

Campus Alcohol and Drug Prevention Project

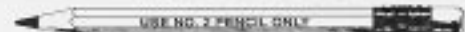
Alcohol and Drug Use Survey

Funded by Florida Department of HRS

SUS School Code

1 2 3 4 5 6 7 8 9
1 2 3 4 5 6 7 8 9

Please use a number 2 pencil.



This is a **CONFIDENTIAL** survey.
Please be as honest as possible.

1. Classification:

- Freshman (1st year)
- Sophomore (2nd year)
- Junior (3rd year)
- Senior (4th year)
- Fifth year or beyond

5. With whom do you currently live? (mark all that apply)

- Alone
- Roommate(s) or housemate(s)
- Spouse
- Significant Other
- Children
- Parent(s) or other relative(s)

8. Think back over the last two weeks. How many times have you had 5 or more drinks* at a sitting?

- None
- Once
- Twice
- 3 to 5 times
- 6 to 9 times
- 10 or more times

11. Since the beginning of the school year, has your school provided the following types of information to you?

	Yes	No
The college rules about drinking; the alcohol/drug policy	<input type="radio"/>	<input type="radio"/>
The penalties for breaking the rules	<input type="radio"/>	<input type="radio"/>
Where you can get help for alcohol/drug-related problems	<input type="radio"/>	<input type="radio"/>
How to recognize when someone has an alcohol/drug problem	<input type="radio"/>	<input type="radio"/>
The long-term health effects of heavy drinking	<input type="radio"/>	<input type="radio"/>
The dangers of alcohol overdose	<input type="radio"/>	<input type="radio"/>

* A drink is a bottle/can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.

** OTC refers to over-the-counter drugs which can be purchased without a prescription.

2. Age:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

9. Average number of drinks* you consume in a week:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

3. Ethnic Origin:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black (non-Hispanic)
- Hispanic
- White (non-Hispanic)
- Other ethnicity not listed

6. Approximate GPA (choose one):

- 4.00-3.51
- 3.50-3.01
- 3.00-2.51
- 2.50-2.01
- Below 2.00

4. Gender:

- Male
- Female

7. Are you a member of a social fraternity or sorority?

- Yes
- No

10. How often (if ever) have you used any of the drugs listed below? Do not include anything you used under a doctor's orders.**

	Never	Used But NOT Past 12 Months	Used But NOT Past 30 Days	Used In Past 30 Days
Alcohol (beer, wine, hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (prescription-type speed, not OTC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (X, MDMA, Crystal Meth, 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"/>
Crack cocaine (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cocaine (powder, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (blotter or liquid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hallucinogens (mushrooms, mescaline, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTC stimulants (ephedrine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous/whip-its, glue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (or hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products (dip, chew)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other opiates (Percodan, codeine, Demerol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal drug(s) not listed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Since the beginning of the school year, have you attended or seen the following alcohol/drug prevention materials or programs?

	Yes	No
Classroom lecture on alcohol or drugs	<input type="radio"/>	<input type="radio"/>
Received mailings or handouts	<input type="radio"/>	<input type="radio"/>
Picked up brochures	<input type="radio"/>	<input type="radio"/>
Seen posters or signs	<input type="radio"/>	<input type="radio"/>
Read announcements or articles in student newspapers	<input type="radio"/>	<input type="radio"/>
Taken a special academic course on alcohol and other drugs	<input type="radio"/>	<input type="radio"/>
Peer education workshop	<input type="radio"/>	<input type="radio"/>
Exhibits with literature	<input type="radio"/>	<input type="radio"/>

13. Which of the following do you think should be your school's approach to alcohol/drug prevention?

- The current alcohol/drug prevention program
- A more extensive program
- A less extensive program
- Don't know current approach

14. How would you rate your school's alcohol/drug prevention materials or programs?

- School doesn't have a program
- Excellent
- Good
- Fair
- Poor

15. At your university, how often do you think the average student uses ...?

	Never	Daily	Weekly	Monthly	Yearly	Only Once
Alcohol (beer, wine, hard liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (prescription-type speed, not OTC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (X, MDMA, Crystal Meth, etc.)	<input type="radio"/>	<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"/>	<input type="radio"/>
Crack cocaine (rock)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Illegal drug(s) not listed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Not A Problem	Minor Problem	Moderate Problem	Major Problem
Physical assaults	<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"/>
Racial tension or conflict	<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"/>
Sexual assault or date rape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please indicate how often you have experienced the following due to your drinking or drug use during the last year:

	Never	Once	Twice	3-5 Times	6-9 Times	10+ Times
Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
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"/>
Damaged property, pulled fire alarm, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into a fight or argument	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Missed a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been criticized by someone I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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"/>
Had a memory loss (blackout)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Done something I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested for DUI/DWI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried unsuccessfully to stop using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had unexpected or unplanned sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required medical treatment for an overdose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Argued with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fell behind in academic work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Please indicate your reasons for using alcohol or other drugs (mark 'No' if not applicable to you):

	Yes	No
To relieve academic stress	<input type="radio"/>	<input type="radio"/>
To relieve other stress/relax	<input type="radio"/>	<input type="radio"/>
To have fun	<input type="radio"/>	<input type="radio"/>
To ease social interaction	<input type="radio"/>	<input type="radio"/>
To get high or drunk	<input type="radio"/>	<input type="radio"/>
Spiritual or religious reasons	<input type="radio"/>	<input type="radio"/>
Enhance sex	<input type="radio"/>	<input type="radio"/>
To get away from problems and troubles	<input type="radio"/>	<input type="radio"/>
To fit in with friends	<input type="radio"/>	<input type="radio"/>

19. How important is it for you to participate in the following activities at college?

	Very Important	Important	Somewhat Important	Not At All Important
Athletics/ Intramurals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fraternity or sorority life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Political activism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For individuals needing assistance with this survey as a result of a disability, please ask the proctor or contact CADRC at 392-1261.

Thanks to **FIPSE Core Analysis Grantee Group**
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