, or special event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A party or get together at a fraternity or sorority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A private party or get together off-campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An off-campus bar or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A social tailgating event or pre-game party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 30 days, have you obtained alcohol in any of the following ways?

Only answer this question if the following conditions are met:

((! is_empty(SCR3.NAOK (/index.php?

r=admin/questions/sa/view/surveyid/813757/gid/3/qid/9)) && (SCR3.NAOK (/index.php?

r=admin/questions/sa/view/surveyid/813757/gid/3/qid/9) < 21)))

Please choose the appropriate response for each item:

	Yes	No
From a friend or acquaintance who was 21 or older	<input type="radio"/>	<input type="radio"/>
From a friend or acquaintance who was under 21	<input type="radio"/>	<input type="radio"/>
By using a fake ID at a bar or store	<input type="radio"/>	<input type="radio"/>
By not being asked for ID at a bar, store or restaurant	<input type="radio"/>	<input type="radio"/>
From your parents or other relatives	<input type="radio"/>	<input type="radio"/>

AL: PERSONAL ALCOHOL USE - PAST YEAR

Can you usually get alcohol **without being carded** at the following places?

Please choose the appropriate response for each item:

	Yes	No	Don't know
a local bar or club off-campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
an on-campus bar or pub	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a local liquor or grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a local gas station or convenience store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a local restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since the beginning of the academic year, how often has your drinking contributed to you...

Please choose the appropriate response for each item:

	Not at all	Once	Two or three times	Four or more times	Don't know
Feeling sick or having a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting behind in school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having unplanned sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting in trouble with campus or local police	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting in trouble with a professor, residence hall supervisor, or college administrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaging property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needing medical treatment for alcohol poisoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AL: PERSONAL ALCOHOL USE - OVER A YEAR

Have you ever:

Please choose the appropriate response for each item:

	Yes	No
become annoyed at criticism of your drinking	<input type="radio"/>	<input type="radio"/>
felt bad or guilty about your drinking	<input type="radio"/>	<input type="radio"/>
had a drink first thing in the morning to steady your nerves or get rid of a hangover	<input type="radio"/>	<input type="radio"/>
felt you should cut down on your drinking	<input type="radio"/>	<input type="radio"/>

Here is a list of potential reasons why people might limit or stop drinking. To what extent did the following factor into your decision?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '37 [AL17]' (Have you ever: (felt you should cut down on your drinking))

Please choose the appropriate response for each item:

	A lot	Somewhat	A little	Not at all	Don't know
Drinking was interfering with school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking was getting too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking was interfering with athletic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was causing me to gain weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't want to drink and drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It was interfering with my relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family disapproved of my drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking is against my religion or values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't like how drinking made me feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought I had an alcohol problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I got in trouble with the law (e.g., DUI, public intoxication, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

{AL18.relevanceStatus}

Now thinking back to your **last year in high school**, how often did you normally drink alcohol (beer, wine, liquor)?

Please choose **only one** of the following:

- Every day
- Several times a week
- Several times a month
- About once a month
- Less than once a month, but at least once a year
- Never
- Don't know

Remember, a drink is a 12 ounce can or bottle of beer; a 4 oz. glass of wine, a 12 oz bottle or can of wine cooler, or a shot of liquor straight or in a mixed drink.

Only answer this question if the following conditions are met:

(AL18.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/8/qid/42) != 6)
AND ! is_empty(AL18.NAOK (/index.php?
r=admin/questions/sa/view/surveyid/813757/gid/8/qid/42))

{AL20.relevanceStatus}

During your last year in high school, how often did you have {if(SEX.NAOK == 2,"four or more drinks in a row within a two-hour period?";"five or more drinks in a row within a two-hour period?")}

Only answer this question if the following conditions are met:

(AL18.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/8/qid/42) != 6)

AND ! is_empty(AL18.NAOK (/index.php?

r=admin/questions/sa/view/surveyid/813757/gid/8/qid/42))

Please choose **only one** of the following:

- Every day
- Several times a week
- Several times a month
- About once a month
- Less than once a month, but at least once a year
- Never
- Don't know

Think about the beginning of your freshman year in college, that is, when you first entered college. How has your drinking changed since then?

Please choose **only one** of the following:

- I drink a lot more now
- I drink a little more now
- I drink about the same amount
- I drink a little less now
- I drink a lot less now
- I've stopped drinking altogether since then
- Don't know

AL: PERSONAL ALCOHOL USE - NEVER

{ZAllNevers.NAOK}

AL: PERSONAL ALCOHOL USE - PARENTAL ATTITUDES AND RELATIONSHIPS

Which of the following statements best describes **how your family felt about drinking** alcohol when you were growing up?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field. Please choose **only one** of the following:

- My family didn't approve of drinking
- They accepted light drinking but disapproved of heavy drinking
- They accepted heavy drinking
- There was no agreement about drinking in the family
- Don't know
- Other

In general, how would you describe **your relationship with your parents** (or the adults that raised you)?

Please choose **only one** of the following:

- Great – We get along nearly all of the time
- Good – We get along most of the time
- So-So – We get along sometimes
- Not too good – We don't get along most of the time
- Terrible – We don't get along at all

T&D: USE OF DRUGS OTHER THAN ALCOHOL

This section asks question about drug use. Remember that all of your answers are confidential.

When was the last time, if ever, you...

Please choose the appropriate response for each item:

	Never	More than a year ago	Within the last year	Within the last month	Don't know
used smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoked cigars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used vaporizer or e-cigarettes for nicotine?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smoked tobacco in a hookah or shisha?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When was the last time, if ever, you used any of the following drugs? Only include those drugs you have purposely used **WITHOUT** a prescription from a doctor or contrary to the medication instructions or prescription's orders.

Please choose the appropriate response for each item:

	Never	More than a year ago	Within the last year	Within the last month	Don't know
Marijuana (e.g., pot, hash or hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine or crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (e.g., amphetamine, crystal meth, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (e.g., red devils, yellow jackets, Seconal, Valium, Ambien, Xanax, Sleeping pills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychedelics or hallucinogens (e.g., mushrooms, mescaline, LSD, Salvia, dimethyltryptamine (DMT))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g. black tar, cheese, chiva, brown heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotics other than heroin (e.g., Codeine, Morphine, Oxycodone, Hydrocodone, Vicodin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (e.g., Nitrous Oxide, computer duster, poppers, Freon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatajim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	More than a year ago	Within the last year	Within the last month	Don't know
Dextromethorphan/DXM (e.g., Robitussin-DM, Drixoral cough suppressant, Coricidin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic Cathinones (e.g., Bath Salts, Cloud 9, Purple Wave, Zoom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA, MDA or PMA (e.g., Ecstasy, Eve, Molly, 2CB, Ketamine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic Marijuana (spice, K2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

```
{if(((D1_D1a.NAOK == "4" or (is_empty(D1_D1a.NAOK)))
and (D1_D1b.NAOK == "4" or
(is_empty(D1_D1b.NAOK))) and (D1_D1c.NAOK == "4" or
(is_empty(D1_D1c.NAOK))) and (D1_D1d.NAOK == "4" or
(is_empty(D1_D1d.NAOK))) and (D1_D1e.NAOK == "4"
or (is_empty(D1_D1e.NAOK))) and (D1_D1f.NAOK == "4"
or (is_empty(D1_D1f.NAOK))) and (D1_D1g.NAOK == "4"
or (is_empty(D1_D1g.NAOK))) and (D1_D1h.NAOK ==
"4" or (is_empty(D1_D1h.NAOK))) and (D1_D1i.NAOK ==
"4" or (is_empty(D1_D1i.NAOK))) and (D1_D1j.NAOK ==
"4" or (is_empty(D1_D1j.NAOK))) and (D1_D1k.NAOK ==
"4" or (is_empty(D1_D1k.NAOK))) and (D1_D1l.NAOK ==
"4" or (is_empty(D1_D1l.NAOK))) and (D1_D1m.NAOK
== "4" or (is_empty(D1_D1m.NAOK))) and
(D1_D1n.NAOK == "4" or
(is_empty(D1_D1n.NAOK))))),1,0)}
```

T&D: USE OF DRUGS Part 2

For the next few questions, think about only those drugs (not including tobacco) that you have used to get high, to have a trip, or to bulk up, etc. Don't report on those that you have used for medical treatment and/or under a doctor's supervision.

Compared to when you **first came to college as a freshman**, how has your drug use changed?

Please choose **only one** of the following:

- I use a lot more drugs now
- I use a little more now
- I use about the same now
- I use a little less now
- I use a lot less now
- I've stopped doing drugs altogether since then
- Don't know

Since the beginning of the academic year, on how many occasions have you used drugs?

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

occasions

{D3.relevanceStatus}

On those occasions what did you typically use?

Only answer this question if the following conditions are met:

Answer was '0' at question '52 [D3]' (Since the beginning of the academic year, on how many occasions have you used drugs?)

❗ Check all that apply

Please choose **all** that apply:

- Marijuana** (e.g., pot, hash or hash oil)
- Cocaine or crack**
- Stimulants** (e.g., amphetamine, crystal meth, crank, etc.)
- Sedatives** (e.g., red devils, yellow jackets, Seconal, Valium, Ambien, Xanax, Sleeping pills, etc.)
- Psychedelics or hallucinogens** [e.g., mushrooms, mescaline, LSD, Salvia, dimethyltryptamine (DMT)]
- Heroin** (e.g. black tar, cheese, chiva, brown heroin)
- Narcotics other than heroin** (e.g., codeine, morphine, oxycodone, hydrocodone, Vicodin, etc.)
- Inhalants** (e.g., Nitrous Oxide, computer duster, poppers, Freon, etc.)
- Anabolic Steroids**
- Somatajim**
- Dextromethorphan/DXM** (e.g., Robitussin-DM, Drixoral cough suppressant, Coricidin)
- Synthetic Cathinones** (e.g., Bath Salts, Cloud 9, Purple Wave, Zoom)
- MDMA, MDA or PMA** (e.g., Ecstasy, Eve, Molly, 2CB, Ketamine)
- Synthetic Marijuana** (spice, K2)

On those occasions did you generally drink alcohol in addition to using drugs?

Only answer this question if the following conditions are met:

Answer was '0' at question '52 [D3]' (Since the beginning of the academic year, on how many occasions have you used drugs?)

Please choose **only one** of the following:

- Yes
- No
- Don't know

Since the beginning of the academic year, how often has your drug use contributed to you:

Only answer this question if the following conditions are met:

Answer was '0' at question '52 [D3]' (Since the beginning of the academic year, on how many occasions have you used drugs?)

Please choose the appropriate response for each item:

	Not at all	Once	Two or three times	Four or more times	Don't know
Feeling sick or having a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting behind in school work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgetting where you were or what you did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arguing with friends or roommates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having unplanned sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing something you regretted later	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Since school began, have you searched for information about a drug on the Internet (e.g., marijuana, MDMA, mushrooms, cocaine, etc.)?

Please choose **only one** of the following:

Yes

No

T&D: USE OF DRUGS Part 4

Some people believe that drug use is dangerous. How dangerous do you think it is for a person your age to use?

Please choose the appropriate response for each item:

	Very	Somewhat	Not at all	Don't know
Marijuana (e.g., pot, hash or hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine or crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (e.g., amphetamine, crystal meth, crank, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (e.g., red devils, yellow jackets, Seconal, Valium, Ambien, Xanax, Sleeping pills, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychedelics or hallucinogens (e.g., mushrooms, mescaline, LSD, Salvia, dimethyltryptamine (DMT))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (e.g. black tar, cheese, chiva, brown heroin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotics other than heroin (e.g., codeine, morphine, oxycodone, hydrocodone, Vicodin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (e.g., Nitrous Oxide, computer duster, poppers, Freon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatajim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dextromethorphan/DXM (e.g., Robitussin-DM, Drixoral cough suppressant, Coricidin)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic Cathinones (e.g., Bath Salts, Cloud 9, Purple Wave, Zoom)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA, MDA or PMA (e.g., Ecstasy, Eve, Molly, 2CB, Ketamine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very	Somewhat	Not at all	Don't know
Synthetic Marijuana (spice, K2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PR: USE OF PRESCRIPTION DRUGS

When was the last time, if ever, you used any of the following prescription drugs not prescribed to you or only for the experience or feeling it caused even one time?

Please choose the appropriate response for each item:

	Never	More than a year ago	Within the last year	Within the last month	Don't know
Ritalin, Adderall, Dexedrine, Concerta, Folcalin, or other prescription stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OxyContin, Vicodin, Oxycodone, Percodan, Percocet, Lortab, Lorcet, Hydrocodone, Codeine or other pain killer in pill format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valium, Diazepam, Xanax, or other benzodiazepines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambien, Soma or other sedative, muscle relaxant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coricidin, Dextromethorphan/DXM or other cough suppressant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you get the prescription drug(s)?

Select all that apply.

Only answer this question if the following conditions are met:

((PR1_PR1a.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "1" or PR1_PR1a.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "2" or PR1_PR1a.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "3") or (PR1_PR1b.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "1" or PR1_PR1b.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "2" or PR1_PR1b.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "3") or (PR1_PR1c.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "1" or PR1_PR1c.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "2" or PR1_PR1c.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "3") or (PR1_PR1d.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "1" or PR1_PR1d.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "2" or PR1_PR1d.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/14/qid/61) == "3"))

Please choose **all** that apply:

- It was prescribed to me by a doctor
- From the medicine cabinet at home
- Someone with a prescription gave/sold it to me
- Someone without a prescription gave/sold it to me
- I took it from a friend or family member with a prescription without their knowledge
- From an online pharmacy or drug store/seller
- Don't know

PB: OTHER PERSONAL BEHAVIORS

Here are some questions about other behaviors that some students engage in.

In a typical month, how many times do you:

Please choose the appropriate response for each item:

	Never	Once	Two or three times	Four or more times	Don't know
Drive after drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive after drinking 5 or more drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive when you are high or stoned (after recreational drug use)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car driven by someone who is high or drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serve as a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride in a car driven by a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call a taxi service, campus transportation or a ride sharing service (Uber, Lyft, etc.) for a ride after drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many drinks do you think you can have within a one-hour period and still drive safely?

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

{PB3.relevanceStatus}

Since you started college, have you ever been in an automobile accident involving a driver that had been drinking?

Please choose **only one** of the following:

- Yes
- No

Were you driving?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '64 [PB3]' (Since you started college, have you ever been in an automobile accident involving a driver that had been drinking?)

Please choose **only one** of the following:

- Yes
- No

Were you drinking?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '64 [PB3]' (Since you started college, have you ever been in an automobile accident involving a driver that had been drinking?)

Please choose **only one** of the following:

- Yes
- No

How many drinks did you have the last time you were a designated driver?

(Note that 0 is a valid response. If you don't know, please enter 88.)

Only answer this question if the following conditions are met:

((PB1_PB1e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "2") or (PB1_PB1e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "3") or (PB1_PB1e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "4") or (PB1_PB1e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "88"))

- ❗ Your answer must be at least 0
 - ❗ Only an integer value may be entered in this field.
- Please write your answer here:

drinks

{DD1.relevanceStatus}

How many drinks did you have the last time you were **DRIVEN** by a designated driver?

(If you don't know, please enter 88.)

Only answer this question if the following conditions are met:

((PB1_PB1f.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "2") or (PB1_PB1f.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "3") or (PB1_PB1f.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "4") or (PB1_PB1f.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/15/qid/63) == "88"))

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

drinks

{DD2.relevanceStatus}

PB: OTHER PERSONAL BEHAVIORS Part 2

The following asks about your sexual behavior. Please remember that information you provide is completely confidential. Information that you give us will not be disclosed.

Have you had sexual intercourse, including oral, vaginal, or anal sex?

Please choose **only one** of the following:

- Yes
- No

PB: OTHER PERSONAL BEHAVIORS Part 3

How many people have you had sexual intercourse with during the past 3 months?

Please choose **only one** of the following:

- None
- Only one
- Two
- Three or more
- Don't know

When you have sexual intercourse, how often do you or your partner use a condom?

Please choose **only one** of the following:

- Always
- Sometimes
- Rarely
- Never

Did you drink alcohol the last time you had sexual intercourse?

Please choose **only one** of the following:

- Yes
- No
- Don't know

Did you use a recreational drug (e.g., marijuana, ecstasy, molly, methamphetamine, etc.) the last time you had sexual intercourse?

Please choose **only one** of the following:

- Yes
- No
- Don't know

Since you began college, has someone had sexual contact with you when you were unable to provide consent or to stop what was happening because you were: passed out, drugged, drunk, incapacitated, or asleep?

Please choose **only one** of the following:

- Yes
- No
- Don't know

To speak with a crisis specialist at the National Sexual Assault Hotline, please call 1 (800) 656-4673.

<https://ohl.rainn.org/online/> (<https://ohl.rainn.org/online/>)

MH: MENTAL HEALTH

The next questions are about how you have been feeling during the past month.

During the past 30 days, about how often did you feel:

Please choose the appropriate response for each item:

	None of the time	A little of the time	Some of the time	Most of the time	All the time	Don't know
...nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...so depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...that you were worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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{if((MH1_MH1a.NAOK == 1 OR
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is_empty(MH1_MH1c.NAOK)) AND (MH1_MH1d.NAOK
== 1 OR is_empty(MH1_MH1d.NAOK)) AND
(MH1_MH1e.NAOK == 1 OR
is_empty(MH1_MH1e.NAOK)) AND (MH1_MH1f.NAOK
== 1 OR is_empty(MH1_MH1f.NAOK)),1,0)}
```

The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur less often in the past 30 days than is usual for you, about the same as usual, or more often than usual?

Only answer this question if the following conditions are met:

ZNoneOfTime (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/80) == 0

Please choose the appropriate response for each item:

	A lot less	Somewhat less	A little less	About the same	A little more	Somewhat more	A lot more
Choose one:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

Only answer this question if the following conditions are met:

ZNoneOfTime (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/80) == 0

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

days

{MH4.relevanceStatus}

Not counting the days you reported to the last question, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

Only answer this question if the following conditions are met:

ZNoneOfTime (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/80) == 0

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

days

{MH5.relevanceStatus}

During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

Only answer this question if the following conditions are met:

ZNoneOfTime (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/80) == 0

- ❗ Your answer must be at least 0
- ❗ Only an integer value may be entered in this field.

Please write your answer here:

times

{MH6.relevanceStatus}

During the past 30 days, how often have physical health problems been the main cause of these feelings?

Only answer this question if the following conditions are met:

ZNoneOfTime (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/80) == 0

Please choose **only one** of the following:

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time
- Don't know

During the past 12 months, did you ever seriously consider attempting suicide?

Please choose **only one** of the following:

- Yes
- No

To speak with a suicide prevention specialist at the National Suicide Prevention Lifeline, please call 1 (800) 273-8255.

<http://www.suicidepreventionlifeline.org/> (<http://www.suicidepreventionlifeline.org/>)

During the past 12 months, how many times did you actually attempt suicide?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '87 [MH7]' (During the past 12 months, did you ever seriously consider attempting suicide?)

Please choose **only one** of the following:

- None of the time
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

Has a doctor ever prescribed you medication for the treatment of any of the following:

Please choose the appropriate response for each item:

	Yes	No	Don't know
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety/Panic Related Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD/ADD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is a doctor or psychiatrist currently treating you for that disorder(s)?

Only answer this question if the following conditions are met:

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((MH9_MH9a.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "1" or MH9_MH9a.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "88")) or ((MH9_MH9b.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "1" or MH9_MH9b.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "88")) or ((MH9_MH9c.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "1" or MH9_MH9c.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "88")) or ((MH9_MH9d.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "1" or MH9_MH9d.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "88")) or ((MH9_MH9e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "1" or MH9_MH9e.NAOK (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/18/qid/91) == "88"))
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Please choose **only one** of the following:

- Yes
- No

CP: CAMPUS POLICIES AND PROGRAMS

Based on what you have heard or experienced on campus, to what extent is each of the following a problem at your school?

Please choose the appropriate response for each item:

	Not a problem	A minor problem	A moderate problem	A major problem	Don't know
Physical assaults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racial tension or conflict	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault or date rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy alcohol use/binge drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your school have policies concerning student alcohol use?

Please choose **only one** of the following:

- Yes
- No
- Don't know

Which of the following best describes the policies toward alcohol use on your campus?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '92 [CP2]' (Does your school have policies concerning student alcohol use?)

Please choose **only one** of the following:

- The school prohibits all alcohol use on campus by students.
- The school doesn't prohibit alcohol use, but policies strongly discourage it.
- The school tolerates drinking, but tries to prevent drunk and disorderly conduct on campus.
- The school actively encourages responsible drinking.
- Don't know

Does your campus have a drug and alcohol abuse prevention program?

Please choose **only one** of the following:

- Yes
- No
- Don't know

Have you ever attended a drug and alcohol abuse prevention presentation, lecture or event sponsored by your college's drug and alcohol program?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '94 [CP3]' (Does your campus have a drug and alcohol abuse prevention program?)

Please choose **only one** of the following:

- Yes
- No

Does your campus use Peer Education Programs for alcohol and other drug prevention?

Please choose **only one** of the following:

- Yes
- No
- Don't know

Have people from your peer groups ever been involved in alcohol and other drug prevention activities on campus?

Only answer this question if the following conditions are met:

Answer was 'Yes' at question '96 [CP4]' (Does your campus use Peer Education Programs for alcohol and other drug prevention?)

Please choose **only one** of the following:

- Yes
- No

Since the beginning of the school year last fall, have you received information on any of the following during one of your classes, a student meeting, student orientation, or other campus event?

Please choose the appropriate response for each item:

	Yes	No	Don't know
The college rules for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Where you can get help for alcohol-related problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to recognize someone has a drinking problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The long term health effects of heavy drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The health risks of alcohol poisoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about drugs other than alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information about how (and where) to get help with a personal emotional and/or mental health issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us to what extent you support or oppose the following campus rules and policies on alcohol and drug use:

Please choose the appropriate response for each item:

	Strongly support	Support	Oppose	Strongly Oppose	Don't know
Prohibiting alcohol use and possession on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banning alcohol advertising at campus events and parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denying scholarships to students with drug related convictions (marijuana possession, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Denying scholarships to students with alcohol related convictions (DUI, MIP, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fining student organizations that offer alcohol to minors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing student athletes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering free alcohol and drug counseling to students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cracking down on fraternities and sororities that offer alcohol at parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requiring that all students enroll in a 1 hour drug and alcohol abuse prevention program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION SL: STUDENT LIFE

Where are you currently living?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field.

Please choose **only one** of the following:

- Single sex dormitory or residence hall
- Co-ed dormitory or residence hall
- Fraternity or sorority
- Co-op or university affiliated group house
- Another kind of university housing
- Off-campus house or apartment

Other

Do you currently live alone or with other people?

Please choose **only one** of the following:

- Alone
- With family members
- With others (non-family members)

What is your major field of study?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field.
Please choose **only one** of the following:

- Undecided
- Agricultural sciences (forestry, land management, parks & recreation)
- Biological sciences (zoology, physiology, etc.)
- Business (marketing, accounting, etc.)
- Computer Science/Information Systems (MIS, software design, etc.)
- Education (elementary, special, physical, etc.)
- Engineering (chemical, electrical, etc.)
- Fine arts and architecture (music, drama, art, design, etc.)
- Humanities (philosophy, religion, English, foreign languages, etc.)
- Health & Human Services (nursing, social work, etc.)
- Journalism and communications (speech pathology, journalism, PR, etc.)
- Physical sciences and mathematics (geology, chemistry, statistics, etc.)
- Social Sciences (psychology, sociology, political science, etc.)
- Other

What is your current grade point average? Please select a letter grade such as B+ or B-.

Please choose **only one** of the following:

- A+
- A
- A-
- B+
- B
- B-
- C+
- C
- C-
- D+
- D
- D-
- F
- Don't know

Are you a member of a fraternity or sorority?

Please choose **only one** of the following:

- Yes
- No

Are you a member of an athletic team?

Please choose **only one** of the following:

Yes

No

During a typical semester, how often do you:

Please choose the appropriate response for each item:

	Daily	Weekly	Every other week	Monthly	Once or twice a semester	Never	Don't know
Attend religious services/classes outside of school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to parties or clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend plays, concerts, or art shows on campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attend academic lectures or presentations on campus outside of class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in community service projects (school or community groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in fraternity or sorority activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in a student activities organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play sports or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skip a class or lab	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in a social tailgating event or pre-game party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BI: BACKGROUND INFORMATION

Finally, please answer the following questions about yourself.

What is your current marital status?

Please choose **only one** of the following:

- Single, divorced
- Single, never married
- Married, and living with spouse
- Married, and living separately from spouse
- Living with domestic partner
- Widowed

Do you have children?

Please choose **only one** of the following:

- Yes
- No

In what religion were you raised?

❗ If you choose 'Other:' please also specify your choice in the accompanying text field.
Please choose **only one** of the following:

- Christian – Catholic
- Christian – Protestant
- Jewish
- Muslim
- None
- Other

How important is religion in your life today? Would you say it is:

Please choose **only one** of the following:

- Very important
- Somewhat important
- Not too important
- Not important at all

For most of the time that you were growing up, were your parents:

Please choose **only one** of the following:

- Married
- Divorced
- Never married
- Widowed

While you were in high school, what state did you primarily live in?

Please choose **only one** of the following:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri

- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- American Samoa
- Federated States of Micronesia
- Guam
- Marshall Islands
- Commonwealth of the Northern Mariana Islands
- Palau

- Puerto Rico
- U.S. Minor Outlying Islands
- U.S. Virgin Islands
- Outside the US

While you were in high school, did you primarily live:

Please choose **only one** of the following:

- in a large city
- in a suburban city or town (one that was on the outskirts of a large city)
- in a small town
- in a rural area
- Don't know

What is your current employment status?

Please choose **only one** of the following:

- Working full-time – 35 hours per week or more
- Working part-time – fewer than 35 hours per week
- Not employed and looking for work
- Not employed and not looking for work

Do you receive any scholarships that pay for all or part of your school expenses?

Please choose **only one** of the following:

- Yes
- No

Approximately what is your parents' annual income?

Please choose **only one** of the following:

- Less than \$10,000
- \$10,000 - 20,000
- \$20,001 - 40,000
- \$40,001 - 60,000
- \$60,001 - 80,000
- \$80,001 - 100,000
- More than \$100,000
- Don't know

During a typical day, how much time do you spend online?

Please choose **only one** of the following:

- None
- 30 or fewer minutes
- Between 30 minutes to 1 hour
- Between 1 and 2 hours
- Between 2 and 3 hours
- Between 3 and 4 hours
- More than 4 hours

{if(BI16.NAOK == "1" or (is_empty(BI16.NAOK)), 1, 0)}

How often do you use social media, such as Facebook, Twitter, Instagram, Reddit, Pinterest or others?

Only answer this question if the following conditions are met:

ZNoWeb (/index.php?r=admin/questions/sa/view/surveyid/813757/gid/21/qid/120) == 0

Please choose **only one** of the following:

- Never Use
- Regularly
- As and when need arises
- Maybe once in a week

End Message (This survey on pprisurvey is only for sending emails)

Submit your survey.

Thank you for completing this survey.