

Arizona College/University AODV Survey 2012

Student Disclosure Form

Arizona College/University AODV Survey

You are invited to voluntarily complete the survey following this page. You have been selected because you are a student at the University of Arizona and are 18 years of age or older. The purpose of this survey is to identify alcohol and other drug (AOD) and violence norms, trends, attitudes, knowledge and efficacy of AODV programming for University of Arizona students. There are no guaranteed benefits associated with completing this survey; but the information will be used to determine changes in these variables over time and to determine changes in programming needs for students. This survey takes approximately 10 minutes to complete. Please read each item carefully.

The data will be entered into a database with no links to your email address and no identifying information, thus guaranteeing your anonymity. Therefore, please answer honestly.

There is a possibility that information revealed during this survey may be sensitive in nature and could possibly cause emotional distress to a participant. In the event that a scenario such as this one arises, the following Campus Health resources are available to assist the participant:

Counseling & Psychological Services (CAPS).....621-3334
Health Promotion & Preventive Services (HPPS).....621-6483
Oasis Program for Sexual Assault and Relationship Violence.....626-2051

You can obtain further information from the principal investigator, Dr. Peggy Glider, at (520) 621-5973. If you have questions concerning your rights as a research subject, you may call the Human Subjects Protection Program office at (520) 626-6721. Thank you for your participation.

This survey is voluntary; you are free to leave any items or the entire survey blank. By returning a completed survey, you are granting permission to the Campus Health Service to use the information for program development and evaluation.

NOTE:

If you are under the age of 18, DO NOT complete this survey.

Thank you for your participation.

1. Ethnic/Racial Origin

- African American Caucasian Native American/Alaska Native
 Asian/Pacific Islander Hispanic/Latino Interracial

Other (please specify)

2. Gender Identity

- Male Female Transgender

Other (please specify)

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3. Classification

- Freshman Sophomore Junior Senior Graduate/Professional Student

4. Living Arrangements

- On campus Off campus

5. Age

6. Sexual Orientation

- Bisexual Heterosexual Questioning
 Gay Lesbian

Other (please specify)

7. How recent was the last time you drank alcohol?

- Within the last month Within the last year More than a year ago I have never consumed alcohol

8. To what extent has your alcohol use changed within the school year?

- Never used Quit About the same
 Not used Decreased Increased

9. Have you used any of the following substances in the past 30 days?

	No	Yes
Tobacco	<input type="radio"/>	<input type="radio"/>
Hookah	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>
Marijuana	<input type="radio"/>	<input type="radio"/>
Steroids	<input type="radio"/>	<input type="radio"/>
Ecstasy	<input type="radio"/>	<input type="radio"/>
Energy drinks without alcohol	<input type="radio"/>	<input type="radio"/>
Energy drinks with alcohol	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>
Other substances to get high (e.g., spice, bath salts, K2, glass cleaner)	<input type="radio"/>	<input type="radio"/>

If you used other substances to get high, what did you use?

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10. What substances do you use as a study aide?

- Caffeine
- Adderall/Ritalin
- Energy drinks
- Other

Other (please specify)

11. Have you used any of the following prescription drugs, NOT AS PRESCRIBED BY YOUR DOCTOR, within the past 12 months?

	No	Yes
Erectile dysfunction drugs (e.g., Viagra, Cialis, Levitra)	<input type="radio"/>	<input type="radio"/>
Pain killers (e.g., OxyContin, Vicodin, Codeine)	<input type="radio"/>	<input type="radio"/>
Sedatives (e.g., Xanax, Valium, Ambien)	<input type="radio"/>	<input type="radio"/>
Stimulants (e.g., Ritalin, Adderall)	<input type="radio"/>	<input type="radio"/>

12. Have you ever mixed alcohol with any of the substances listed in Q11 above (prescribed or not prescribed to you)?

- No
- Yes

13. How would you describe yourself as a drinker?

- Abstainer/Non-drinker
- Light drinker
- Moderate drinker
- Heavy drinker

NOTE: One drink = 12 oz. beer, 4 oz. wine, 1.5 oz. liquor

14. How many drinks did you consume the last time you drank alcohol?

15. Over how many hours did you drink the last time you drank alcohol?

16. FAST Scale

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have 8 or more drinks on one occasion (men) or 6 or more drinks on one occasion (women)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you been unable to remember what happened the night before you had been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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17. In the last year, has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down?

- No Yes, on one occasion Yes, on more than one occasion

18. During this school year, have you experienced any of the following due to your drinking?

	No	Yes
Physically injured self	<input type="radio"/>	<input type="radio"/>
Physically injured another person	<input type="radio"/>	<input type="radio"/>
Got into trouble with authorities	<input type="radio"/>	<input type="radio"/>
Had academic problems	<input type="radio"/>	<input type="radio"/>
Involved in a fight	<input type="radio"/>	<input type="radio"/>
Driven a car after drinking	<input type="radio"/>	<input type="radio"/>
Had unprotected sex (without a condom)	<input type="radio"/>	<input type="radio"/>
Used marijuana or other drugs while drinking	<input type="radio"/>	<input type="radio"/>

19. During this school year, have you been the recipient of unwanted sexual contact (touching, fondling, sexual penetration) due to your drinking?

- No Yes

20. During this school year, have you knowingly selected a sexual partner because he/she was under the influence of alcohol or other drugs?

- No Yes

21. During the past 30 days, have you experienced or engaged in any of the following due to OTHER STUDENTS' ALCOHOL USE?

	No	Yes
Took care of someone who had too much to drink	<input type="radio"/>	<input type="radio"/>
Took someone for emergency medical care	<input type="radio"/>	<input type="radio"/>
Had your sleep interrupted	<input type="radio"/>	<input type="radio"/>
Had your studying interrupted	<input type="radio"/>	<input type="radio"/>
Been pushed, hit or assaulted	<input type="radio"/>	<input type="radio"/>
Been threatened with or experienced physical violence	<input type="radio"/>	<input type="radio"/>
Been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>
Had your physical property or residence trashed or damaged	<input type="radio"/>	<input type="radio"/>
Been made to feel unsafe	<input type="radio"/>	<input type="radio"/>
Got in trouble with authorities	<input type="radio"/>	<input type="radio"/>

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22. During the past 30 days,

	No	Yes
Have you driven after consuming any amount of alcohol?	<input type="radio"/>	<input type="radio"/>
Have you driven after consuming 3 or more alcoholic drinks in one sitting?	<input type="radio"/>	<input type="radio"/>
Have you ridden in a car with a driver who has been drinking?	<input type="radio"/>	<input type="radio"/>
Have you driven after smoking marijuana?	<input type="radio"/>	<input type="radio"/>

23. How often do you serve as a designated driver?

- Never
 Rarely
 Usually
 Always

24. How often do you do each of the following when you drink?

	Never	Rarely	Usually	Always
Stop drinking 1 or more hours before going home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternate with non-alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a designated driver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use other transportation/free public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep track of the number of drinks you have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat before and during the time you are drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hang out with friends who drink less or more slowly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Go to and from parties/bars with someone you know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refuse to ride with a driver who has been drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protect a friend's drink while he/she is gone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine, in advance, not to exceed a set number of drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid drinking games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN: Pace to one or fewer per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEN: Pace to two or fewer per hour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. For which of the following reasons have you chosen not to drink alcohol in the past year?

	No	Yes
Taking prescription drugs	<input type="radio"/>	<input type="radio"/>
Might interfere with academic performance	<input type="radio"/>	<input type="radio"/>
Concerned about choices I would make while under the influence	<input type="radio"/>	<input type="radio"/>
Might hurt myself or others	<input type="radio"/>	<input type="radio"/>
Poor mental/physical state (lack of sleep, lack of food, stress, anger)	<input type="radio"/>	<input type="radio"/>

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26. Consider the following laws/regulations/ordinances that you are aware of:

	Generally know of and support	Generally know of and oppose	Generally know of but have no opinions	Not really aware of them
Alcohol and other drug use on your campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking and driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help maintain quiet, safe neighborhoods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use/possession (including medical marijuana) on your campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Violence on campus

	No	Yes
Do you consider violence a serious issue on your campus?	<input type="radio"/>	<input type="radio"/>
Do you generally feel safe walking alone on your campus?	<input type="radio"/>	<input type="radio"/>
Do you generally feel safe walking at night on your campus?	<input type="radio"/>	<input type="radio"/>
Do you know of available resources if you needed to report a crime or instance of violence?	<input type="radio"/>	<input type="radio"/>
Have you been the perpetrator of an act of violence in the past 6 months?	<input type="radio"/>	<input type="radio"/>
Do you feel that preventing violence should be a priority on your campus?	<input type="radio"/>	<input type="radio"/>

28. Have you experienced/been the victim of any of the following in the past 3 months?

	No	Yes
Bullying	<input type="radio"/>	<input type="radio"/>
Emotional/Verbal Abuse	<input type="radio"/>	<input type="radio"/>
Hate Crimes/Discrimination (race/ethnicity, gender, religion, sexual orientation, etc.)	<input type="radio"/>	<input type="radio"/>
Hazing	<input type="radio"/>	<input type="radio"/>
Physical Assault/Abuse	<input type="radio"/>	<input type="radio"/>
Sexual Assault	<input type="radio"/>	<input type="radio"/>
Stalking	<input type="radio"/>	<input type="radio"/>

29. Have you ever been diagnosed with any of the following (mark all that apply)?

- Depression
 Anxiety
 Bi-Polar
 None

30. How difficult has anxiety/depression/being bi-polar made it for you to do your work, study, go to class or get along with people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Not applicable

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31. Please indicate your opinions on the following statements

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Being lesbian, gay, bisexual or transgender (LGBT) is healthy and normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The typical student at my school thinks being LGBT is healthy and normal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be accepting of a close friend or family member who is LGBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The typical student at my school would be accepting of a close friend or family member who is LGBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBT people should have the same rights as heterosexual people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The typical student at my school thinks LGBT people should have the same rights as heterosexual people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. THANK YOU FOR COMPLETING THIS SURVEY