

2021 Indiana College Substance Use Survey

The following questions ask about your demographic information.

1. Age:
 - Under 18
 - 18
 - 19
 - 20
 - 21
 - 22
 - 23
 - 24
 - 25
 - 26 years old or older
2. Ethnicity:
 - Hispanic
 - Non-Hispanic
3. Race:
 - White
 - Black/African American
 - Asian
 - Native American/Alaskan Native
 - Hawaiian/Pacific Islander
 - More than one race
 - Other
4. How would you describe your gender? (check all that apply):
 - Prefer not to answer
 - Man
 - Woman
 - Trans man
 - Trans woman
 - Non-binary / gender fluid
 - Not sure / Questioning
 - Prefer to self-describe: _____(text box)_____
5. Do you identify as a member of the LGBTQ+ community?
 - Prefer not to answer
 - Yes
 - No
 - Not Sure / Questioning

[QUESTIONS #6 FOR STUDENTS WHO ANSWERED “YES” TO #5]

6. If you identify as a member of the LGBTQ+ community, how would you describe your sexual orientation? (check all that apply)
 - Prefer not to answer
 - Gay
 - Lesbian
 - Bisexual
 - Asexual
 - Pansexual
 - Not Sure/Questioning
 - Prefer to self-describe: _____(text box)_____
7. Student status:
 - Full-time
 - Part-time
8. What is your year in school (based on years in school, NOT your credit hour standing)?
 - 1st year undergraduate
 - 2nd year undergraduate
 - 3rd year undergraduate
 - 4th year undergraduate
 - 5th year or more undergraduate
 - Graduate or professional student
 - Not seeking a degree
 - Other

Prescription painkillers not prescribed to you (like OxyContin, Vicodin, Codeine, etc.)	0	0	0	0	0	0	0	0
Prescription sedatives not prescribed to you (like Xanax, Valium, etc.)	0	0	0	0	0	0	0	0
Other illegal drugs	0	0	0	0	0	0	0	0

13. Have you ever used electronic vapor products for...?

	Yes	No
Tobacco/Nicotine	0	0
Marijuana/THC (not CBD oil)	0	0
Alcohol	0	0
Flavoring only	0	0
Other	0	0

14. When did you first use...?

	Before starting college	After starting college
Cigarettes	0	0
Cigars	0	0
Chewing/smokeless tobacco (chew, snuff, etc.)	0	0
Smoking tobacco with hookah/water pipe	0	0
Electronic vapor products (e-cigarettes, vaping pens, etc.)	0	0
Alcohol (beer, wine, liquor, wine coolers)	0	0
Marijuana (pot, hash, weed, kush, Mary Jane)	0	0
Cocaine/crack (coke, blow, snow, rock, girl)	0	0
Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	0	0
Heroin (dope, smack, H, boy)	0	0
Methamphetamine (meth, crystal, speed, ice, crank)	0	0
Inhalants (whip-its, huffing, aerosol spray can, etc.)	0	0
Prescription stimulants not prescribed to you (like Adderall, Ritalin, etc.)	0	0
Prescription painkillers not prescribed to you (like OxyContin, Vicodin, Codeine, etc.)	0	0
Prescription sedatives not prescribed to you (like Xanax, Valium, etc.)	0	0
Other illegal drugs	0	0

[QUESTIONS #15-29 FOR STUDENTS WHO HAVE USED ALCOHOL]

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

15. FOR FEMALES: Think back over the **last two weeks**. How many times have you had 4 or more alcoholic drinks in a row?
16. FOR MALES: Think back over the **last two weeks**. How many times have you had 5 or more alcoholic drinks in a row?

17. On those occasions when you do drink alcohol, how many drinks do you typically have? _____

18. In the past 12 months, how often did you drink alcohol at the following locations?

	Never	Rarely	Sometimes	Often	Always
Residence hall	0	0	0	0	0
Frat/sorority	0	0	0	0	0
Other on-campus location	0	0	0	0	0
Off-campus house or apartment	0	0	0	0	0
Bar/restaurant	0	0	0	0	0
Sporting/athletic event	0	0	0	0	0
In a car	0	0	0	0	0
Other	0	0	0	0	0

19. In the past 12 months, did you drink alcoholic beverages for any of the following reasons?

	Yes	No	Unsure
To experiment (to see what it's like)	0	0	0
Because I am "hooked" (I feel I have to drink)	0	0	0
To relax or relieve tension	0	0	0
To have a good time with my friends	0	0	0
Because of boredom, nothing else to do	0	0	0
Because of anger or frustration	0	0	0
To get through the day	0	0	0
To get away from my problems or troubles	0	0	0

20. In the past 12 months, have you experienced any of the following as a result of your drinking alcohol?

	Never	Once	Twice	3-5 times	6-9 times	10+ times
Had friends or family members worry or complain about your drinking	0	0	0	0	0	0
Had a hangover	0	0	0	0	0	0
Felt bad or guilty about your drinking	0	0	0	0	0	0
Created problems between you and your friends or family members	0	0	0	0	0	0
Gotten into trouble at work or school because of drinking	0	0	0	0	0	0
Been hurt or injured because of drinking	0	0	0	0	0	0
Been ticketed or arrested because of your drinking	0	0	0	0	0	0
Been arrested for drunk driving	0	0	0	0	0	0
Driven a car while under the influence	0	0	0	0	0	0
Gotten into physical fights when drinking	0	0	0	0	0	0
Engaged in unprotected sexual intercourse (i.e., without a condom)	0	0	0	0	0	0
Missed class or an assignment	0	0	0	0	0	0
Forgot where you were or what you did (blacked out)	0	0	0	0	0	0
Did something I later regretted	0	0	0	0	0	0
Been in trouble with police, residence hall, or other college authorities	0	0	0	0	0	0

21. In the past 12 months, have you experienced any of the following while under the influence of alcohol?

	Never	Once	Twice	3-5 times	6-9 times	10+ times
Experienced completed nonconsensual sexual penetration (someone sexually penetrated you by inserting their penis, fingers, or other objects into your vagina or anus even though you didn't want to)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took advantage of someone sexually, including oral sex, anal sex, and/or intercourse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In the past 12 months, on the occasions when you drank alcohol, how often did you drink...?

	Never	Rarely	Sometimes	Often	Always
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flavored malt beverages (e.g., hard seltzer, hard lemonade, Smirnoff Ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor (e.g., vodka, rum, whiskey)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High alcohol drinks (e.g., Everclear, Bacardi 151)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. When you drink beer, how often do you drink micro-brewed beer?

- Never Rarely Sometimes Often Always

24. When you drink liquor, how often do you drink micro-distilled liquor?

- Never Rarely Sometimes Often Always

[QUESTIONS #25-28 FOR STUDENTS < 21 WHO HAVE USED ALCOHOL]

25. In the past 12 months, how often have you obtained alcohol in the following ways?

	Never	Rarely	Sometimes	Often	Always
From friends over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From siblings over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From other adults over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At on-campus parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At fraternity or sorority houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At off-campus parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From someone under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Have you bought alcohol from a retailer (bar, restaurant, store, etc.) in the past 12 months?

- Yes No

27. What methods have you used to buy alcohol from a retailer in the past 12 months? Mark all that apply.

- Used a fake ID to buy alcohol Bought alcohol without using an ID
 Used someone else's ID to buy alcohol

28. How often have you purchased alcohol from the following retailers?

	Never	1-2 times	3-5 times	6-10 times	11+ times
Bar	0	0	0	0	0
Restaurant	0	0	0	0	0
Grocery store (e.g., Kroger, Marsh)	0	0	0	0	0
Discount store (e.g., Wal-Mart, Target)	0	0	0	0	0
Convenience store (e.g., Village Pantry, Circle K)	0	0	0	0	0
Drug store (e.g., CVS)	0	0	0	0	0
Liquor store	0	0	0	0	0
Winery, micro-brewery, or micro-distillery	0	0	0	0	0
Other	0	0	0	0	0

29. Have you purchased alcohol online, via phone or through the mail?

- No Yes

The following questions ask about your thoughts on aspects of the campus climate.

30. How likely is it that a student under 21 years of age who drinks alcohol in the following locations will be ticketed or arrested?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Don't Know
On-campus housing	0	0	0	0	0
Off-campus housing	0	0	0	0	0
On-campus party	0	0	0	0	0
Off-campus party	0	0	0	0	0
Athletic event	0	0	0	0	0
Other places in the community (eg., bars, community events, parks)	0	0	0	0	0

31. How many alcoholic drinks do you think the typical student at your school had the last time he/she partied/socialized?" (If you think the typical student at your school does not drink alcohol, please enter 0.)

32. Within the last 30 days, what percent of students at your school used alcohol? State your best estimate.

33. In the past 12 months, how often have you experienced any of the following because of other students' drinking?

	Not at all	Once	2 or 3 times	4 or more times
Had your belongings or property damaged	0	0	0	0
Had to take care of another student who drank too much	0	0	0	0
Found vomit in the halls or other areas of your residence	0	0	0	0
Had your studying or sleep interrupted	0	0	0	0
Had to act as a designated driver for another student because he or she drank	0	0	0	0

34. How do you think your close friends would feel about **you**...?

	Strongly disapprove	Somewhat disapprove	Neither disapprove nor approve	Somewhat approve	Strongly approve
Having five or more alcoholic drinks in one sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription medication not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about how you feel.

35. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _____ Don't know/Not sure

36. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes No

37. During the past 12 months, did you every seriously consider attempting suicide?

- Yes No

38. Do you identify as someone that is sober and in recovery from alcohol or other drug addiction?

- Yes No

The following questions ask about your gambling, either for money or something of value. You could gamble on a game or an event.

39. During the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Pools (such as March Madness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video game loot boxes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sports betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online gambling games (e.g., poker, casino-style games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive video gaming (Esports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse track betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card games (not at a casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery, including scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable gambling (raffle tickets, bingo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. When you gamble, what is your most common reason for gambling?

- I do not gamble
- A source of entertainment or fun
- A source of excitement or challenge
- A way to socialize with friends
- A way to get rich
- A source of money to use for paying bills
- A source of money to support charities
- A hobby
- An escape or distraction from everyday problems

41. How often have you experienced the following consequences due to your gambling?

	Never	Occasionally	Frequently
Not sleeping	0	0	0
Poor hygiene	0	0	0
Loss of friendships	0	0	0
Family/parent issues	0	0	0
School problems	0	0	0
Money issues	0	0	0
Felt guilty or bad	0	0	0
Depression	0	0	0