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**Alcohol and Substance Abuse Survey**

1. **What is your class designation?**
* 1L
* 2L
* 3L
* 4L (Part-time students)
1. **Are you male or female?**
* Male
* Female
1. **What is your age?**
* 20-25
* 25-30
* 30-35
* 35-40
* 40-45
* 45-50
* 50 or older
1. **What is your race?**
* White
* Black, African, African-American, American Indian or Alaskan Native Asian
* Hispanic or Latino
* Native American or American Indian
* Asian/Pacific Islander
* Other

***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***
1. Think back over the past 30 days. How many times have you had **FIVE (5) or more** drinks in a row within a two-hour period?

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

* None
* Once
* Twice
* Three or five times
* Six to nine times
* Ten or more times
* Don’t know
1. Think back over the last 30 days. How many times have you had FOUR **(4) or more** drinks in a row within a two-hour period?

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

* None
* Once
* Twice
* Three or five times
* Six to nine times
* Ten or more times
* Don’t know
1. **Now think about just beer: When was the last time you had 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

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

\*Excludes any wine that you may have had at 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
1. **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
1. **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
1. **How would you best describe yourself in terms of your current use of alcohol?**

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

* An abstainer that never drinks
* A light drinker
* A moderate drinker
* A heavy drinker
* A problem drinker
1. **In total, on how many occasions have you had a drink of alcohol in the past 30 days?**
* 1-5
* 5-10
* 10-15
* 15-20
* 20-25
* 25-30
* 30 or more
1. **On those occasions what did you typically drink?**

**\*If you choose “Other,” please specify your choice.**

* Beer
* Wine
* Ready-made drinks, such as coolers, hard lemonade, hard cider, or hard sodas, liquor or ready-mixed drinks
* A combination of the above
* Other (Please specify):
1. **On those days when you drank, about how many drinks did you typically have on each occasion?**
* 1-2
* 3-5
* 5-8
* More than 8
1. **In the past 30 days, about how many times did you drink enough to enough to feel drunk? (By drunk we mean that you felt lightheaded or dizzy, buzzed, unsteady and/or sick due to alcohol.)**
* 1-3 times
* 4-8 times
* More than 8 times
1. **Have you ever decided to reduce the amount you drink or stop drinking altogether even for a short period of time?**
* Yes
* No
1. **Have you ever:**

Please circle the appropriate response for each item:

 Become annoyed at criticism of your drinking

 Yes No

 Felt guilty about your drinking Yes No

 Needed a drink first thing in the morning to get going Yes No

 Thought you had a drinking problem Yes No

1. **When was the last time, if ever, you:**

Please choose the appropriate response for each item:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Within the last 7 days | 8-30 days | 31-60 days | 61-180 days  | More than 180 days | Never |
| Used smokeless tobacco |  |  |  |  |  |  |
| Smoked cigarettes |  |  |  |  |  |  |
| Smoked cigars |  |  |  |  |  |  |
| Used vaporizer or e-cigarettes |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Smoked tobacco in a hookah or shisha  |  |  |  |  |  |  |

1. **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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Within the last 7 days | 8-30 days ago | 31-60 days ago | 61-180 days ago | More than 180 days | Never  |
| 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) |  |  |  |  |  |  |
| Psychedelics or hallucinogens (e.g., mushrooms, mescaline, LSD, Salvia, dimethyltriptamine (DMT)) |  |  |  |  |  |  |
| Heroin (e.g., black tar, cheese, chiva, brown heroin) |  |  |  |  |  |  |
| Codeine, Morphine, Oxycodone, Hydrocodone, Vicodin, etc. |  |  |  |  |  |  |
| Inhalants (e.g., Nitrous Oxide, computer duster) |  |  |  |  |  |  |
| Anabolic Steroids Rosafedrin |  |  |  |  |  |  |
| Dextromethorphan/DXM (e.g., Robitussin-DM, Drixoral cough suppressant) |  |  |  |  |  |  |
| 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) |  |  |  |  |  |  |

1. **On how many occasions have you used drugs?**

**Please write your answer here:**

\_\_\_\_\_\_\_\_\_ times

1. **On those occasions, what did you typically use?**

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, dimethytripamine (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
* Rosafedrin
* Dextromethorphan/DXM (e.g., Robitussin-DM, Drixoral cough suppressant, Coricidin)
* Synthetic Cathinones (e.g., Bath Salts, Could 9, Purple Wave, Zoom)
* MDMA, MDA, or PMA (e.g., Ecstasy, Eve, Molly, 2CB, Ketamine)
* Synthetic Marijuana (spice, K2)
1. **On those occasions did you generally drink alcohol in addition to taking the drugs?**

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

* Yes
* No
* Don’t know
1. **How often has your drug use contributed to you:**

Please choose the appropriate response for each item:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Often | Always |
| Feeling sick or having a hangover  |  |  |  |  |
| Missing a class |  |  |  |  |
| Getting behind in school work  |  |  |  |  |
| Forgetting where you were or what you did  |  |  |  |  |
| Arguing with friends or roommates  |  |  |  |  |
| Having unplanned sex |  |  |  |  |
| Having unprotected sex |  |  |  |  |
| Getting hurt or injured  |  |  |  |  |
| Doing something you regretted later  |  |  |  |  |

1. **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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Within the last 7 days | 8-30 days | 31-60 days | 61-80 days | More than 180 days | Never |
| Ritalin, Adderall, Dexedrine, Concerta, Folcalin, or other prescription stimulants  |  |  |  |  |  |  |
| OxyContin, Vicodin, Oxycodone, Percodan, Percocet, Lortab, Lorcet, Hydrocodone, Codeine, or other pain killer in pill format |  |  |  |  |  |  |
| Valium, Diazepam, Xanax, or other benzodiazepines  |  |  |  |  |  |  |
| Ambien, Soma or other sedative, muscle relaxant  |  |  |  |  |  |  |
| Coricidin, Dextromethorphan/DXM or other cough suppressant |  |  |  |  |  |  |

1. **If you have used prescription drugs, how did you get them?**

Select **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
* 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