



## **Informed Consent**

### **Consent to Participate in a Research Study**

**Project Title: Illinois Assessment of College Substance Use Behaviors (IACSUB)**

**Principal Investigator Name: Dr. Eric Davidson, MCHES & Annabelle Escamilla, B.S., CHES**

**IRB Assigned Project Number:**

### **Key Information About the Study**

You are being asked to participate in a research study. The purpose of the research study is to assess the personal health-related attitudes, choices, and behaviors of students within the state of Illinois. You are being asked to complete a 15-25 minute, online survey on these issues, so that the Illinois Higher Education Center for Alcohol, Other Drug & Violence Prevention Center (IHEC) may analyze the survey data and work with campuses to implement evidence-based prevention strategies. You must be 18 years or older to participate. Possible benefits include learning more

about your own personal health behaviors and becoming aware of programs offered on campus that address these topics. Some possible risks may include discomfort answering questions of a sensitive nature related to your substance use, mental health, and related experiences.

Please read this form carefully and take your time. Let us know if you have any questions before participating. The research team can explain words or information that you do not understand. Research is voluntary and you can choose not to participate. If you do not want to participate or choose to start then stop later, there will be no penalty or loss of benefits to which you are otherwise entitled.

## **Purpose of the Research**

You are being asked to participate in this study because you can answer questions related to health-related attitudes, choices, and behaviors of students within the state of Illinois, each at their own respective institution. The purpose of the study is to allow IHEC members and affiliated researchers to understand the impact that alcohol, drugs (illegal and prescription), and mental health have on student well-being.

## **What will happen during the study?**

You are being asked to complete an online, anonymous survey about your alcohol/other substance use and your mental health experiences. No direct identifiers will be collected.

Your participation is expected to last 15-25 minutes.

### **What are the expected benefits of the study?**

You may or may not benefit as a result of your participation in the study. You may become more aware of your attitudes and behaviors related to these topics, and more aware of programs offered on campus that address these issues. Information learned from the study may help other students at within your institution in the future, by having data to allow IHEC staff to work with your higher education institution in implementing evidence-based prevention strategies.

### **What are the possible risks of participating in this study?**

There are minimal risks expected when taking part in this study. You may feel discomfort when disclosing personal information.

To help lower these possible risks, you will have the option to select 'Prefer not to respond' to any question you do not wish to answer. You may also stop or leave the survey at any time. During sections of the survey asking about potentially sensitive information, you will receive information for campus specific resources that may be helpful for additional assistance if you experience any discomfort. At the end of the survey, you will also receive a list with direct links to resources on the topics covered in this survey so that you may reach out for any additional assistance.

We will tell you about any new information we learn that may affect your decision to continue to participate in this study.

### **What other choices do I have if I don't want to be in this study?**

You are not required to be in this study. You can simply choose not to participate. You can look for other research projects you may be interested in instead of this study.

### **Will information about me be kept private?**

The research team is committed to respecting your privacy and keeping your personal information confidential. We will

make every effort to protect your information to the extent allowed by law. Your responses are completely anonymous, and your answers will not be associated with your e-mail address, name, or any contact information. Your information will be kept as secure as possible to prevent your identity from being disclosed. Data collected from the survey will be stored for a minimum of 5 years before it is destroyed, accessible only to IHEC members and affiliated researchers via secure software.

We may share what we collected from you as part of this research, after removing your identifiers, for future research and future non-research purposes (e.g., in a social media campaign about alcohol awareness), without additional informed consent from you. Data may be shared with other affiliated researchers in raw or aggregate format, but the data that your campus receives will only be in aggregated response, such as *“97% of Illinois students would help someone they suspected had alcohol poisoning.”*

## **Who do I contact if I have questions or concerns?**

If you have questions about this study or experience a research-related injury, you can contact the IHEC researcher at 217-581-2019 or [esdavidson@eiu.edu](mailto:esdavidson@eiu.edu). If you would like to seek counseling for any reason as a result of this survey, please contact your institution's resource

centers.

If you have questions about your rights as a research participant, please contact the Eastern Illinois University Institutional Review Board (IRB) at 217-581-8453 or [eiuirb@eiu.edu](mailto:eiuirb@eiu.edu). The IRB is a group of people who review research studies to make sure the rights and welfare of participants are protected.

If you want to talk privately about any concerns or issues related to your participation, you may contact the IHEC staff at 217-581-2019.

### **Do I get a copy of this consent?**

You can ask the researcher to provide you with a copy of this consent for your records, or you can print a copy of this consent for your records.

We appreciate your consideration to participate in this study.

### **Informed Consent Agreement**

## You have been randomly selected for the 2024 Illinois Assessment of College Substance Use Behaviors (IACSUB)

- I have read the informed consent information and AGREE to participate
- I have read the informed consent information and DO NOT AGREE to participate

### Resource List for Students

Prior to beginning the survey, please note the below list of resources that are accessible to you. These references will also be mentioned throughout and at the end of the survey if you would like access to them later:

<p><b>Overall Resources</b></p>	<p><a href="#">Crisis Text Line</a> – Text MOS, 741741</p> <p><a href="#">Disaster Distress Helpline</a> + – 1-800-985-5990</p> <p><a href="#">Deaf Crisis Line</a> – 1-321-80</p> <p><a href="#">Deaf Crisis Text Line</a> – Text 839863</p>
<p><b>Resources for Alcohol and Other Drug Misuse Prevention</b></p>	<p><a href="#">Time to Change</a> – Quitting Tobacco/Nicotine or Marijuana/Cannabis</p> <p><a href="#">Drug-Free Text Line</a> – Text</p>

	<p>to 55753</p> <p><a href="#">National Institute on Alcohol and Alcoholism</a></p> <p><a href="#">PartySafe Training on Hostile Responsible Events</a></p> <p><a href="#">Alcohol Use Disorder Resources</a></p> <p><a href="#">NIAA Alcohol Treatment Network</a></p>
<p><b>Resources for Bias/Discrimination</b> <i>(Inclusion, Diversity, Equity)</i></p>	<p><a href="#">National Equity Project</a></p> <p><a href="#">Victim Connect Resource Center</a></p> <p><a href="#">Hotline</a> – 1-855-484-2846</p>
<p><b>Resources for Interpersonal Violence</b></p>	<p><a href="#">National Domestic Violence Hotline</a> 1-800-799-7233</p> <p><a href="#">National Domestic Violence Line</a> – Text TELLNOW to 859466</p> <p><a href="#">National Helpline (specific to men)</a> – Helpline chat via V</p> <p><a href="#">Love is Respect National Domestic Abuse Hotline</a> – 1-866-331-9474</p> <p><a href="#">Love is Respect National Domestic Abuse Text Line</a> – Text LOVEIS to 22522</p>
<p><b>Resources for Mental Health/Mental Well-Being</b></p>	<p><a href="#">Suicide and Crisis Lifeline</a> – Text 988 or chat 988lifeline</p> <p><a href="#">Black Emotional + Mental Health Collective (BEAM)</a> – 1-800</p>



5841

The Steve Fund Text Line –  
to 741741

Trever Project (LGBTQ) Cri:  
1-866-488-7386

Trevor Project (LGBTQ) Tex  
Text START to 678-678

Trans Lifeline – 1-877-565-

Veterans Crisis Line – 1-80  
8255 + Press 1

Veterans Crisis Text Line –  
838255

## Demographics

**Resources for bias/discrimination can be found below:**

[National Equity Project](#)

[Victim Connect Resource Center Hotline](#) – 1-855-484-2846

Age:



## Gender: (check all that apply)

- Woman
- Man
- Transgender
- Gender Queer/Gender Non-conforming (e.g. Genderfluid, Third-gender, Amalgagender, Demigender, Bigender, Pangender, Agender)
- Self-identify (please specify)
- I prefer not to respond

## Biological sex:

- Male
- Female
- Intersex
- I prefer not to respond

## Please estimate your cumulative GPA: (e.g., 3.0)

- Please enter numbers with one decimal point

- No GPA yet. First semester at campus
- I prefer not to respond

## Racial or ethnic background: (Check all that apply)

- Indigenous Person (American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.))
- Asian or Asian-American (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White, European-American, or Caucasian (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. )
- Black, African-American, or Native African (A person having origins in any of the black racial groups of Africa.)
- Arab or Non-Arab North African/Middle-Eastern
- Bi-racial or Multi-racial (A person having parents or ancestors from different racial backgrounds)
- Native Caribbean or Afro-Caribbean Islander (A person originating or with ancestry from areas in or bordering the Caribbean Sea)
- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. )
- Other (please specify)
- I prefer not to respond.

## Sexual Orientation: (Check all that apply)

- Bisexual/Biromantic
- Gay
- Lesbian
- Heterosexual/Straight
- Queer (Queer is a reclaimed inclusive identity term used to describe an individual's sexual orientation that does not conform to heterosexual-normative society.)
- Questioning
- Asexual/Aromantic
- Pansexual
- Other (please specify)
- I prefer not to respond

Are you the first generation in your immediate family to attend college?

- Yes
- No
- I prefer not to respond

Please indicate if you belong to any of the following group(s) on campus: (Check all that apply)

- Student parent
- Military service/USAS member (currently or previously)
- International student
- None of the above
- I prefer not to respond

What is your current year in school?

- Freshman (i.e. 1 year)
- Sophomore (i.e. 2 years)
- Junior (i.e. 3 years)
- Senior (i.e. 4 years)
- 5 or more years (i.e. super senior)
- Graduate or Professional student
- I prefer not to respond

Which of the following best applies to you?

- Full-time student (taking in person courses)
- Full-time student (taking online courses)
- Full-time student (taking hybrid courses)
- Part-time student (taking in person courses)

- Part-time student (taking online courses)
- Part-time student (taking hybrid courses)
- Exclusively enrolled in web-based distance learning
- I prefer not to respond

Please indicate your level of agreement with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	I prefer not to respond
I feel a sense of belonging to the campus community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I have the responsibility to contribute to the safety and wellbeing of other students at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in community and/or campus causes is important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I see myself as an individual who can have an impact on what happens at my campus/in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	I prefer not to respond
I believe I should make a difference at my campus/in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you a transfer student?

- Yes, I transferred from a 2 year institution
- Yes, I transferred from a 4 year institution
- No
- I prefer not to respond

Have you thought about transferring from your current college/university in the **past 12 months**?

- Yes
- No
- I prefer not to respond

Have you thought of discontinuing your college/university education in the **past 12 months**?

1/12/24, 10:01 AM

- Yes
- No
- I prefer not to respond

What reasons have contributed to you considering leaving your current college/university? (Check all that apply)

- Lack of friends/loneliness/homesick
- Don't have enough money to pay for school
- Difficulties keeping up with academic expectations
- Lack of entertainment ('things to do') in town
- My own alcohol/drug use
- Others alcohol/drug use
- My mental health concerns
- My physical health concerns
- Don't feel as if I belong on campus
- My major/area of interest is not offered
- other (please specify)
- I prefer not to respond.

While attending classes, which of these living arrangements best apply to you?

- On-campus residence hall



- On-campus university/college operated apartment
- On-campus other locations
- Fraternity/sorority housing
- Off-campus housing with roommates/friends or alone (e.g. a rented property, home ownership)
- Off-campus housing with parents/other family members (spouse, children, grandparents, etc.)
- I do not have a consistent/permanent living arrangement
- Other (please specify)
- I prefer not to respond

In which of these campus activities or organizations are you currently involved? (Check all that apply)

- Religious groups
- Honors/academic/professional clubs
- Service/volunteer groups
- Student government
- IFC Fraternity or Interfraternity Council Fraternity
- PHA Sorority or Panhellenic Association Sorority
- NPHC Fraternity/Sorority or National Pan-Hellenic Council Fraternity/Sorority
- Multicultural Fraternity/Sorority
- Intercollegiate/varsity athletics (e.g. NCAA, University sports teams, Cheerleading)
- Sports clubs/Intramural
- Arts (music, theater, visual art, animation, dance) group

1/12/24, 10:01 AM

- Multicultural/International
- Armed services/ROTC
- Political
- Residential Life (as an employee or volunteer)
- Marching Band
- Social justice/LGBTQ
- Campus media/campus journalism
- Other (please specify)
- I am not involved in any campus activity/organization
- I prefer not to respond

Have you held a leadership position in any of these activities?

- Yes, currently
- Yes, previously
- No
- I prefer not to respond

## Policy

Does your campus \_\_\_\_\_?

I prefer not to respond.

Yes

Unsure

No

Provide a program or information about alcohol and drug prevention





Have a sexual violence policy





Have a tobacco/smoke-free policy





Have campus/local resources for helping with food scarcity (e.g. campus food pantry)





Do you believe that your campus \_\_\_\_\_ policies are consistently enforced?

	Yes	Unsure	No	I prefer not to respond.
Alcohol and other drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco/smoke-free	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you believe that your campus is concerned about  
 ----- ?

	Yes	Unsure	No	I prefer not to respond.
The prevention of alcohol and drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco/Nicotine product use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following statements do you believe best describes your campus cannabis/marijuana policy?

Cannabis is allowed on campus, but not in the residence halls/on-campus living

- Cannabis is allowed on campus, but only with a valid medical card
- Cannabis is not allowed on campus at all
- I am unsure
- I prefer not to respond

Does your campus have a campus recovery program, organization, or center? (A collegiate recovery program (CRP) is a supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. It is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other.)

- Yes
- No
- Unsure
- I prefer not to respond

Would you be supportive of your campus providing more resources (educational or support) about drug overdoses?

- Yes
- No
- Unsure

- My campus provides enough resources on overdoses
- I prefer not to respond

## Alcohol

**The following questions ask about alcohol use and related behaviors. For resources on alcohol use and prevention, see below:**

[National Institute on Alcohol Abuse and Alcoholism](#)

[PartySafe Training on Hosting Responsible Events](#)

[Alcohol Use Disorder Resources](#)

[NIAA Alcohol Treatment Navigator](#)

Do you identify as someone that is in recovery from an alcohol or other drug addiction/substance use disorder?

- Yes
- No
- I prefer not to respond

How old were you when you first started drinking alcohol?



What recovery format do you primarily practice?

- 12 Step Program
- Treatment or Counseling based
- Moderation Management/Harm-reduction
- Other (please specify)
- I prefer not to respond

Have you participated in or with your campus recovery program, organization, or center?

- Yes
- No
- Unsure
- I prefer not to respond

Have you consumed alcohol in the **past 12 months**?

- Yes
- No
- I prefer not to respond

On which days/nights of the week do you typically consume alcohol? For each day/night you typically drink, please note the number of alcoholic drinks (One drink is equal to 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor) that you consume (enter 0 if you do not drink on those nights):

# What is **ONE DRINK?**

The infographic illustrates the standard volume and alcohol content for one drink of four different beverage types. Each type is represented by an illustration of the drink and a corresponding label with its volume and alcohol percentage.

Volume	Beverage Type	Alcohol Content
12oz	Seltzer OR Regular Beer	5% ALCOHOL
8oz-9oz	Malt Liquor OR Craft Beer	7% ALCOHOL
5oz	Table Wine	12% ALCOHOL
1.5oz	80-PROOF SHOT	40% ALCOHOL

Note: The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Partners In Prevention



	Monday	Tuesday	Wednesday	Thursday	Friday	Sa
Beer/Seltzers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Malt liquor/Craft beer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liquor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate the number of days you drank alcohol in the **past two weeks**:

Think over the **past two weeks**. How many times have you had 5 or more drinks within a 2-hour period? (One drink is equal to 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor).

Think over the **past two weeks**. How many times have you had 4 or more drinks within a 2-hour period? (One drink is equal to 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor).

Think over the past two weeks. How many times have you had 5 or more drinks within a 2-hour period? (One drink is equal to 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor).

Please indicate the number of days you drank alcohol in the **past 30 days**:

Think over the **past 30 days**. How many times have you had 5 or more drinks within a 2-hour period? (One drink is

equal to 12 oz. of beer, 8–9 oz. of malt liquor/craft beer, 5oz. of wine, or 1.5 oz. of liquor).

Think over the **past 30 days**. How many times have you had 4 or more drinks within a 2-hour period? (One drink is equal to 12 oz. of beer, 8–9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor).

Think about the last time you drank; how many drinks did you consume? (One drink is equal to 12 oz. of beer, 8–9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor).

Think about the last time you drank; over how many hours did your drinking occur?

Where do you typically consume alcohol? (Check all that apply)

- Bars/restaurants (including outdoor seating/patios)
- Social gathering or friend's house (off-campus)
- Fraternity or sorority house
- Fraternity or sorority community in a residence hall
- Residence hall
- Sporting events
- At home (parents'/family's residence)
- Where I live
- Other (please specify)
- I prefer not to respond

If you pre-party/pre-game (i.e., drink somewhere before you go out or before an event starts), where do you typically do so? (check all that apply)

- I do not pre-party
- Bar/restaurant (including outdoor seating/patios)
- Social gathering or friend's house (off-campus)
- Fraternity or sorority house
- Fraternity or sorority community in a residence hall
- Residence hall
- sporting events (including tailgating)

- Parking lot
- In transit (e.g., driving, walking, etc., to a location)
- Where I live
- Other (please specify)
- I prefer not to respond

On average, how many drinks do you typically consume when you pre-party/pre-game? (One drink is equal to 1 beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor)

Think back to the last time you consumed the **most** alcohol...where did you consume the majority of your drinks?

- Bars/restaurants (including outdoor seating/patios)
- Social gathering or friend's house (off-campus)
- Fraternity or sorority house
- Fraternity or sorority community in a residence hall
- Residence hall
- Sporting events
- Where I live

other (please specify)

I prefer not to respond

How do you obtain your alcohol? (Check all that apply)

- I have a friend who is **over 21** buy for me
- I have a friend who is **under age 21** who gets it for me
- I use a fake or manufactured ID
- I borrow or regularly use someone else's real ID
- My parents/siblings/other family members buy alcohol for me
- Alcohol is readily available at home
- I know people who work in bars/restaurants who will serve me
- I go to a place where IDs aren't checked
- I know people who work in convenience/grocery stores who will sell to me
- I use home delivery service without ID being checked
- From a fraternity or sorority
- other (please specify)
- I prefer not to respond

How often in the **past 12 months** have you been denied access while using a fake/borrowed ID?

Never

- Rarely
- Occasionally
- Often
- Always
- I prefer not to respond

When you drink, which of the following are contributing factors to your decision to drink alcohol? (Check all that apply)

- To relax
- To have fun with friends
- To get drunk
- To try it
- Because my friends are drinking
- Because I feel pressure to drink
- The consequences of my drinking are minimal
- I have nothing better to do
- To feel more confident in a social situation
- I like the taste
- I like how it feels
- To help me fall asleep/stay asleep
- To escape/so I can forget my problems
- Alcohol is always readily available
- Other (please specify)

- I don't drink
- I prefer not to respond

Which of the following motivates you to drink less or not drink alcohol? (Check all that apply)

- High cost of drinks/alcohol
- Academic obligations the following day
- Other obligations the following day (i.e. jobs, family)
- Chance of getting sick or having a hangover
- Chance of having a "blackout"/memory loss
- Because it is against the law/policy (e.g. I might be getting caught by authorities.)
- Potential of doing something I will regret later/My behavior when I drink
- Being a designated driver
- Religious/moral reasons
- I have a personal or family history with alcohol (e.g. alcoholism)
- My mental health concerns
- Health/calories
- I don't like the taste / I don't like alcohol
- Not in the mood / No interest in alcohol
- Other (please specify)
- I prefer not to respond.



Have you used the following substances while drinking alcohol in the **past 12 months**? (check all that apply)

- Marijuana/Cannabis (including smoked marijuana, edibles, derivatives and ALL other types of marijuana/cannabis products)
- Prescription drugs (prescribed to me)
- Prescription drugs (NOT prescribed to me)
- Other illicit drugs (e.g. cocaine, heroin, LSD, MDMA, hallucinogens, etc.)
- Tobacco/Nicotine products (e.g. combustible cigarette, e-cigarette, smokeless tobacco, etc.)
- Others (please specify)
- None of above
- I prefer not to respond

In the past 12 months, how often have you done the following at parties or social gatherings where alcohol was available?

	Never	Sometimes	Always	I prefer not to respond
Determined not to exceed a set number of drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided competitive drinking behaviors (i.e. "keep up"/ "out-drink") or drinking games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I prefer not to  
respond

Never

Sometimes

Always

Alternated  
water/non-alcoholic  
drinks while drinking  
alcohol

Drank slowly, rather  
than gulp or chug

Eaten before and/or  
during alcohol  
consumption

I prefer not to  
respond

Never

Sometimes

Always

Received free, non-  
alcoholic drinks (e.g.,  
soft drinks) at a  
bar/restaurant for  
being a designated  
sober driver

Had a sober friend in  
the group

Knew where your  
drink has been at all  
times

Made sure you went  
home with a friend

Stopped drinking at a  
predetermined time

How often in the **past 12 months** have you experienced the  
following when drinking alcohol?

	0 times	1 time	2 times	3-5 times	6-9 times	10 or more times	I prefer not to respond
Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been in trouble with campus administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested by campus police or other law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received medical attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 times	1 time	2 times	3-5 times	6-9 times	10 or more times	I prefer not to respond
Driven after consuming any alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been arrested for DUI/DWI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone had sexual contact with me without my consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had sexual contact with someone without their consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 times	1 time	2 times	3-5 times	6-9 times	10 or more times	I prefer not to respond
Rode with someone who drove after drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been forced, pressured, or coerced into drinking more alcohol than you wanted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 times	1 time	2 times	3-5 times	6-9 times	10 or more times	I prefer not to respond
Experienced a "blackout"/memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often in the **past 12 months** have you experienced the following academic consequences as a result of your alcohol consumption?

	0 times	1 time	2 times	3-5 times	6-9 times	10 or more times	I prefer not to respond
Performed poorly on a test or assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following are reasons you choose not to drink alcohol? (Check all that apply)

- In recovery from alcohol or other drug addiction
- Potential of getting sick or having a hangover
- Potential of having a "blackout"/memory loss
- So I don't have to worry about any negative consequences
- Alcohol costs too much/ It's hard to access alcohol
- I don't like the taste / I don't like alcohol

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- I have no desire to drink/I am not interested
- I have too many personal responsibilities.
- I have too many academic responsibilities
- Personal beliefs/values
- Potential of doing something I will regret later
- To be the designated driver
- Because drinking is against the law/policy (e.g., I am younger than 21, I live in a residence hall)
- I have a personal or family history with alcohol (e.g. alcoholism)
- My health concerns (i.e. current medical condition, health/calories, breastfeeding, etc.)
- My mental health concerns
- Religious/moral
- I don't have a safe environment to drink in
- I could not find a designated driver
- Other (please specify)
- Prefer not to respond.

## Alcohol part 2

In the **past 12 months**, which of the following have you experienced as a result of another person's alcohol use?  
(Check all that apply)

- Took care of someone who drank too much (e.g., cleaning up after the person, monitoring the person)

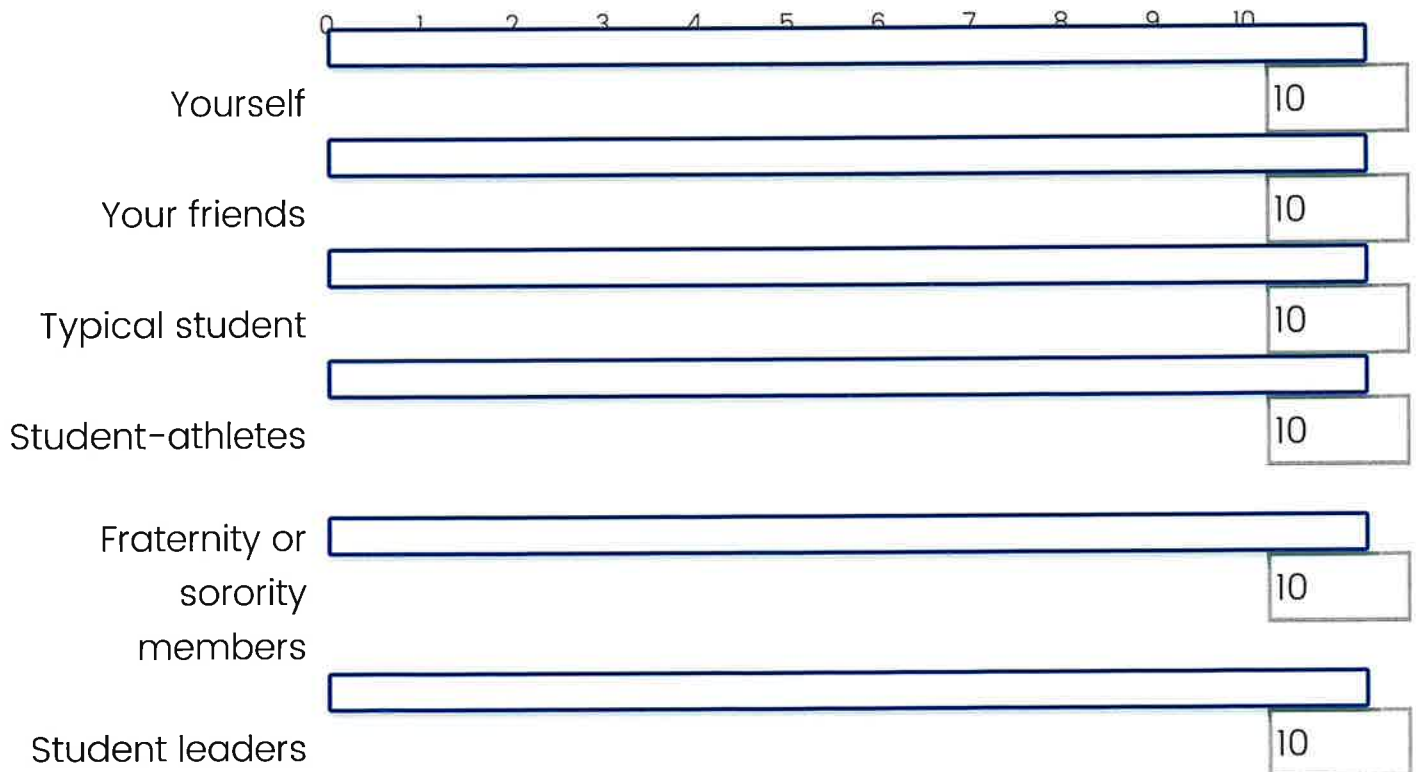
- Had your sleep interrupted
- Had your studying interrupted
- Were prevented from enjoying events (concerts, sports, social activities)
- Had a verbal argument
- Felt unsafe
- Had your personal property or residence damaged
- Been pushed, hit, or assaulted
- Were harassed about sexual orientation, race/ethnicity, religion, or gender by an intoxicated person
- Been threatened with physical violence
- Someone had sexual contact with me without my consent
- Took someone for emergency medical care
- None of the above
- I prefer not to respond

How often do you think students in each category on your campus consume alcohol? Provide your best guess:

	Do not use alcohol	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	I prefer not to respond
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Typical student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student-athletes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Do not use alcohol	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	I prefer not to respond
Fraternity or sorority members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a typical day/night of drinking alcohol, **how many drinks** do you think the student in each category on your campus consumes? Please provide your best guess (please select 10 if it is higher than 10): (One drink is equal to 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5oz. of liquor)



Which of the following best fits your intentions to change the way you drink alcohol?

- I am currently trying to drink in a healthier/safer way
- I am ready to try drinking in a healthier/safer way
- I am thinking about drinking in a healthier/safer way
- I see no need to change the way I drink alcohol
- I prefer not to respond

## Drug use - Rx

**The following questions ask about drug use and related behaviors. For resources on drug use and prevention, see below:**

[Drug-Free Text Line](#) – Text CONNECT to 55753

[Time to Change](#)

In the **past 12 months**, which of the following prescription drugs have you used without a doctor's prescription for your use? (Check all that apply)



*Prescription drugs are medicines that require a medical professional's prescription and CANNOT be purchased over the counter/without a prescription.*

- Stimulants/Amphetamines (e.g., Dexedrine, Adderall, Ritalin, Concerta)
- Pain medication/Opiates (e.g., Vicodin, OxyContin, Codeine, Oxycodone, Demerol, Morphine, Fentanyl)
- Sleeping medication (e.g., Ambien, Halcion, Restoril)
- Benzodiazepines/Sedatives (e.g., Xanax, Klonopin, Valium)
- Other (please specify)
- I have not used any of these without a doctor's prescription
- I prefer not to respond

In the **past 12 months**, which of the following prescription drugs that WERE PRESCRIBED to you have you misused, meaning taking in a manner other than prescribed?  
(Check all that apply)

- Stimulants/Amphetamines (e.g., Dexedrine, Adderall, Ritalin, Concerta)
- Pain medication/Opiates (e.g., Vicodin, OxyContin, Tylenol-Codeine #3, Demerol, Morphine, Fentanyl)
- Sleeping medication (e.g., Ambien, Halcion, Restoril)
- Benzodiazepines/Sedatives (e.g., Xanax, Klonopin, Valium)
- Other (please specify)

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- I have not misused any of these
- I prefer not to respond

For the prescription drug(s) you have misused with/without a doctor's prescription, how often have you misused?

	0 times/year	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week
Stimulants/Amphetamines (e.g., Dexedrine, Adderall, Ritalin, Concerta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain medication/Opiates (e.g., Vicodin, OxyContin, Tylenol-Codeine #3, Demerol, Morphine, Fentanyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping medication (e.g., Ambien, Halcion, Restoril)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepines/Sedatives (e.g., Xanax, Klonopin, Valium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People use prescription drugs for various reasons, including the reasons displayed below. For any prescription drugs

you misused with/without a doctor's prescription, which of the reasons contribute to your use? (Check all that apply)

### Stimulants/Amphetamines

- To relax or relieve tension
- To relieve and/or manage physical pain
- To help lose weight
- To help concentrate
- To be alert or stay awake
- To improve academic performance
- To experiment or see what the drug is like
- To feel good or get high
- To help with sleep
- To help with feelings or emotions
- To increase or decrease the effects of other drugs
- Other reasons (please specify)
- I prefer not to respond

People use prescription drugs for various reasons, including the reasons displayed below. For any prescription drugs you misused with/without a doctor's prescription, which of the reasons contribute to your use? (Check all that apply)

### Pain Medication/Opiates

- To relax or relieve tension
- To relieve and/or manage physical pain
- To help lose weight
- To help concentrate
- To be alert or stay awake
- To improve academic performance
- To experiment or see what the drug is like
- To feel good or get high
- To help with sleep
- To help with feelings or emotions
- To increase or decrease the effects of other drugs
- Other reasons (please specify)
- I prefer not to respond

People use prescription drugs for various reasons, including the reasons displayed below. For any prescription drugs you misused with/without a doctor's prescription, which of the reasons contribute to your use? (Check all that apply)

### Sleeping Medications (e.g., Ambien, Halcion, Restoril)

- To relax or relieve tension
- To relieve and/or manage physical pain
- To help lose weight
- To help concentrate

- To be alert or stay awake
- To improve academic performance
- To experiment or see what the drug is like
- To feel good or get high
- To help with sleep
- To help with feelings or emotions
- To increase or decrease the effects of other drugs
- Other reasons (please specify)
- I prefer not to respond

People use prescription drugs for various reasons, including the reasons displayed below. For any prescription drugs you misused with/without a doctor's prescription, which of the reasons contribute to your use? (Check all that apply)

### Benzodiazepines/sedatives

- To relax or relieve tension
- To relieve and/or manage physical pain
- To help lose weight
- To help concentrate
- To be alert or stay awake
- To improve academic performance
- To experiment or see what the drug is like
- To feel good or get high

- To help with sleep
- To help with feelings or emotions
- To increase or decrease the effects of other drugs
- Other reasons (please specify)
- I prefer not to respond

In the **past 12 months**, how often have you mixed alcohol with any prescription drugs used in a manner other than prescribed?

- 0 times
- 1 time
- 2 times
- 3-5 times
- More than 5 times
- I prefer not to respond

How do you obtain your prescription drugs without a doctor's prescription? (Check all that apply)

- I purchase them from other people
- I steal them
- I was given them

Other (please specify)

I prefer not to respond

If you were given the prescription drugs, from whom do you access them without a doctor's prescription? (Check all that apply)

Family

Friends

Floormates/roommates

Strangers

Other (please specify)

I prefer not to respond

## Cannabis

How old were you when you first started using marijuana/cannabis (including smoking marijuana, using derivatives, and all edible products)?

In the **past 12 months**, how often have you used marijuana/cannabis (including edibles, derivatives, and ALL other types of marijuana/cannabis products)?

- I did not use in the past year
- 1-6 times/year
- 1-2 times/month
- 1-2 times/week
- 3 or more times/week
- Daily
- I prefer not to respond

When you have used marijuana/cannabis in the **past 12 months**, how often have you used in the following ways?

	I did not use	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	Daily
Smoked (e.g. joint, bong, pipe, blunt)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Edible (e.g. brownies, cookies, candy, in tea, soda, alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaporized (in an e-cigarette or other vaporizing device)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	I did not use	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	Daily
In derivative/concentrated form (e.g. wax, oil, dabs, shatter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other ways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many days have you used marijuana/cannabis (any type) in the **past 30 days**?

Which of the following are contributing factors to your decision to use marijuana/cannabis? (Check all that apply)

- To relax
- To have fun with friends
- I feel pressure to use
- To get high
- The consequences of my marijuana/cannabis use are minimal
- Because my friends are using marijuana/cannabis
- I have nothing better to do

- I like how it feels
- To escape/so I can forget my problems
- It helps me to relieve pain
- To help with anxiety and other mental health concerns
- For medical purposes
- To help me sleep
- To try it/curious
- I feel like it is safer to use than alcohol/other substances
- Other (please specify)
- I prefer not to respond

How often in the **past 12 months** have you experienced the following as a result of using marijuana/cannabis?

	0 times	1 time	2 times	3-5 times	More than 5 times	I prefer not to respond
Been arrested for DUI/DWI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt in a fog, sluggish, tired, or dazed the morning after using	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt very sick to my stomach or thrown up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performed poorly on a test or assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	0 times	1 time	2 times	3-5 times	More than 5 times	I prefer not to respond
Attended class after using marijuana/cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a blackout after using marijuana/cannabis heavily (i.e. could not remember hours at a time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had trouble sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needed to use more marijuana/cannabis because of an increased tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where have you used marijuana/cannabis in the **past 12 months**? (Check all that apply)

- Residence hall
- Where I live
- Fraternity or sorority house
- Athletic events
- Concerts
- Bars
- Parties

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- Social gathering or friend's house (off-campus)
- Outdoors
- In a car
- At home (parents'/family's residence)
- Other (please specify)
- I prefer not to respond

Where have you used marijuana/cannabis **the most often** in the **past 12 months**?

- Residence hall
- Where I live
- Fraternity or sorority house
- Athletic events
- Concerts
- Bars
- Parties
- Social gathering or friend's house (off-campus)
- Outdoors
- In a car
- At home (parents'/family's residence)
- Other (please specify)
- I prefer not to respond

When you used marijuana/cannabis in a car, what is usually the status of the car?

- Parked on campus
- Parked off campus
- Being driven (I was the driver)
- Being driven (I was a passenger)
- I prefer not to respond

Have you used the following substances while using marijuana/cannabis? (Check all that apply)

- Alcohol
- Prescription Drugs (prescribed to me)
- Prescription Drugs (NOT prescribed to me)
- Other illicit drugs (e.g. cocaine, heroin, LSD, MDMA, hallucinogens, etc.)
- Tobacco/Nicotine products (e.g. combustible cigarette, e-cigarette, smokeless tobacco, etc.)
- Others (please specify)
- None of the above
- I prefer not to respond

Which statement below about using marijuana/cannabis

do you think best represents your own attitude?

- Using marijuana/cannabis is never a good thing to do
- Occasionally using marijuana/cannabis is okay as long as it doesn't interfere with academics or other responsibilities
- Occasionally using marijuana/cannabis is okay even if it does interfere with academics or responsibilities
- Frequently using marijuana/cannabis is okay if that's what the individual wants to do
- I prefer not to respond

Which of the following best fits your intentions to change the way you use marijuana/cannabis?

- I am currently trying to use marijuana/cannabis less often and/or quit
- I am ready to try to use marijuana/cannabis less frequently and/or quit
- I am thinking about using marijuana/cannabis less and/or quit
- I see no need to change my marijuana/cannabis use
- I prefer not to respond

Which of the following are reasons that you choose not to use marijuana/cannabis?

- In recovery from cannabis or other drug addiction
- Potential of getting sick or having a hangover
- Potential of having a "blackout"/memory loss

- So I don't have to worry about any negative consequences
- It costs too much/ It's hard to access
- I have no desire to use/I am not interested
- I have too many personal responsibilities
- I have too many academic responsibilities
- Personal beliefs/values
- Potential of doing something I will regret later
- Because it against the law/policy
- I have a personal or family history with cannabis (e.g. cannabis use disorder)
- My health concerns or a current medical condition
- My mental health concerns
- Religious/moral
- Other (please specify)
- I prefer not to respond.

Do you have a marijuana/cannabis prescription or medical card?

- Yes, in Illinois
- Yes, in another state
- No
- I prefer not to respond

Have you **EVER** traveled to another state to purchase marijuana/cannabis?

- Yes
- No
- I prefer not to respond

Given the change in Illinois state law legalizing adult-use/recreational marijuana/cannabis, which statement do you agree with most closely:

- I do not currently use marijuana/cannabis and I do not plan to start using
- I do not currently use marijuana/cannabis, but I am curious to try it/start using
- I prefer not to respond

Given the change in Illinois state law legalizing adult-use/recreational marijuana/cannabis, I plan to use marijuana/cannabis \_\_\_\_\_ than before:

- Much less
- A little less
- The same amount
- A little more
- Much more



I prefer not to respond

How often do you think the **typical student** on your campus uses marijuana/cannabis?

- Never
- 1-6 times/year
- 1-2 times/month
- 1-2 times/week
- 3 or more times/week
- Daily
- I prefer not to respond

Have you used CBD (Cannabidiol) products in the **past 12 months**?

- Yes
- No
- I prefer not to respond

What reasons have contributed to you using CBD products? (Check all that apply)

To reduce physical pain

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- To treat symptoms caused by a medical condition
- To treat anxiety
- To help smoking cessation or drug withdrawal
- To try it/curious
- To help me sleep/sleep aid
- Other reasons (please specify)
- I prefer not to respond

## Illicit Drugs

In the **past 12 months**, how often have you used the following drugs?

	I did not use	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	Daily	I prefer not to respond
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDMA (i.e. Ecstasy, Molly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (Mushrooms, LSD, PCP, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K2/synthetic marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	I did not use	1-6 times/year	1-2 times/month	1-2 times/week	3 or more times/week	Daily	I prefer no response
Inhalants (i.e. Whippits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Kratom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
Delta 8 THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(

## Mental Health and Suicidality

The following questions ask about well-being and mental health concerns and may cause discomfort. If you'd like to speak to someone, please seek assistance at your campus counseling center [INSERT CAMPUS SPECIFIC RESOURCES HERE].

For additional resources on mental health and mental well-being, see below:

[Suicide and Crisis Lifeline](#) – Call or Text 988 or chat 988lifeline.org

[Black Emotional + Mental Health Collective \(BEAM\)](#) – 1-800-604-5841

[The Steve Fund Text Line](#) – Text STEVE to 741741

[Trevor Project \(LGBTQ\) Crisis Line](#) – 1-866-488-7386

[Trevor Project \(LGBTQ\) Text Line](#) – Text START to 678-678

[Trans Lifeline](#) – 1-877-565-8860

[Veterans Crisis Line](#) – 1-800-273-8255 + press 1

Veterans Crisis Text Line – Text 838255

Which of the following have you experienced in the **past 12 months**? (Check all that apply)

- Depression
- Disordered eating
- Chronic sleep issues
- Non-suicidal self-injury/ self-harm behaviors
- Anxiety (e.g., generalized anxiety, OCD)
- Panic attacks
- Bipolar disorder
- Other mental health concerns (e.g., Autism Spectrum Disorder, ADHD/ADD)
- Post-traumatic stress disorder (PTSD)
- Body/Gender dysphoria
- Substance use disorder(s)/dependency
- Other (please specify)
- I have not experienced any of these
- I prefer not to respond

Which of the following that you have experienced in the **past 12 months** have you been diagnosed with by a

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mental health or medical professional? (Check all that apply)

- Major depression
- Disordered eating
- Chronic sleep issues
- Non-suicidal self-injury disorder (NSSID)
- Anxiety disorder(s) (e.g., generalized anxiety, OCD)
- Post-traumatic stress disorder (PTSD)
- Panic disorder
- Bipolar disorder
- Other mental health concerns (e.g., Autism Spectrum Disorder, ADHD/ADD)
- Other (please specify)
- I have not been diagnosed with any of these
- I prefer not to respond

For the issues previously identified, where did you initially seek assistance? (check up to two)

- I did not seek assistance
- Campus counseling center/services
- Campus health center/services
- Religious or spiritual advisor
- Emergency/crisis services (hospital ER, 988/911/other crisis line)
- Off-campus medical doctor
- Off-campus mental health provider

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- In-patient psychiatric facility
- Friends and family
- Telehealth/virtual appointment
- Other (please specify)
- None of above. I practice self-care/other types of management on my own.
- I prefer not to respond

What other services did you utilize? (Check up to two)

- Friends and family
- Campus counseling center/services
- Off-campus medical doctor
- Off-campus mental health provider
- Religious or spiritual advisor
- Campus health center/services
- Emergency/crisis services (hospital ER, 988/911/other crisis line)
- In-patient psychiatric facility
- Telehealth/virtual appointment
- Other (please specify)
- None of the above. I did not seek any other assistance.
- I prefer not to respond

What are the barriers that stop you from seeking assistance? (Check all that apply)

- The cost is too expensive/My insurance does not cover it
- I do not have health insurance
- I do not know any resources
- It is not helpful
- The waiting list is too long
- I am afraid that people will judge me
- I do not think I need any assistance
- I prefer not to respond

Have you ever (in your lifetime) had suicidal thoughts?

- Yes
- No
- I prefer not to respond

In the **past 12 months**, have you had suicidal thoughts?

- Yes
- No
- I prefer not to respond

In the **past 12 months**, have you attempted suicide?

- Yes
- No
- I prefer not to respond

Have you sought assistance for your suicidal attempt/thoughts in the **past 12 months**?

- Yes
- No
- I prefer not to respond

Where did you primarily seek assistance for your suicidal attempt/thoughts?

- Campus counseling center/services
- Campus health center/services
- Family/Friends
- Religious or spiritual advisor
- Emergency/crisis services (hospital ER, 988/911/other crisis line)
- Off-campus medical doctor
- Off-campus mental health center
- Other (please specify)



- Not applicable/none of the above
- I prefer not to respond

What other services did you utilize? (Check up to two)

- Campus counseling center/services
- Campus health center/services
- Family/Friends
- Religious or spiritual advisor
- Emergency/crisis services (hospital ER, 988/911/other crisis line)
- Off-campus medical doctor
- Off-campus mental health center
- Other (please specify)
- Not applicable/none of the above
- I prefer not to respond

How effective was the assistance you received?

- It negatively impacted me
- Not effective at all
- Slightly effective
- Moderately effective
- Very effective
- Extremely effective

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- Not applicable/none of the above
- I prefer not to respond

What are the barriers that stop you from seeking assistance? (Check all that apply)

- The cost is too expensive/My insurance does not cover it
- I do not have health insurance
- I do not know any resources
- It is not helpful
- The waiting list is too long
- I am afraid people will judge me
- I feel shame
- I have a fear of hospitalization
- I do not think I need any assistance
- Other (please specify)
- I prefer not to respond

In the **past 12 months**, have you been concerned about a friend having suicidal thoughts or behaviors?

- Yes
- No
- I prefer not to respond

Would you be willing to complete an online suicide prevention training program specializing in the detection, intervention, and referral of friends at risk for suicide?

- Yes
- No
- I prefer not to respond

Please indicate your level of agreement with the following statement: I would want a peer to do something if they thought I was in danger of harming myself.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree
- I prefer not to respond

How likely are you to bring up the topic of suicide with someone you think is at risk?

- Very unlikely

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- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely
- I prefer not to respond

How likely are you to refer someone who tells you they are thinking of suicide to a resource? (e.g. counseling services, local crisis center, crisis hotline)

- Very unlikely
- Unlikely
- Neither likely nor unlikely
- Likely
- Very likely
- I prefer not to respond

## **Tobacco/Nicotine**

**The following questions ask about using tobacco/nicotine products. For resources on tobacco/nicotine use and prevention, see below:**

How old were you when you first started using tobacco/nicotine products (including cigarettes, cigars, e-cigarettes/vaporizers, JUUL, smokeless tobacco, hookah, etc.)?

Which of the following tobacco/nicotine products have you used in the **past 12 months**? (Check all that apply)

- I did not use any tobacco/nicotine products
- Cigarettes
- Cigars
- Smokeless tobacco (e.g., chewing, spit, dip, snus)
- Hookah
- E-cigarettes/vaporizers (including JUUL, Puff bar, MarkTen Elite, etc.)
- Other (please specify)
- I prefer not to respond

How often do you use the following tobacco/nicotine products in the **past 12 months**?

	A few times per year	1-3 times per month	1-2 times per week	3-6 times per week	Every day	I prefer not to respond
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (e.g., chewing, spit, dip, snus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E- cigarettes/vaporizers (including JUUL, Puff bar, MarkTen Elite, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the **past 12 months**, have you experienced any of the following while attending school due to your tobacco/nicotine use? (check all that apply)

- I needed to take a tobacco/nicotine break to make it through academic events (e.g. class, webinar, meeting, training)
- I needed to take a tobacco/nicotine break to make it through a test/exam
- Experienced difficulty concentrating on academic work
- Experienced irritability, frustration, or anger because I didn't have access to tobacco/nicotine
- Experienced anxiety, depression, or sad mood because I didn't have access to tobacco/nicotine
- I felt restless when I didn't have access to tobacco/nicotine

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- Experienced physical health consequences because of withdrawal during my tobacco/nicotine use (e.g. increased appetite, headaches, dizziness, cough, fatigue, insomnia, etc.)
- Other (please specify)
- None of above
- I prefer not to respond

Have you considered/attempted to quit smoking or using tobacco/nicotine products since entering college?

- No
- Yes, I have considered quitting
- Yes, I have considered and attempted quitting
- Yes, I have quit using
- I prefer not to respond

When you considered quitting using tobacco/nicotine products, which of the following reasons contributed to your decision? (check all that apply)

- Because using tobacco is against the law/policy (e.g. I am younger than 21, Where I live prohibits use, My campus is tobacco/smoke-free)
- My future plans (e.g. finding a job, graduation)
- People I am living with do not support my tobacco/nicotine use
- My friends/people close to me don't use tobacco products/recently quit

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- My doctor/mental health professionals/dentist advised me to quit
- I have health concerns or a current medical condition
- Potential of getting sick or developing a lasting disease
- Tobacco products cost too much
- I don't want to have a habit I will regret (e.g. being dependent on tobacco/nicotine)
- I don't like how it feels
- I am not interested in using anymore
- I have too many personal responsibilities
- I have too many academic responsibilities
- Other (please specify)
- I prefer not to respond.

Where have you sought assistance for quitting tobacco/nicotine products? (Check all that apply)

- Campus health center/services
- Campus counseling center/services
- Campus wellness center/services
- Off-campus medical doctor/facility
- Online resources/Mobile App
- Family/Friends
- Other (please specify)
- I have not sought assistance
- I prefer not to respond



## Demographics part 2

How are you paying for your expenses related to your education? (Check all that apply)

- Pre-existing school savings/Out of pocket
- Parents or other family members pay
- Loans in my name
- Scholarships
- Financial aid (e.g. FAFSA)
- Grant (including Pell Grants)
- I have a job to pay for my education
- GI Bill/Military
- Other (please specify)
- I prefer not to respond

Were you eligible to receive a Pell Grant this semester?

- Yes
- No
- Unsure
- I prefer not to respond

Do you identify as someone with a disability (a learning disability, a physical disability, etc.)?

- Yes
- No
- I prefer not to respond

In which subject area is your major? (If you have a double major, you may select up to two)

- Agriculture
- Business (e.g., Accounting, Marketing)
- Communication (e.g., Advertising, Mass Communication, Public Relations)
- Computer Science
- Divinity/Theology/Religious
- Education
- English
- Engineering
- Foreign Language
- Health Sciences/Veterinary Science (e.g., Medicine, Nursing, Optometry, Pharmacy, Physical Therapy, Speech-Language Pathology)
- Human Development and Family Studies
- Interdisciplinary
- Journalism

- Liberal Arts/Humanities (e.g., History, Philosophy)
- Mathematics
- Physical Sciences (e.g., Biology, Biochemistry, Chemistry, Physics)
- Public Health
- Social Sciences (e.g., Counseling, Criminal Justice, Economics, Political Science, Psychology, Social Work, Sociology)
- Technology
- Visual and Performing Arts (e.g., Art, Film, Fine Arts, Music, Photography, Theater, Voice)
- Undecided or do not have a major yet
- Other (please specify)
- I prefer not to respond

Did you graduate from a high school in Illinois?

- Yes
- No
- I prefer not to respond

## **Additional comments and resources**

Do you have any additional comments?



**Below is a complete list of resources presented during the survey for your access:**

<p><b>Overall Resources</b></p>	<p><a href="#">Crisis Text Line</a> – Text MOS, 741741</p> <p><a href="#">Disaster Distress Helpline +</a> – 1-800-985-5990</p> <p><a href="#">Deaf Crisis Line</a> – 1-321-80</p> <p><a href="#">Deaf Crisis Text Line</a> – Text 839863</p>
<p><b>Resources for Alcohol and Other Drug Misuse Prevention</b></p>	<p><a href="#">Time to Change</a> – Quitting Tobacco/Nicotine or Marijuana/Cannabis</p> <p><a href="#">Drug-Free Text Line</a> – Text to 55753</p> <p><a href="#">National Institute on Alcohol and Alcoholism</a></p> <p><a href="#">PartySafe Training on Hosti</a> <a href="#">Responsible Events</a></p>

	<a href="#">Alcohol Use Disorder Resou</a> <a href="#">NIAA Alcohol Treatment Nc</a>
<b>Resources for Bias/Discrimination</b> <i>(Inclusion, Diversity, Equity)</i>	<a href="#">National Equity Project</a> <a href="#">Victim Connect Resource C</a> <a href="#">Hotline</a> – 1-855-484-2846
<b>Resources for Interpersonal Violence</b>	<a href="#">National Domestic Violence</a> 1-800-799-7233 <a href="#">National Domestic Violence</a> <a href="#">Line</a> – Text TELLNOW to 859 <a href="#">lin6 National Helpline (spe</a> <a href="#">men)</a> – Helpline chat via V <a href="#">Love is Respect National D</a> <a href="#">Abuse Hotline</a> – 1-866-331-9474 <a href="#">Love is Respect National D</a> <a href="#">Abuse Text Line</a> – Text LOVEIS to 22522
<b>Resources for Mental Health/Mental Well-Being</b>	<a href="#">Suicide and Crisis Lifeline</a> – Text 988 or chat 988lifeline <a href="#">Black Emotional + Mental H</a> <a href="#">Collective (BEAM)</a> – 1-800 5841 <a href="#">The Steve Fund Text Line</a> – to 741741 <a href="#">Trevor Project (LGBTQ) Cri</a> 1-866-488-7386

Trevor Project (LGBTQ) Text

Text START to 678-678

Trans Lifeline – 1-877-565-

Veterans Crisis Line – 1-80

8255 + Press 1

Veterans Crisis Text Line –

838255

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