



# Canadian Campus Survey 2004



- Please complete the questionnaire as soon as possible, and return it in the postage-paid return envelope provided.
- Your answers are anonymous. Do not write your name on the questionnaire.
- Your participation is, of course, voluntary. You do not need to answer any question that makes you feel uncomfortable.

Thank you for your help.

To begin, in the first few questions we are interested in your views, opinions and experiences of campus life.

1. How important is it for you to participate in the following campus activities? ("X" ONE RESPONSE IN EACH ROW.)

Table with 5 columns: Activity, Very Important, Important, Somewhat Important, Not Important. Rows include Parties, Athletics, Arts, Academics, Political associations, Recreational clubs, Student associations, and Cultural/ethnic/religious associations.

2. In the past 30 days, how many hours per day on average have you spent on each of the following activities? (FOR EACH ITEM, WRITE THE NUMBER OF HOURS. IF ZERO PLEASE WRITE "0")

Table with 2 columns: Activity, Number Of Hours. Activities include Watching TV, Studying, Attending class, Working for wages, Socializing, Students organizations, Volunteer work, Non academic computer use, Playing/practicing sports, and Other physical activities.

3. Are you currently enrolled in university as a full-time or part-time student? (PLEASE "X" ONE RESPONSE)

- Full-Time..... [ ]
Part-Time..... [ ]

4. Which field of study best represents the area in which you are currently enrolled? (PLEASE "X" ONE RESPONSE)

- Arts/Humanities..... [ ]
Science/Technology ..... [ ]
Engineering ..... [ ]
Social Science..... [ ]
Business/Commerce ..... [ ]
Medicine..... [ ]
Other Health Science ..... [ ]
Law..... [ ]
Education..... [ ]
Other..... [ ]

**In the next few questions, we are interested in your use of alcohol. Please note that a drink refers to either: one 341 ml (12 ounce) bottle of beer, or one 150 ml (5 ounce) glass of wine, or one mixed drink with 45 ml (1 1/2 ounces) of spirits, or one 341 ml (12 ounce) cooler, beer, or wine or spirit. Do not include beer or other alcoholic drinks with 1/2 percent alcohol or less.**

**5. Have you ever in your life consumed an alcoholic drink (more than a sip-see the definition in the box above), for example beer, wine, spirits or coolers?**

Yes .....   
 No .....  → **SKIP TO QUESTION 25**

**6. How old were you when you had your first drink of alcohol excluding sips? (PLEASE WRITE AGE FIRST DRANK ALCOHOL)**

\_\_\_\_\_ Years old when had first drink of alcohol

**7. How old were you the first time you were drunk? (PLEASE WRITE AGE WERE FIRST DRUNK)**

\_\_\_\_\_ Years old when first was drunk  
 Never was drunk

**8. During the past 12 months, how often, on average, did you consume alcoholic drinks? (PLEASE "X" ONE RESPONSE)**

Every day .....   
 4-6 times a week.....   
 2-3 times a week.....   
 Once a week .....   
 1-3 times a month.....   
 Less than once a month .....   
 Never.....  → **SKIP TO QUESTION 25**

**9. During the past 12 months, on the days when you drank, how many drinks did you usually have? (PLEASE WRITE NUMBER OF DRINKS)**

Number of drinks \_\_\_\_\_

**10. During the past 12 months, on a single occasion, how many times did you have?**

Number Of Times

a) 5 to 7 drinks \_\_\_\_\_  
 b) 8 to 11 drinks \_\_\_\_\_  
 c) 12 drinks or more drinks \_\_\_\_\_

**11. During the past 12 months, what is the highest number of drinks you can recall having on a single occasion? (PLEASE WRITE NUMBER OF DRINKS)**

Highest number of drinks \_\_\_\_\_

**The next few questions are about your drinking during the past 30 days**

**12. During the past month, how many times did you consume alcoholic drinks? (PLEASE "X" ONE RESPONSE)**

- 40 or more times .....
- 20 to 39 times .....
- 10 to 19 times .....
- 6 to 9 times .....
- 3 to 5 times .....
- 2 times .....
- 1 time .....
- Never .....  → *SKIP TO QUESTION 21*

**13. During the past month, on the days when you drank, how many drinks did you usually have? (PLEASE WRITE NUMBER OF DRINKS)**

Number of drinks \_\_\_\_\_

**14. During the past month, on a single occasion, how many times did you have?**

**Number Of  
Times**

- a) 5 to 7 drinks \_\_\_\_\_
- b) 8 to 11 drinks \_\_\_\_\_
- c) 12 drinks or more drinks \_\_\_\_\_

**15. During the past month, what is the highest number of drinks you can recall having on a single occasion? (PLEASE WRITE NUMBER OF DRINKS)**

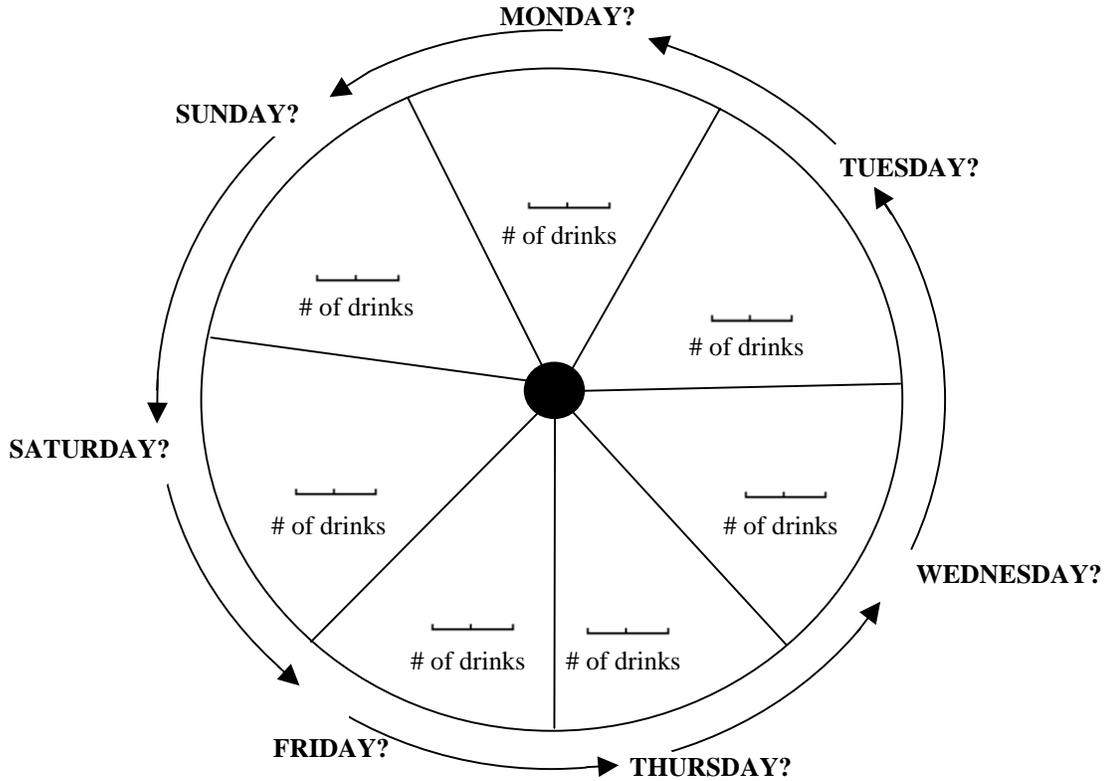
Highest number of drinks \_\_\_\_\_

**Please note that a drink refers to either: one 341 ml (12 ounce) bottle of beer, or one 150 ml (5 ounce) glass of wine, or one mixed drink with 45 ml (1 ½ ounces) of spirits, or one 341 ml (12 ounce) cooler, beer, or wine or spirit. Do not include beer or other alcoholic drinks with ½ percent alcohol or less.**

**16. During the past 7 days, not counting today, did you have any alcoholic drinks?**

- Yes.....
- No.....  → *SKIP TO QUESTION 18*

**17. Please estimate the number of alcoholic drinks that you had on each day during the past 7 days. Include coolers, beer, wine or spirits. Do not count today. (FOR THIS QUESTION, PLEASE WRITE IN THE NUMBER OF DRINKS FOR EACH DAY DIRECTLY ON THE GRAPHIC BELOW.)**



**18. Now thinking about the last two weeks, how many times have you had four or more drinks in a row? (PLEASE "X" ONE RESPONSE)**

- None .....  → **SKIP TO QUESTION 20**
- Once .....
- Twice .....
- 3 to 5 times .....
- 6 to 9 times .....
- 10 or more times .....

**19. During the last two weeks, how many times have you had five or more drinks in a row? (PLEASE "X" ONE RESPONSE)**

- None .....
- Once .....
- Twice .....
- 3 to 5 times .....
- 6 to 9 times .....
- 10 or more times .....

Please note that a drink refers to either: one 341 ml (12 ounce) bottle of beer, or one 150 ml (5 ounce) glass of wine, or one mixed drink with 45 ml (1 1/2 ounces) of spirits, or one 341 ml (12 ounce) beer, or wine or spirit cooler. **Do not** include beer or other alcoholic drinks with 1/2 percent alcohol or less.

**20. The next few questions are about the social character of drinking occasions. Thinking back to the last 3 occasions that you drank alcohol in the last month:**

If it helps you to remember, you could write down the date or other information under each occasion.	Most Recent Occasion	2 <sup>nd</sup> Most Recent Occasion	3 <sup>rd</sup> Most Recent Occasion
<b>a. What was the specific circumstance? (PLEASE "X" ONE RESPONSE)</b>			
A party .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A get together .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No specific circumstance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Did you have a meal?</b>			
Yes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Did most of the drinking take place on campus or off campus? (PLEASE "X" ONE RESPONSE)</b>			
On campus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off campus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. More specifically, where did most of the drinking take place? (PLEASE "X" ONE RESPONSE)</b>			
Someone's home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University residence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fraternity or sorority house .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A restaurant .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bar/disco/pub/tavern .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. In how many different places did drinking occur? (PLEASE WRITE NUMBER OF PLACES)</b>			
Number of different drinking places .....	_____	_____	_____
<b>f. On what day of the week did that occasion occur? (PLEASE "X" ONE RESPONSE)</b>			
Sunday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. On this occasion, how many hours did you spend drinking? (PLEASE WRITE NUMBER OF HOURS)</b>			
Number of hours spent on drinking .....	_____	_____	_____
<b>h. On this occasion, how many of the following alcoholic drinks did you have? (include coolers in their appropriate categories of beer, wine or spirits.)</b>			
Number of bottles/glasses of beer .....	_____	_____	_____
Number of glasses of wine .....	_____	_____	_____
Number of shots of spirits .....	_____	_____	_____

If it helps you to remember, you could write down the date or other information under each occasion.	Most Recent Occasion	2 <sup>nd</sup> Most Recent Occasion	3 <sup>rd</sup> Most Recent Occasion
<b>i. Which was <u>the most important reason</u> for you to have consumed alcohol on this occasion? (PLEASE "X" ONE RESPONSE)</b>			
To be sociable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To add to the enjoyment of a meal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To help me relax .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To forget my worries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To feel less inhibited or shy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To get high or drunk .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To celebrate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To enjoy the taste.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j. On this occasion, did you use marijuana/cannabis or hashish?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k. On this occasion, did you use other drugs such as cocaine, crack, speed, ecstasy, hallucinogens?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l. On this occasion, did you miss a class because you were drinking or because you had a hangover?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>m. On this occasion, did you drive a car after you had been drinking?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n. On this occasion, were you a passenger in a car driven by someone who had been drinking?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o. On this occasion, did you get into an argument or a fight with someone?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p. Excluding yourself, how many people were with you most of the time? (PLEASE "X" ONE RESPONSE)</b>			
No one (If no one, skip to Next Occasion at Q.20a) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 person .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 to 3 people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 to 9 people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 or more people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If it helps you to remember, you could write down the date or other information under each occasion.	Most Recent Occasion	2 <sup>nd</sup> Most Recent Occasion	3 <sup>rd</sup> Most Recent Occasion
<b>q. What was the composition of the group most of the time? (PLEASE "X" ONE RESPONSE)</b>			
Men only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women only.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>r. Were those present mainly university students?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>s. Was your partner/spouse/regular girlfriend/boyfriend present?</b>			
Yes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>t. What relationship did most of the people present have to you? (PLEASE "X" ONE RESPONSE)</b>			
Friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquaintances.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next few questions are about the potential consequences of drinking that you may or may not have experienced.**

**21. How often have you experienced the following? ("X" ONE ANSWER IN EACH ROW.)**

	Never	Less Than Monthly	Monthly	Weekly	Daily Or Almost Daily
a. How often during the past 12 months have you found that you were unable to stop drinking once you had started?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often during the past 12 months have you failed to do what was normally expected from you because of drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often during the past 12 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often during the past 12 months have you had a feeling of guilt or remorse after drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often during the past 12 months have you been unable to remember what happened the night before because you had been drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often do you have 5 or more drinks on one occasion?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>No</b>	<b>Yes, But Not In The Past Year</b>		<b>Yes, In The Past Year</b>	
g. Have you or someone else been injured as the result of your drinking?.....	<input type="checkbox"/>	<input type="checkbox"/>			
h. Has a relative, friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?.....	<input type="checkbox"/>	<input type="checkbox"/>			

22. The following are also potential results of drinking. Please indicate whether you experienced the following consequences since the beginning of the school year. ("X" ONE RESPONSE IN EACH ROW.)

	Since Beginning Of School Year	
	Yes	No
a. Have had a hangover.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have missed a class because you were drinking.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have driven a car after drinking too much .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Have been arrested for impaired driving.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Have missed a class because of a hangover.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Have lost a job because of drinking .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Has your drinking gotten you in trouble with the school administration.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Have been drinking while driving a car .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Have suffered a loss of memory after drinking .....	<input type="checkbox"/>	<input type="checkbox"/>
j. Have done something you regretted after drinking .....	<input type="checkbox"/>	<input type="checkbox"/>
k. Have had intimate sexual relations when you did not plan to because of drinking .....	<input type="checkbox"/>	<input type="checkbox"/>
l. Have had unsafe sex because of drinking .....	<input type="checkbox"/>	<input type="checkbox"/>
m. Have you tried to cut down your drinking, but couldn't.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Have you gotten into trouble with the campus or local police.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Have you needed a lot more alcohol to become high or drunk than you used to.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Been hurt or injured .....	<input type="checkbox"/>	<input type="checkbox"/>

23. Since starting university, have you ever sought help because you thought you had a problem with alcohol?

- Yes .....
- No .....

The next few questions are about student alcohol and other drug use, and also campus policies regarding alcohol and other drug use.

24. In the past 30 days, have you taken advantage of the following while you were on campus? ("X" ONE RESPONSE IN EACH ROW.)

	Yes	No
a. Happy hours .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Low priced promotions at bars (ladies nights, drink 'til-you-bust, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Special promotions by beer companies .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Cover charge for unlimited drinks at a bar .....	<input type="checkbox"/>	<input type="checkbox"/>

25. Since the beginning of the school year, how often have you experienced any of the following because of other students' drinking? ("X" ONE RESPONSE IN EACH ROW.)

	Not at all	Once	2-3 times	4+ times
a. Had a serious argument or quarrel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Been pushed, hit or assaulted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Had your studying or sleep interrupted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Experienced sexual harassment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been a victim of sexual assault or "date rape"....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Since the beginning of the school year, have you attended or seen the following alcohol education materials or programs on your campus? ("X" ONE RESPONSE IN EACH ROW.)

	Yes	No
a. Attended lecture, meeting or workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Received mailings or handouts .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Seen posters or signs.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Read announcements or articles in students newspapers.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Taken a special college course on alcohol and other student life issues .....	<input type="checkbox"/>	<input type="checkbox"/>

27. The following statements express opinions and beliefs about alcohol and other drug use on campus. For each statement please indicate your level of agreement. ("X" ONE RESPONSE IN EACH ROW.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. University Administration should exercise more control over alcohol use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There should be more alcohol free social events or activities (e.g., "dry" pubs) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Alcohol should be sold at campus sports events.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Campus security/police should conduct more spot checks for illegal alcohol use (e.g., drunk driving, drinking in public).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Campus security/police should conduct more spot checks for drug use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Students caught dealing drugs on campus should be expelled .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There should be more alcohol education programs and activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There should be more drug education programs and activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Increasing the price of alcohol served in campus pubs and at campus activities would decrease consumption.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Serving staff at campus functions where alcohol is served should refuse to serve customers who are intoxicated .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The drinking age should be increased .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. There should be more advertising against drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Ban advertisements of alcohol availability at campus events and parties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Some universities have housing that is specially designated as “alcohol-free”. Do you live in this type of housing during the current school year?

- Yes .....  → SKIP TO Q30
- No.....

29. If you do not live in “alcohol-free” housing, would you like to do so?

- Yes .....
- No.....

30. Some universities have housing that is specially designated as “smoke-free”. Do you live in this type of housing during the current school year?

- Yes .....  → SKIP TO Q32
- No.....

31. If you do not live in “smoke-free” housing, would you like to do so?

- Yes .....
- No.....

32. To what extent do you agree with the following statements about alcohol use at your campus? (“X” ONE RESPONSE IN EACH ROW.)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Students here admire non-drinkers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It’s important to show how much you can drink and still hold your liquor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You can’t make it socially at this university without drinking .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Drinking is an important part of the university experience .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. University rules about drinking are almost never enforced .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Alcohol is easily available on campus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Alcohol use is a problem for students on my campus .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. What percentage of the students that you hang around with on campus? (“X” ONE RESPONSE IN EACH ROW.)

	0 %	1-9 %	10-19 %	20-29 %	30-39 %	40-49 %	50-59 %	60-69 %	70-79 %	80-89 %	90-100 %	Don’t Know
a. Are abstainers (do not drink at all)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drink more than they should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. What is the maximum number of drinks in a row that is safe to consume on a single drinking occasion? (“X” ONE RESPONSE IN EACH ROW.)

	None	1 Or 2 Drinks	3 Drinks	4 Drinks	5 Drinks	6 Drinks	7 Drinks	8 Drinks	9 Drinks	10 Or More Drinks
a. For a male student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For a female student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next few questions are about the use of drugs other than alcohol.**

**35. Have you smoked at least 100 cigarettes in your life?**

- Yes.....
- No.....  → *SKIP TO QUESTION 41*

**36. At the present time, do you smoke cigarettes daily, occasionally or not at all? (“X” ONE RESPONSE.)**

- Daily .....
- Occasionally
- Not at all .....  → *SKIP TO QUESTION 41*

**37. When you do smoke cigarettes, how many do you smoke in a day? (PLEASE WRITE NUMBER OF CIGARETTES SMOKE IN A DAY)**

Number of cigarettes smoked in a day \_\_\_\_\_

**38. How long ago was it that you last smoked? (“X” ONE RESPONSE.)**

- Less than one week ago .....
- More than one week, but less than a month.....
- 1 to 6 months ago .....
- 7 or more months ago .....

**39. In the past 30 days, how soon after you wake up in the morning do you usually smoke your first cigarette? (“X” ONE RESPONSE.)**

- I did not smoke in the past 30 days .....
- Within 15 minutes .....
- 16-30 minutes .....
- 31-60 minutes .....
- More than 60 minutes .....

**40. In the past 12 months, how many times have you tried to quit smoking and succeeded for at least 24 hours? (“X” ONE RESPONSE.)**

- Never .....
- Once .....
- Twice .....
- 3 times .....
- 4 times .....
- 5 or more times .....

**41. When was the last time, if ever, that you used the following drugs? (“X” ONE RESPONSE IN EACH ROW.)**

	Never In Life	In Life But Not In Past 12 Months	In Past 12 Months But Not In Past 30 Days	Used In Past 30 Days
a. Marijuana (or hashish).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Crack cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other forms of cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Barbiturates (prescription-type sleeping pills like Seconal, Nembutal, downs or Yellow Jackets).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ritalin, Dexedrine, or Adderall .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other amphetamines (methamphetamines, crystal meth, speed, uppers, ups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tranquilizers (prescription-type drugs like Valium, Librium, Xanax, Ativan, Klonopin).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heroin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other opiate-type prescription drugs (codeine, morphine, Demerol, Percodan, Percodet, Vicodin, Darvon, Darvocet).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. LSD .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other psychedelics or hallucinogens like mushrooms, mescaline or PCP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Ecstasy (MDMA) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other “party drugs” (Ketamine, Special K, GHB).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Anabolic steroids (either injections like Depo-testosterone Durbolin, or pills like Anadrol, Dianabol, or Winstrol) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other performance-enhancing drugs (growth hormone, diuretics, ephedrine).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**42. How often have you used marijuana or hashish during the past 12 months? (“X” ONE RESPONSE.)**

- About every day .....
- 4 to 5 times a week.....
- 2 to 3 times a week.....
- Once a week .....
- 2 to 3 times a month .....
- Once a month .....
- Less than once a month .....
- Never .....

**In the next few questions we would like to know how your health has been in general over the past few weeks. Think about your present and recent complaints, not those that you had in the past.**

**43. Over the past few weeks, have you... (“X” ONE RESPONSE IN EACH ROW.)**

	<b>Better Than Usual</b>	<b>Same As Usual</b>	<b>Less Than Usual</b>	<b>Much Less Than Usual</b>
a. Been able to concentrate on whatever you are doing? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
b. Lost much sleep over worry? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More So Than Usual</b>	<b>Same As Usual</b>	<b>Less Than Usual</b>	<b>Much Less Than Usual</b>
c. Felt that you are playing a useful part in things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More So Than Usual</b>	<b>Same As Usual</b>	<b>Less Useful Than Usual</b>	<b>Much Less Useful Than Usual</b>
d. Felt capable of making decisions about things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
e. Felt constantly under strain? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
f. Felt you couldn't get over your difficulties?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More So Than Usual</b>	<b>Same As Usual</b>	<b>Less Than Usual</b>	<b>Much Less Than Usual</b>
g. Been able to enjoy your normal day-to-day activities? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More Than Usual</b>	<b>Same As Usual</b>	<b>Less Able Than Usual</b>	<b>Much Less Able</b>
h. Been able to face up to your problems? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
i. Been feeling unhappy or depressed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
j. Been losing confidence in yourself? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Not At All</b>	<b>No More Than Usual</b>	<b>Rather More Than Usual</b>	<b>Much More Than Usual</b>
k. Been thinking of yourself as a worthless person? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>More So Than Usual</b>	<b>Same As Usual</b>	<b>Less Than Usual</b>	<b>Much Less Than Usual</b>
l. Been feeling reasonably happy, all things considered? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Definitely Not</b>	<b>I Don't Think So</b>	<b>Has Crossed My Mind</b>	<b>Definitely Have</b>
m. Found that the idea of taking your own life kept coming into your mind? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. During the past school year, how often did you bet or spend money on each of the following gambling activities? (“X” ONE RESPONSE IN EACH ROW.)**

	Never	A Few Times A Year	Monthly But Not Weekly	Weekly But Not Daily	Daily
a. Buying lottery or raffle tickets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Playing a slot machine or video lottery terminal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Betting on horse or dog races.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Betting on sports event .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Card dice or other games .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Betting with a bookie.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet betting or gambling.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Casino gambling .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ **If you never gambled during the past school year (i.e., answered never to all questions Q.44a to Q.44h please Skip to Question 46.**

**45. Thinking about the last 12 months.... (“X” ONE RESPONSE IN EACH ROW.)**

	Never	Sometimes	Most Of The Time	Almost Always
a. How often have you bet more than you could really afford to lose? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often have you needed to gamble with larger amounts of money to get the same feeling of excitement? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When you gambled, how often did you go back another day to try to win back the money you lost? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often have you borrowed money or sold anything to get money to gamble? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How often have you felt that you might have a problem with gambling? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How often has gambling caused you any health problems, including stress or anxiety? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How often have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How often has your gambling caused any financial problems for you or your household?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. How often have you felt guilty about the way you gamble or what happens when you gamble?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. In general, how would you rate your health now? (“X” ONE RESPONSE.)**

- Excellent.....
- Very good.....
- Good.....
- Fair.....
- Poor.....

**47. In the last month, how often ... (“X” ONE RESPONSE IN EACH ROW.)**

	Never	Almost Never	Sometimes	Fairly Often	Very Often
a. Have you felt that you were unable to control important things in your life?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you felt confident about your ability to handle your personal problems?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt that things were not going your way?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you felt that difficulties were piling up so high that you could not overcome them?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Before we end, we have a few questions regarding your background**

**48. Are you male or female?**

- Male.....
- Female.....

**49. How old are you? (PLEASE WRITE IN AGE)**

Current age, in years          

**50. How many close friends do you have? (“X” ONE RESPONSE.)**

- None.....
- One.....
- Two.....
- Three.....
- Four.....
- Five or more.....

**51. What is your current marital status? (“X” ONE RESPONSE.)**

- Never married.....
- Married or equivalent.....
- Divorced.....
- Separated.....
- Widowed.....

**52. In what type of residence do you currently live? (“X” ONE RESPONSE.)**

- Fraternity/sorority house.....
- University residence .....
- Other university housing .....
- Non-university housing .....
- Other .....

**53. Excluding children, with whom are you currently living? (“X” ALL THAT APPLY.)**

- Alone .....
- With spouse/partner .....
- With parents.....
- With other family.....
- With friends/acquaintances.....
- Other .....

**54. In what country were you born?**

- Born in Canada .....  → **GO TO Q55**
- Born in a country outside of Canada ..

**54b. In what year did you emigrate to Canada? (PLEASE WRITE 4 DIGIT YEAR)**

Year emigrated to Canada \_\_\_\_\_

**55. What is your current year of study? (“X” ONE RESPONSE.)**

- First year undergraduate .....
- Second year undergraduate.....
- Third year undergraduate.....
- Fourth or more year undergraduate ....
- Graduate studies .....

**56. Overall, what was your grade average last year? (“X” ONE RESPONSE.)**

- A .....
- B .....
- C .....
- D .....
- F.....
- Not in school last year .....

**57. How long ago was your Reading Week or 2<sup>nd</sup> Semester break? (“X” ONE RESPONSE.)**

- Haven't had a Reading Break yet .....
- 1-2 weeks ago .....
- 3-4 weeks ago .....
- 5-6 weeks ago .....
- 7+ weeks ago .....
- Don't have a Break .....

**58. On average, how long does it take for you to get to campus from home? (“X” ONE RESPONSE.)**

- Live on campus/don’t commute .....
- Less than 15 minutes .....
- 15-30 minutes .....
- 30-59 minutes .....
- 60+ minutes .....

**59. How important are the following reasons for you choosing to complete this survey by mail? (“X” ONE RESPONSE IN EACH ROW.)**

	<u>Very</u> <u>Important</u>	<u>Somewhat</u> <u>Important</u>	<u>Not At All</u> <u>Important</u>
a. Convenience .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Novelty .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Confidentiality ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**60. How important was the lottery incentive for you completing this survey? (“X” ONE RESPONSE.)**

- Very important .....
- Somewhat important.....
- Not at all important.....

**61. If you were asked to complete a similar survey again, would you prefer a web-based survey, or a paper survey mailed to you? (“X” ONE RESPONSE.)**

- Prefer web-based survey.....
- Prefer mailed survey.....

**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY**

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