

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

Please use a number 2 Pencil.

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

**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"/>

**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"/>

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

	Never used	On campus	Residence events	Bar/restaurant	Where you live	In a car	Private parties	Other
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

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

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

**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"/>

**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"/>

**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="radio"/> Don't volunteer, or<br>less than 1 hour | <input type="radio"/> 10-15 hours      |
| <input type="radio"/> 1-4 hours                               | <input type="radio"/> 16 or more hours |
| <input type="radio"/> 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"/>

**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"/>

**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 in one sitting	<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"/>

**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"/>

**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"/>

**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	<input type="radio"/>
Less than other campuses	<input type="radio"/>
About the same as other campuses	<input type="radio"/>

**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               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Campus vandalism                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Sexual assault                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Assaults that are non-sexual             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Harassment because of gender             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Harassment because of sexual orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Harassment because of race or ethnicity  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Harassment because of religion           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

**36. Mark one answer for each line:**

- |  | yes                   | no                    |
|--|-----------------------|-----------------------|
| a. Did you have sexual intercourse within the last year?             | <input type="radio"/> | <input type="radio"/> |
| <b>If yes, answer b and c below.</b>                                 |                       |                       |
| b. Did you drink alcohol the last time you had sexual intercourse?   | <input type="radio"/> | <input type="radio"/> |
| c. Did you use other drugs the last time you had sexual intercourse? | <input type="radio"/> | <input type="radio"/> |

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

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

- |   | Strongly agree        | Agree                 | Neutral               | Disagree              | Strongly disagree     | Don't know            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I feel valued as a person on this campus   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel that faculty and staff care about me as a student                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I have a responsibility to contribute to the well-being of other students                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. My campus encourages me to help others in need   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I abide by the university policy and regulations that concern alcohol and other drug use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**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"/> |