

Texas College Survey of Substance Use - 2017A

This is a survey conducted by the Public Policy Research Institute at Texas A&M University about attitudes toward drug and alcohol use and risk behaviors among college students in Texas. Your views will represent the views of thousands of college students across the state.

Please note that your answers will be kept completely confidential. We will not release any information that would identify you as a survey participant or let someone know how you answered survey questions. You are free to not answer questions that you chose. If a question makes you uncomfortable you can skip it. You will not receive payment or other compensation for the participation and will not be penalized in any way if you decide to not finish the survey. To contact PPRI's research team by phone call 979-458-8800 or email at TexasCollegeSurvey@ppri.tamu.edu.

(Note: Screening criteria are FULL-TIME, UNDERGRADUATE, AGE 18 TO 26, balanced between males and females, and among all student classification – freshman, sophomore, etc.)

Survey Consent

Before you go to the survey, please read the following:

I understand that:

- You are participating, along with other college students in a study of alcohol and drug use and other risky behaviors by college students in Texas funded by the Texas Health and Human Services Commission (HHSC) and administered by the Public Policy Research Institute.
- The study is collecting data to be used to determine how state funds will be spent.
- The survey will take about 20 minutes of my time.
- Information collected about you (including your email address) is confidential and will not be shared in a way that will identify you.
- No one has access to the information you provide but the researchers conducting this study. When submitting the survey your email address is permanently separated from your responses thus rendering them anonymous.
- Risks associated with this survey are minimal and only de-identified survey response data and a final report will be delivered to the sponsor (HHSC).
- You will not be penalized in any way if you decide to not finish the survey.
- You will not be penalized if you skip questions that make you feel uncomfortable.
- For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Research Protection Program office by phone at 1-979-458-4067, toll

free at 1-855-795-8636, or by email at irb@tamu.edu .

- The study has been reviewed and approved by the Institutional Review Board – Human Subjects in Research at Texas A&M University. If you have questions about your rights as a participant or questions regarding the protocol or the study, the Texas A&M Institutional Review Board may be contacted at (979) 458-4117 or by email at irb@tamu.edu .
- Information about you will be kept confidential to the extent permitted or required by law. People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agencies such as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Research Protection Program may access your records to make sure the study is being run correctly and that information is collected properly.

IRB NUMBER: IRB2016-0680D

IRB APPROVAL DATE: 12/12/2016

IRB EXPIRATION DATE: 10/01/2017

By clicking 'Next' below, you indicate that you understand this information and give consent to take the survey.

There are 124 questions in this survey.

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.

Please write your answer here:

First, are you an undergraduate or a graduate student?

❗ Choose one of the following answers

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

Undergraduate

Graduate

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

Only answer this question if the following conditions are met:

SCR1 (/?r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604) == 1

❗ Choose one of the following answers

❗ 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 answer this question if the following conditions are met:

SCR1 (/?r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604) == 1

❗ Your answer must be between 0 and 25

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

Please write your answer here:

{SCR2.relevanceStatus}

Are you male or female?

Only answer this question if the following conditions are met:

SCR1 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604) == 1 && SCR2 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5606) >= 5

❗ Choose one of the following answers

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

- Male
- Female
- Not Listed

What is your age?

Only answer this question if the following conditions are met:

SCR1 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604) == 1 && SCR2 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5606) >= 5

❗ 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}

You have entered {SCR3.NAOK} as your age. If this was entered incorrectly, please click the 'Previous' button below to return to the previous screen and enter the correct age.

Only answer this question if the following conditions are met:

(SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609) <= "17" or SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609) >= "27") and ! is_empty(SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609))

To continue with the survey, you must enter your age. If you are between the ages of 18 and 26 and would like to complete the survey, please click the 'Previous' button below to return to the previous screen and enter your age. Otherwise, click the 'Next' button below.

Only answer this question if the following conditions are met:

is_empty(SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609))

We appreciate your cooperation and thank you for your interest in our survey. However, only full-time undergraduates between ages 18 and 26 are eligible to participate in this survey.

Only answer this question if the following conditions are met:

((SCR1.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604) == "2") or (! is_empty(SCR1.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5604))) && (SCR2.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5606) < "5") or (is_empty(SCR2.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5606))) or (is_empty(SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609))) or (SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609) <= "17") or (SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609) >= "27"))

{if(SCREND.relevanceStatus==1,1,0)}

Are you ethnically Spanish/Hispanic/Latino?

❗ Choose one of the following answers

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 '14 [BI3]' (Are you ethnically Spanish/Hispanic/Latino?)

❗ Choose one of the following answers

❗ 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?

❗ Choose one of the following answers

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

- White
- Black, African, African-American
- American Indian or Alaskan native
- Asian
- Pacific Islander
- Other (please specify)

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 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5608) == "1") or (SEX.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5608) == "3") or is_empty(SEX.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5608)))

❗ Choose one of the following answers

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 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5608) == "2"))

❗ Choose one of the following answers

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)?

❗ Choose one of the following answers

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]

❗ Choose one of the following answers

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)?

❗ Choose one of the following answers

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)?

🗳️ Choose one of the following answers

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 (/r=admin/questions/sa/view/surveyid/813795/gid/354/qid/5624) == 0

🗳️ Choose one of the following answers

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)}
```

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?

❗ Choose one of the following answers

❗ 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"/>					
A college/university sponsored dance, concert, or special event	<input type="radio"/>					
A party or get together at a fraternity or sorority	<input type="radio"/>					
A private party or get together off-campus	<input type="radio"/>					
An off-campus bar or club	<input type="radio"/>					
A social tailgating event or pre-game party	<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 (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609)) && (SCR3.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/350/qid/5609) < 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"/>

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"/>

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 '42 [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"/>				
Drinking was getting too expensive	<input type="radio"/>				
Drinking was interfering with athletic performance	<input type="radio"/>				
It was causing me to gain weight	<input type="radio"/>				
I didn't want to drink and drive	<input type="radio"/>				
It was interfering with my relationships	<input type="radio"/>				
My family disapproved of my drinking	<input type="radio"/>				
Drinking is against my religion or values	<input type="radio"/>				
I didn't like how drinking made me feel	<input type="radio"/>				
I thought I had an alcohol problem	<input type="radio"/>				
I got in trouble with the law (e.g., DUI, public intoxication, etc.)	<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)?

● Choose one of the following answers

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 (/r=admin/questions/sa/view/surveyid/813795/gid/370/qid/5720) != 6)
AND ! is_empty(AL18.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/370/qid/5720))**

{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 (/r=admin/questions/sa/view/surveyid/813795/gid/370/qid/5720) != 6)
AND ! is_empty(AL18.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/370/qid/5720))**

! Choose one of the following answers

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?

🗳️ Choose one of the following answers

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

{ZAIINevers.NAOK}

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

① Choose one of the following answers

① 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)?

① Choose one of the following answers

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

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"/>				
smoked cigarettes?	<input type="radio"/>				
smoked cigars?	<input type="radio"/>				
used vaporizer or e-cigarettes for nicotine?	<input type="radio"/>				
smoked tobacco in a hookah or shisha?	<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"/>				
Cocaine or crack	<input type="radio"/>				
Stimulants (e.g., amphetamine, crystal meth, crank, etc.)	<input type="radio"/>				
Sedatives (e.g., red devils, yellow jackets, Seconal, Valium, Ambien, Xanax, Sleeping pills, etc.)	<input type="radio"/>				
Psychedelics or hallucinogens (e.g., mushrooms, mescaline, LSD, Salvia, dimethyltryptamine (DMT))	<input type="radio"/>				
Heroin (e.g. black tar, cheese, chiva, brown heroin)	<input type="radio"/>				
Narcotics other than heroin (e.g., Codeine, Morphine, Oxycodone, Hydrocodone, Vicodin, etc.)	<input type="radio"/>				
Inhalants (e.g., Nitrous Oxide, computer duster, poppers, Freon, etc.)	<input type="radio"/>				
Anabolic steroids	<input type="radio"/>				
Somatajim	<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"/>				
Synthetic Cathinones (e.g., Bath Salts, Cloud 9, Purple Wave, Zoom)	<input type="radio"/>				
MDMA, MDA or PMA (e.g., Ecstasy, Eve, Molly, 2CB, Ketamine)	<input type="radio"/>				
Synthetic Marijuana (spice, K2)	<input type="radio"/>				

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{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)}
```

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

❗ Choose one of the following answers

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 '57 [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 '57 [D3]' (Since the beginning of the academic year, on how many occasions have you used drugs?)

❗ Choose one of the following answers

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 '57 [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.)?

🗳️ Choose one of the following answers

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

Yes

No

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

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 (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "1" or PR1_PR1a.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "2" or PR1_PR1a.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "3") or (PR1_PR1b.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "1" or PR1_PR1b.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "2" or PR1_PR1b.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "3") or (PR1_PR1c.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "1" or PR1_PR1c.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "2" or PR1_PR1c.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "3") or (PR1_PR1d.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "1" or PR1_PR1d.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "2" or PR1_PR1d.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/362/qid/5657) == "3"))

🔔 Check all that apply

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

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?

❗ Choose one of the following answers

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 '69 [PB3]' (Since you started college, have you ever been in an automobile accident involving a driver that had been drinking?)

❗ Choose one of the following answers

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 '69 [PB3]' (Since you started college, have you ever been in an automobile accident involving a driver that had been drinking?)

❗ Choose one of the following answers

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 (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "2") or (PB1_PB1e.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "3") or (PB1_PB1e.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "4") or (PB1_PB1e.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "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 (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "2") or (PB1_PB1f.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "3") or (PB1_PB1f.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "4") or (PB1_PB1f.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/363/qid/5659) == "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}

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

- ❗ Choose one of the following answers
- Please choose **only one** of the following:

- Yes
- No

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

❗ Choose one of the following answers

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?

❗ Choose one of the following answers

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

- Always
- Sometimes
- Rarely
- Never

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

❗ Choose one of the following answers

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?

❗ Choose one of the following answers

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?

❗ Choose one of the following answers

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/>)

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"/>

```
{if((MH1_MH1a.NAOK == 1 OR
is_empty(MH1_MH1a.NAOK)) AND (MH1_MH1b.NAOK ==
1 OR is_empty(MH1_MH1b.NAOK)) AND
(MH1_MH1c.NAOK == 1 OR 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 ([/?r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675](https://pprisurvey.tamu.edu/?r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675)) == 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"/>						

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 (/?r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675) == 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 (/?r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675) == 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 (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675) == 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 (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5675) == 0

- ❗ Choose one of the following answers
- 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?

🗳️ Choose one of the following answers

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 '92 [MH7]' (During the past 12 months, did you ever seriously consider attempting suicide?)

🗳️ Choose one of the following answers

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:

((MH9_MH9a.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "1" or MH9_MH9a.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "88")) or ((MH9_MH9b.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "1" or MH9_MH9b.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "88")) or ((MH9_MH9c.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "1" or MH9_MH9c.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "88")) or ((MH9_MH9d.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "1" or MH9_MH9d.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "88")) or ((MH9_MH9e.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "1" or MH9_MH9e.NAOK (/r=admin/questions/sa/view/surveyid/813795/gid/366/qid/5686) == "88"))

🗨 Choose one of the following answers

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

Yes

No

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?

🗳️ Choose one of the following answers

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 '97 [CP2]' (Does your school have policies concerning student alcohol use?)

🗳️ Choose one of the following answers

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?

❗ Choose one of the following answers

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 '99 [CP3]' (Does your campus have a drug and alcohol abuse prevention program?)

❗ Choose one of the following answers

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

- Yes
- No

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

❗ Choose one of the following answers

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 '101 [CP4]' (Does your campus use Peer Education Programs for alcohol and other drug prevention?)

! Choose one of the following answers

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"/>				
Banning alcohol advertising at campus events and parties	<input type="radio"/>				
Denying scholarships to students with drug related convictions (marijuana possession, etc.)	<input type="radio"/>				
Denying scholarships to students with alcohol related convictions (DUI, MIP, etc.)	<input type="radio"/>				
Fining student organizations that offer alcohol to minors	<input type="radio"/>				
Drug testing student athletes	<input type="radio"/>				
Offering free alcohol and drug counseling to students	<input type="radio"/>				
Cracking down on fraternities and sororities that offer alcohol at parties	<input type="radio"/>				
Requiring that all students enroll in a 1 hour drug and alcohol abuse prevention program	<input type="radio"/>				

Where are you currently living?

❗ Choose one of the following answers

❗ 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?

❗ Choose one of the following answers

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

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

What is your major field of study?

❗ Choose one of the following answers

❗ 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-.

🗳️ Choose one of the following answers

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?

🗳️ Choose one of the following answers

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

- Yes
- No

Are you a member of an athletic team?

❗ Choose one of the following answers

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"/>				
Attend sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Go to parties or clubs	<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"/>				
Attend academic lectures or presentations on campus outside of class	<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"/>				
Participate in fraternity or sorority activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Participate in a student activities organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Play sports or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Skip a class or lab	<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"/>				

What is your current marital status?

❗ Choose one of the following answers

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?

❗ Choose one of the following answers

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

- Yes
- No

In what religion were you raised?

❗ Choose one of the following answers

❗ 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:

❗ Choose one of the following answers

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:

🗳️ Choose one of the following answers

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?

🗳️ Choose one of the following answers

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:

🗳️ Choose one of the following answers

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?

🗳️ Choose one of the following answers

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?

🗳️ Choose one of the following answers

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

- Yes
- No

Approximately what is your parents' annual income?

🗳️ Choose one of the following answers

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?

❗ Choose one of the following answers

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 (/r=admin/questions/sa/view/surveyid/813795/gid/369/qid/5715) == 0

❗ Choose one of the following answers

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

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

Your survey has been submitted.

If you feel you need to talk with someone about problems with tobacco, inhalants, alcohol or drugs,

please call, toll free, 1-877-9-NO DRUG (1-877-966-3784) for immediate and confidential help, 24 hours a day, seven days a week.

<http://www.dshs.state.tx.us/sa/findingservices/default.shtm> (<http://www.dshs.state.tx.us/sa/findingservices/default.shtm>)

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/>)

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/>)

***Thank you for participating in this important research! Your answers will help us determine the need for services to students who may have problems with alcohol or drug use. ***

05-31-2017 – 17:00

Submit your survey.

Thank you for completing this survey.