

Institute of Behavioral Science

University of Colorado

SURVEY
OF
PERSONAL AND SOCIAL DEVELOPMENT
AT CU

Spring 2003

INSTRUCTIONS

We think you will enjoy taking the questionnaire!

1. Please answer the questions in the order they appear in the booklet.
2. Fill in the circle next to your best answer to each question.
3. There are no right or wrong answers. Please be as truthful as you can.
4. Your answers will be completely confidential. No one but us will ever see your answers. Only the last page in the booklet will have your name on it, and that page will be removed from the booklet when you turn it in. Please remember that we have a **Certificate of Confidentiality** from the National Institutes of Health, in Washington, D.C., **that provides lifetime protection of the privacy of all survey information**. This certificate means that, even if subpoenaed by a court, we cannot be forced to reveal your answers to anyone.
5. You have the right to skip any question that you do not want to answer.
6. You can stop filling out the questionnaire at any time you wish.

NOW, PLEASE GO TO PAGE 1 AND BEGIN ANSWERING THE QUESTIONS.



What do you like best about being at CU?

The next questions are about health.

HOW IMPORTANT IS IT TO YOU:

Very Important Quite Important Important Not Too Important

- 1. To feel like you are in good shape?
2. To feel like you have plenty of energy?
3. To keep yourself in good health all year round?
4. To keep yourself fit even if it takes some extra effort?
5. To have good health habits about eating and exercise and sleep?
6. In comparison to other people your age, would you say your health is much better, about the same, or much worse?
7. In comparison to other people your age, would you say you are in better physical shape, about the same physical shape, or worse physical shape?
8. How tall are you? Feet and Inches
9. How much do you weigh? Pounds
10. How do you feel about your weight?

PLEASE DO NOT WRITE IN THIS AREA



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11. How much sleep do you usually get **each night** during the school week?
- Less than 6 hours a night 8 1/2 hours
 6 hours 9 hours
 6 1/2 hours 9 1/2 hours
 7 hours 10 hours
 7 1/2 hours More than 10 hours a night
 8 hours
12. Do you think getting less than 8 hours of sleep each night can have an effect on the health of people your age?
- Very Serious Effect Serious Effect Moderate Effect Almost No Effect
13. Do you think being 20 pounds overweight can have an effect on the health of people your age?
- Very Serious Effect Serious Effect Moderate Effect Almost No Effect
14. How often do you brush your teeth?
- After Every Meal Twice a Day Once a Day Every Couple of Days
15. How often do you use dental floss to clean between your teeth?
- Once a Day or More Every Couple of Days Once or Twice a Week Almost Never

The following questions are about your background.

1. What sex are you? Male Female
2. What is your date of birth? _____
3. What is your current year in college?
- 1st Year
 2nd Year
4. Which of the following best describes your grade point average last semester?
- A B+ C+ D+
 A- B C D
 B- C-
5. Where is your permanent residence?
- Colorado
 USA, but out of state
 Country other than USA

6. How would you describe the area where you were living before coming to CU?
- Farm or ranch Small town Small city Medium-sized city Large city
7. Where are you living now?
- Residence hall Off-campus house/apartment
 Fraternity or sorority house Other: _____
 At home with parents
8. a. Do you live in a "substance-free" living area? Yes No
b. Did you request that your housing be "substance-free"? Yes No
9. What is your marital status?
- Single Separated
 Single & living with a partner Divorced
 Married Widowed
10. Do you have children? Yes No
11. What race or ethnic group best describes you?
- Hispanic/Latino/Spanish
 Black or African American
 White
 American Indian or Native American
 Asian
 Pacific Islander
 Other: _____
12. Are your parents living together?
- Yes
 No, they're divorced
 No, they're separated and not living together
 No, my mother is not alive
 No, my father is not alive
13. How far did your parents go in school?
- | <u>Father</u> | <u>Mother</u> | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Less than 8th grade |
| <input type="radio"/> | <input type="radio"/> | Completed 8th grade, but did not go to high school |
| <input type="radio"/> | <input type="radio"/> | Went to high school, but did not graduate |
| <input type="radio"/> | <input type="radio"/> | Graduated from high school, but did not go to college or other schools |
| <input type="radio"/> | <input type="radio"/> | Had special job training after high school |
| <input type="radio"/> | <input type="radio"/> | Went to college, but did not graduate |
| <input type="radio"/> | <input type="radio"/> | Graduated from college |
| <input type="radio"/> | <input type="radio"/> | Some education after college, like graduate school, medical school, or law school |
| <input type="radio"/> | <input type="radio"/> | I don't know |

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14. Is your father (or stepfather or guardian):

- Working at a job **full time**
- Working at a job **part time**
- Going to school, not working at a job
- Out of work or not working at a job. Is he looking for a job? Yes No
- I don't know

15. What kind of job does he have (for example, construction labor, carpenter, lawyer, salesman, teacher, chef)?

16. Is your mother (or stepmother or guardian):

- Working at a job **full time**
- Working at a job **part time**
- Going to school, not working at a job
- A homemaker, not working at a paying job
- Out of work or not working at a job. Is she looking for a job? Yes No
- I don't know

17. What kind of job does she have (for example, factory worker, store manager, doctor, computer programmer, librarian)?

18. About how much was the income of your family in the year 2002?

- Less than \$20,000
- \$20,000-\$40,000
- \$40,000-\$70,000
- \$70,000-\$100,000
- \$100,000-\$150,000
- Over \$150,000

19. How is your education being paid for? (Mark all that apply)

- Parents/Relatives
- Fellowships / Scholarships / Grants
- Student loans
- Self/Job
- Other _____

20. Are you involved in Greek life on campus?

- Fraternity/sorority pledge
- Fraternity/sorority member
- Not involved in a fraternity or sorority

The next questions are about how you see yourself.

1. How well do you get along with other people?

- Very Well
- Pretty Well
- Not Too Well
- Not Well at All

2. How much common sense do you have for dealing with everyday problems?

- A Great Deal
- A Fair Amount
- Not Too Much
- Not Much at All

3. How well do you make decisions about important things in your life?

- Very Well
- Pretty Well
- Not Too Well
- Not Well at All

4. What about your ability to do well in school work?

- Very Able
- Pretty Able
- Not Too Able
- Not Able at All

5. How do you feel about the way you look?

- Very Satisfied
- Pretty Satisfied
- Not Too Satisfied
- Not Satisfied at All

6. How well are you able to handle setbacks and disappointments?

- Very Well
- Pretty Well
- Not Too Well
- Not Well at All

7. How physically attractive do you think you are to other people?

- Very Attractive
- Pretty Attractive
- Not Too Attractive
- Not Attractive At All

8. On the whole, how satisfied are you with yourself?

- Very Satisfied
- Pretty Satisfied
- Not Too Satisfied
- Not Satisfied at All

When you think about the past semester, what was the most important thing that happened in your life?

PLEASE DO NOT WRITE IN THIS AREA



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Think about the kinds of things you usually do **outside of classes**. About how many hours do you usually spend **each week**:

	<u>None</u>	<u>1 or 2 Hours A Week</u>	<u>3-5 Hours A Week</u>	<u>6-10 Hours A Week</u>	<u>11-15 Hours A Week</u>	<u>More Than 15 Hours A Week</u>
1. Engaging in vigorous physical exercise (like running, riding a bike, or lifting weights)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Studying or doing schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Watching TV or videos?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Taking part in fraternity or sorority life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Doing volunteer work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Participating in the arts (like music or drama)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Playing computer games, surfing the Internet, instant messaging, etc?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Partying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Working for political causes or organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. How many hours a week do you spend working at a paying job?	<input type="radio"/> None	<input type="radio"/> 1-10	<input type="radio"/> 11-20	<input type="radio"/> 21-30	<input type="radio"/> More than 30	

11. When you have free time, how do you usually spend it?

12. In the past month, how often have you gone out to see a movie or a play?
 Not at All Once Twice 3-4 Times 5 or More Times
13. In the past month, how often have you gone up in the mountains to hike, climb, or ski, etc.?
 Not at All Once Twice 3-4 Times 5 or More Times
14. In the past month, how many books have you read just for enjoyment?
 None One Two Three 4 or More
15. How much interest do you have in the news and following world events?
 None Just a Little Some A Lot

THE NEXT QUESTIONS ARE ABOUT AEROBIC EXERCISE.

By aerobic exercise we mean any activity which uses large muscle groups, is done for at least 20 minutes, and is done at a level that causes your breathing to be heavy and your heart to beat faster (examples are running, swimming, bicycling, step aerobics, basketball).

1. In the **past month**, how often did you engage in aerobic exercise?
 Never Hardly Ever Sometimes Often Almost Every Day

2. In the **past month**, what is the average number of days per week that you engaged in aerobic exercise?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

3. In the **past week**, how many days did you engage in aerobic exercise?
 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

4. How many of the people in your family usually sit around a lot instead of getting some exercise or working out?
 None of Them Some of Them Most of Them Almost All of Them

5. How many of your friends or acquaintances at CU usually sit around a lot instead of getting some exercise or working out?
 None of Them Some of Them Most of Them Almost All of Them

6. Do you think not getting regular exercise can have an effect on the health of people your age?
 Very Serious Effect Serious Effect Moderate Effect Almost No Effect

PLEASE DO NOT WRITE IN THIS AREA



SERIAL



This section asks about tobacco use.

1. Have you **ever** smoked a cigarette (not just a few puffs)?
- No, never
 Yes, but only once
 A few times
 More than a few times
- } **IF YOU MARKED ONE OF THESE TWO ANSWERS, SKIP TO PAGE 9, QUESTION 11.**
2. How old were you when you **first** smoked a cigarette? _____ Years Old
3. How old were you when you started smoking **on a pretty regular basis**, like nearly every day?
_____ Years Old
- I have never smoked that much.
4. How would you describe your smoking during your last year in high school?
- Never smoked
 Smoked a cigarette now and then
 Smoked a few cigarettes every day
 Smoked about a half pack a day
 Smoked about a pack a day
 Smoked more than a pack a day
5. During the **past month**, how many cigarettes have you smoked on an average day?
- None at all → **IF YOU MARKED NONE, PLEASE SKIP TO PAGE 9, QUESTION 11.**
- Less than one cigarette a day
 Between 1 and 3 cigarettes a day
 Between 4 and 8 cigarettes a day
 About half a pack a day
- About a pack a day
 About 1 1/2 packs a day
 About 2 packs or more a day
6. **Do the following statements apply to you?**
- | | <u>Yes</u> | <u>Somewhat</u> | <u>No</u> |
|---|-----------------------|-----------------------|-----------------------|
| a. I smoke consistently and regularly throughout the day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Whenever I go without a smoke for a few hours, I experience craving. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. After not smoking for a while, I need to smoke to relieve feelings of restlessness and irritability. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I never go anywhere without my cigarettes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. I will go out of my way to find cigarettes when I go out. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. I tend to light up a cigarette first thing in the morning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. I only smoke when I drink alcohol. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Have any of your friends or acquaintances at CU suggested that you should stop smoking or cut down on your smoking?

- None of Them
 Some of Them
 Most of Them
 Almost All of Them

8. In the past month, were there times when you tried to cut back or quit smoking?

- No
 Once or twice
 Several times
 Quite a few times

9. If you have tried to cut back or quit smoking, what were your main reasons for doing so?

10. In the past month, did you **actually quit** smoking?

- No, I still smoke like I used to
 No, but I cut back some
 Yes, I quit but started again
 Yes, I quit and I still don't smoke

11. How important **to you** are the following reasons for smoking cigarettes, or, if you don't smoke, for taking up smoking?

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Too Important</u>	<u>Not Important At All</u>
a. It's part of being on your own and making your own decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Helps you feel less tense and more at ease in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It adds to the pleasure of a meal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It's a way to take a break.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Helps you to relax when you're stressed out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Helps you eat less and stay thinner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It gives you energy and helps you stay awake.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. It's part of what people do when they drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other people around me smoke.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL



12. How important **to you** are the following reasons for **NOT** smoking cigarettes, or, if you do smoke, for giving up smoking?

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Too Important</u>	<u>Not Important At All</u>
a. It costs too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It makes everything smell bad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People give smokers a lot of grief.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It's bad for your love life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It hurts athletic performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It's bad for your health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I don't like the taste.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Which of these descriptions **best fits you**?

- I don't smoke, and I have no plans to start.
 I've tried smoking but have not smoked more than 1 or 2 cigarettes.
 I used to smoke, but I quit.
 I used to smoke every day, but I've cut back.
 I smoke occasionally but less than weekly.
 I smoke at least every week but not every day.
 I smoke every day.

14. When you were in middle school and high school, did anyone in your family smoke? **(Mark all that apply.)**

- Father/Stepfather Aunts/Uncles
 Mother/Stepmother Grandparents
 Brothers/Sisters None

15. Does anyone in your family smoke now? **(Mark all that apply.)**

- Father/Stepfather Aunts/Uncles
 Mother/Stepmother Grandparents
 Brothers/Sisters None

16. How do **your parents** feel about someone your age smoking cigarettes?

- They Strongly Disapprove They Disapprove They Neither Approve Nor Disapprove They Approve

17. How do most of your friends or acquaintances at CU feel about someone your age smoking cigarettes?

- They Strongly Disapprove They Disapprove They Neither Approve Nor Disapprove They Approve

18. How many of your friends or acquaintances at CU smoke cigarettes?

- None of Them Some of Them Most of Them Almost All of Them

19. How many of your friends or acquaintances at CU smoke at least half a pack of cigarettes a day?
 None of Them Some of Them Most of Them Almost All of Them
20. Do your friends or acquaintances at CU ever encourage you to smoke or to smoke more than you do now?
 None of Them Some of Them Most of Them Almost All of Them
21. If you violated CU's policy about where you are allowed to smoke, how serious would the consequences be?
 Very Serious Pretty Serious Not Too Serious Not Serious at All
22. If your friends or acquaintances at CU thought you were smoking too much, would they try to get you to quit or cut back?
 Definitely Would Probably Would Probably Would Not Definitely Would Not
23. Do you think smoking can have an effect on the health of people your age?
 Very Serious Effect Serious Effect Moderate Effect Almost No Effect
24. Have you **ever** smoked a cigar (not just a few puffs)?
- No, never } **IF YOU MARKED ONE OF THESE TWO ANSWERS,
 Yes, but only once } **SKIP TO QUESTION 26 BELOW.**
 A few times
 More than a few times**
25. During the **past month**, how often have you smoked cigars?
- Not at all
 Once a week or less
 A few times a week
 About once a day
 Several times a day
26. Have you **ever** used chewing (or smokeless) tobacco?
- No, never } **IF YOU MARKED ONE OF THESE TWO ANSWERS,
 Yes, but only once } **SKIP TO QUESTION 1 ON THE NEXT PAGE.**
 A few times
 More than a few times**
27. During the **past month**, how often have you used chewing (or smokeless) tobacco?
- Not at all
 Once a week or less
 A few times a week
 About once a day
 Several times a day

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

The next questions are about school and University life.

HOW IMPORTANT IS IT TO YOU:	Very <u>Important</u>	Somewhat <u>Important</u>	Not Too <u>Important</u>	Not Important <u>At All</u>
1. To get at least a B average this year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. To be considered a bright student by your teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To come out near the top of the class on exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. To have good enough grades to get into graduate or professional school if you like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MUCH DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS?

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
5. The classes I'm taking now are interesting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I'm learning things in my classes that will help me in my career.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I'm satisfied with the education I'm receiving at CU.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My teachers at CU show interest in students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My teachers at CU try to help students when they are having problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Has CU provided the following types of information to you?		<u>Yes</u>	<u>No</u>	
a. The University's rules about alcohol use		<input type="radio"/>	<input type="radio"/>	
b. The University's rules about tobacco use		<input type="radio"/>	<input type="radio"/>	
c. The University's rules about cheating		<input type="radio"/>	<input type="radio"/>	
d. The penalties for breaking the rules		<input type="radio"/>	<input type="radio"/>	
e. Where you can get help for alcohol-related problems		<input type="radio"/>	<input type="radio"/>	
f. Where you can get help to quit smoking		<input type="radio"/>	<input type="radio"/>	
g. The health effects of heavy drinking		<input type="radio"/>	<input type="radio"/>	
h. The health effects of smoking		<input type="radio"/>	<input type="radio"/>	

11. If you violated CU's policy about academic dishonesty, how serious would the consequences be?

Very Serious
 Pretty Serious
 Not Too Serious
 Not Serious At All

12. If your friends or acquaintances at CU thought you were violating CU's policy about academic dishonesty, would they try to stop you?

Definitely Would
 Probably Would
 Probably Would Not
 Definitely Would Not

13. If a student **under 21 years of age** tried to buy alcohol in this city, how likely is it that she or he:

	<u>Very Likely</u>	<u>Likely</u>	<u>Unlikely</u>	<u>Very Unlikely</u>
a. Would be asked for an ID for proof of age?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Would be refused sale of alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How likely is it that a student **under 21 years of age** who drinks alcohol in any of the following places will get in trouble with the University or city authorities?

	<u>Very Likely</u>	<u>Likely</u>	<u>Unlikely</u>	<u>Very Unlikely</u>
a. In a dorm room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At a fraternity or sorority party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. At a non-Greek off-campus party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At a bar or club	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. HOW DO YOU THINK MOST FRESHMAN AND SOPHOMORE STUDENTS AT CU FEEL ABOUT STUDENTS WHO:

	<u>Strongly Approve</u>	<u>Approve</u>	<u>Don't care one way or the other</u>	<u>Disapprove</u>	<u>Strongly Disapprove</u>
a. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Take a leadership role in University activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drink to get drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drive after they've had one or two drinks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do outstanding academic work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cheat on tests and homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Help other students who are having problems adjusting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Harass other students because of gender, race, religion, or sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Try to become all-around achievers in things like academics, athletics, the arts, etc.?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Damage public or private property intentionally?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL



Now that you've been at CU for a while, what would you like to see improved?

The next questions ask about religion and politics.

- | | Very
Important | Somewhat
Important | Not Too
Important | Not
Important
At All | | | |
|--|---|--|---|--|---|--|--|
| 1. HOW IMPORTANT IS IT TO YOU: | | | | | | | |
| a. To be able to rely on religious teachings when you have a problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| b. To believe in God or a Higher Power or Creator? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| c. To rely on your religious beliefs as a guide for day-to-day living? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| d. To be able to turn to prayer when you're facing a personal problem? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | |
| 2. How many times have you gone to church or religious services during the past month? | | | | | | | |
| | <input type="radio"/> None | <input type="radio"/> Once | <input type="radio"/> Twice | <input type="radio"/> Three
Times | <input type="radio"/> Four
Times | <input type="radio"/> 5-7
Times | <input type="radio"/> 8 or More
Times |
| 3. How would you describe your political point of view? | | | | | | | |
| | <input type="radio"/> Very Conservative | <input type="radio"/> Conservative | <input type="radio"/> Middle of the Road | <input type="radio"/> Liberal | <input type="radio"/> Radical | | |
| 4. About how many hours do you usually spend each week working for political causes or organizations? | | | | | | | |
| | <input type="radio"/> None | <input type="radio"/> 1 or 2 hours
a week | <input type="radio"/> 3-5 hours
a week | <input type="radio"/> 6-10 hours
a week | <input type="radio"/> 11-15 hours
a week | <input type="radio"/> More than 15
hours a week | |

5. If you do spend time working for political causes, what groups or organizations do you work for, and what do you do?

This section is about your friends or acquaintances at CU.

1. HOW MANY OF YOUR FRIENDS OR ACQUAINTANCES AT CU:	<u>All of Them</u>	<u>Most of Them</u>	<u>Some of Them</u>	<u>None of Them</u>
a. Take part in intramural or intercollegiate sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Are in student organizations or clubs other than sports?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Go to church or religious services pretty regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do volunteer work in the community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Spend a lot of time studying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Get good grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pay attention to eating a healthy diet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Make sure they get enough exercise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Try to get enough sleep at night?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Use a seat belt when they are riding in a car?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Would your **friends here at CU** agree with your **parents** about what is really important in life?

- Agree A Lot
 A Fair Amount
 A Little
 Not at All

3. Would your **friends here at CU** agree with your **parents** about the kind of person you should become?

- Agree A Lot
 A Fair Amount
 A Little
 Not at All

4. Would your **friends here at CU** agree with your **parents** about what you should be getting out of being in college?

- Agree A Lot
 A Fair Amount
 A Little
 Not at All

5. If you had to make a **serious** decision about school, who would you depend on more for advice - your friends here at CU or your parents?

- Friends More
 Parents and Friends the Same
 Parents More

6. If you had to make a **serious** decision about your personal life, who would you depend on more for advice - your friends here at CU or your parents?

- Friends More
 Parents and Friends the Same
 Parents More

7. What about how to take care of your health? Who do you listen to more - your friends here at CU or your parents?

- Friends More
 Parents and Friends the Same
 Parents More

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

8. What about your outlook on life - what's important to do and what is important to become? Who has more influence on you, your friends here at CU or your parents?

- Friends More Parents and Friends the Same Parents More

9. How many friends do you have at CU? _____

10. How many **close** friends do you have at CU?

- None One 2 or 3 4 or More

11. Do you feel closer to the friends you have at CU or closer to friends you may have elsewhere (for example, in your hometown, or friends from high school)?

- Closer to friends at CU Equally close to both Closer to friends elsewhere

1. In the **past month**, how much stress or pressure have you felt:

	<u>A Lot</u>	<u>A Fair Amount</u>	<u>Only a Little</u>	<u>None at All</u>
a. Because of your schoolwork?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Where you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. In your family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In your personal or social life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In the **past month**, have you :

	<u>A Lot</u>	<u>Some</u>	<u>A Little</u>	<u>Not at All</u>
a. Just felt really down about things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Felt pretty hopeless about the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Just felt depressed about life in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Felt sad almost all the time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IF YOU HAVE NOT DRIVEN IN THE PAST MONTH, PLEASE SKIP TO QUESTION #3 BELOW.

1. About how many miles do you drive in an **average** week?

- | | | |
|---|-----------------------------|--|
| <input type="radio"/> None | <input type="radio"/> 21-30 | <input type="radio"/> 51-75 |
| <input type="radio"/> 1-10 miles a week | <input type="radio"/> 31-40 | <input type="radio"/> 76-100 |
| <input type="radio"/> 11-20 | <input type="radio"/> 41-50 | <input type="radio"/> More than 100 miles a week |

2. DURING THE PAST MONTH,
HOW OFTEN DID YOU:

	<u>Never</u>	<u>Once or Twice</u>	<u>3 - 4 Times</u>	<u>5 - 9 Times</u>	<u>10 or More Times</u>
a. Drive through a stop sign without coming to a full stop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drive too close to the car in front of you ("tailgate")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drive after you drank at least a whole beer, a glass of wine, or something like that?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drive more than 20 miles an hour over the speed limit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Drive through a red light?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drive after you had used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. When you're riding in a car that a **friend** is driving, do you use your seat belt?

- Always Almost Always Most of the Time Some of the Time Hardly Ever

4. Do you use your seat belt when you're driving?

- Always Almost Always Most of the Time Some of the Time Hardly Ever

How wrong do you think it is to do the following things?

HOW WRONG IS IT:	<u>Not</u> <u>Wrong</u>	<u>A Little</u> <u>Wrong</u>	<u>Wrong</u>	<u>Very</u> <u>Wrong</u>
1. To cheat on tests or homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. To shoplift from a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. To damage or mark up public or private property on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. To sell or deal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. To steal something valuable, like someone's palm pilot, backpack, or wallet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. To hit someone because you didn't like what he or she did or said?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. To carry a hidden weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about your parents (or the adults who raised you, like your stepparents or guardians) and your family life.

1. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH STATEMENT:	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
a. It's fun when my family does things together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think of my family as very close to one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I get along well with my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Do your parents encourage you to do what you are interested in doing and show an interest in those things themselves?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Almost Always	<input type="radio"/> Much of the Time	<input type="radio"/> Once in a While	<input type="radio"/> Almost Never
3. Are your parents interested in what you think and how you feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Almost Always	<input type="radio"/> Much of the Time	<input type="radio"/> Once in a While	<input type="radio"/> Almost Never
4. When you are having problems, can you talk them over with your parents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Almost Always	<input type="radio"/> Much of the Time	<input type="radio"/> Once in a While	<input type="radio"/> Almost Never
5. Besides your parents, is there some other older person you can talk to when you are having problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/> Almost Always	<input type="radio"/> Much of the Time	<input type="radio"/> Once in a While	<input type="radio"/> Almost Never

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

6. Do your parents (or the adults who raised you) pay attention to **eating a healthy diet** themselves?
 (Please answer for **each** person.)

Your Mother? A Lot of Attention Some Attention Almost No Attention
 Your Father? A Lot of Attention Some Attention Almost No Attention

7. How about the attention they pay to **getting enough exercise**?

Your Mother? A Lot Some Almost None
 Your Father? A Lot Some Almost None

8. How about the attention they pay to **getting enough sleep**?

Your Mother? A Lot Some Almost None
 Your Father? A Lot Some Almost None

9. How about their attention to **using seat belts when in a car**?

Your Mother? A Lot Some Almost None
 Your Father? A Lot Some Almost None

**HOW MUCH DO YOU AGREE OR DISAGREE
 WITH EACH STATEMENT BELOW?**

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. I often feel left out of things that others are doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I sometimes feel unsure about who I really am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. It's hard to know how to act most of the time since you can't tell what other people expect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Hardly anything I'm doing in my life means very much to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions ask about alcohol and alcohol use. When we refer to a "drink," we mean any of the following: a 12-ounce can or bottle of beer or wine cooler; a 4-ounce glass of wine; or a shot of liquor straight or in a mixed drink.

1. Have you **ever** had a drink of beer, wine, or liquor--**not just a sip or a taste of someone else's drink**?
 Yes No

2. Have you had a drink **more than two or three times in your life--not just a sip or a taste of someone else's drink**?
 Yes No ➔ **IF YOU MARKED NO, PLEASE SKIP TO PAGE 23, QUESTION 20.**

3. Think about the **first** time you had a drink of beer, wine, or liquor **when you were not with your parents or other adults in your family**. How old were you then?
 _____ Years Old
 I only drink alcohol when I'm with my family.

4. How often did you drink alcohol in a typical month during your last year in high school?
 Never 5-7 Times
 Once Twice a week
 2-3 Times More than twice a week
 Once a week

5. During your last year in high school, how much did you **usually** drink **each time** you drank alcohol?
 None
 Less than one drink (can of beer, glass of wine, or drink of liquor)
 One drink
 Two drinks
 Three drinks
 Four drinks
 Five drinks
 Six drinks
 Seven or eight drinks
 Nine or more drinks

6. During your last year in high school, how many times in a typical month did you drink **five or more drinks** when you were drinking?
 Never 5-7 Times
 Once Twice a week
 2-3 Times More than twice a week
 Once a Week

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

7. Compared to **last semester**, how would you describe your drinking over the **past month**?

- I drink much less now than I did then.
- I drink somewhat less now than I did then.
- I drink about the same now as I did then. →
- I drink somewhat more now than I did then.
- I drink much more now than I did then.

**IF YOU MARKED THIS ANSWER,
PLEASE SKIP TO QUESTION 9 BELOW.**

8. If your drinking has changed compared to last semester, what were the main reasons for the change? (**Mark all that apply.**)

IF YOUR DRINKING HAS INCREASED:

- It's easier to get alcohol.
- I do more partying now.
- I'm away from home.
- I hang around with friends who drink.

IF YOUR DRINKING HAS DECREASED

- I felt I needed to cut back.
- I can't afford the cost any more.
- I hang around with different friends now.
- It got in the way of my school work.

9. During the **past month**, how often did you drink alcohol?

- Not at all → **IF YOU MARKED NOT AT ALL, PLEASE SKIP TO PAGE 23, QUESTION 20.**
- Once in the past month
- 2-3 times in the past month
- Once a week
- 5-7 times
- Twice a week
- About three days a week
- Four or five days a week
- Every day

10. During the past month, how much did you **usually** drink **each time** you drank?

- Less than one drink (can of beer, glass of wine, or drink of liquor)
- One drink
- Two drinks
- Three drinks
- Four drinks
- Five drinks
- Six drinks
- Seven or eight drinks
- Nine or more drinks

11. In the past month, how many times did you drink **five or more drinks** when you were drinking?

- Never
- Once
- 2-3 Times
- Once a week
- 5-7 times
- Twice a week
- More than twice a week

12. In the past month, how often did the following things happen to you **because of your drinking?**

	<u>Never</u>	<u>Once or Twice</u>	<u>3-4 Times</u>	<u>5-9 Times</u>	<u>10 or More Times</u>
a. You've gotten into trouble with your parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. You've had problems at school or with schoolwork.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. You've had problems with your friends or with someone you were dating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. You've gotten into trouble with the campus police or local police.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. You forgot where you were or what you did.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. You've had sex without using protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You did something you later regretted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You were told by a friend to stop or cut down on your drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In the past month, about how many times did you actually get drunk?

- | | |
|-----------------------------------|--|
| <input type="radio"/> Never | <input type="radio"/> 5-7 Times |
| <input type="radio"/> Once | <input type="radio"/> Twice a week |
| <input type="radio"/> 2-3 Times | <input type="radio"/> More than twice a week |
| <input type="radio"/> Once a week | |

14. In the past month, were there times when you tried to cut back or quit drinking?

- No Once or twice Several times Quite a few times

15. In the past month, did you actually quit drinking?

- | | | | |
|--|---|---|---|
| <input type="radio"/> No, I still drink like I used to | <input type="radio"/> No, but I cut back some | <input type="radio"/> Yes, I quit but started again | <input type="radio"/> Yes, I quit and I still don't drink |
|--|---|---|---|

16. In the past month, when you drank alcohol, how often did you smoke cigarettes while drinking?

- | | | | | | | |
|--|-----------------------------|-----------------------------------|--|---|--|-------------------------------------|
| <input type="radio"/> I don't smoke cigarettes | <input type="radio"/> Never | <input type="radio"/> Hardly Ever | <input type="radio"/> Some of the Time | <input type="radio"/> About Half the Time | <input type="radio"/> Most of the Time | <input type="radio"/> Almost Always |
|--|-----------------------------|-----------------------------------|--|---|--|-------------------------------------|

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

17. The **last time** you were drinking, how many cigarettes did you smoke?

- None 11-15 cigarettes
 One cigarette or less 16-20 cigarettes
 2-5 cigarettes More than 20 cigarettes
 6-10 cigarettes

18. Where do you usually or most frequently drink?

- Dorm Bar or club
 Fraternity or sorority party Athletic events, concerts, etc.
 Non-Greek off-campus party Other (please specify) _____

19. When you're out drinking with others, do you make sure that someone in your group doesn't drink so she or he can be the "designated driver"?

- Always Almost Always Most of the Time Some of the Time Hardly Ever

20. How important are the following reasons for your drinking? **If you do not drink**, how important might the following reasons be to you for starting to drink?

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Too Important</u>	<u>Not Important At All</u>
a. It's part of being on your own and making your own decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Makes you feel less tense and more at ease in social situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Helps you to relax when you're stressed out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. To get drunk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It helps people feel closer to each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It's fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other people around me drink.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. When you were in middle school and high school, how did **your parents** feel about kids who drank alcohol?

- They Strongly Disapproved They Disapproved They Neither Approved Nor Disapproved They Approved

22. Now that you're in college, how do **your parents** feel about someone your age drinking alcohol?

- They Strongly Disapprove They Disapprove They Neither Approve Nor Disapprove They Approve

23. How do most of your friends or acquaintances at CU feel about someone your age drinking alcohol?
- They Strongly Disapprove They Disapprove They Neither Approve Nor Disapprove They Approve
24. How many of your friends or acquaintances at CU are heavy drinkers?
- None of Them Some of Them Most of Them Almost All of Them
25. Do your friends or acquaintances at CU ever encourage you to drink or to drink more than you do now?
- Never Once in a While Often All the Time
26. Do your friends or acquaintances at CU ever encourage you to get drunk?
- Never Once in a While Often All the Time
27. If you wanted some beer, wine, or liquor, how easy would it be for you to get some?
- Difficult Fairly Easy Very Easy
28. If you violated CU's policy about alcohol use, how serious would the consequences be?
- Very Serious Pretty Serious Not Too Serious Not Serious at All
29. If your friends or acquaintances at CU thought you were drinking too much or too often, would they try to stop you?
- Definitely Would Probably Would Probably Would Not Definitely Would Not
30. Has anyone in your family had alcohol problems? **(Mark all that apply.)**
- Father/Stepfather
 Mother/Stepmother
 Brothers/Sisters
 Aunts/Uncles
 Grandparents
 None
31. Do you think regular use of alcohol can have an effect on the health of people your age?
- Very Serious Effect Serious Effect Moderate Effect Almost No Effect

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

The following questions are about eating.

1. Think about **your usual** eating habits.

HOW MUCH ATTENTION DO YOU PAY TO:

A Lot

Some

None

a. Seeing that your diet is healthy?

b. Keeping down the amount of fat you eat?

c. Eating some fresh vegetables every day?

d. Eating in a healthy way even when you eat out?

e. Eating healthy snacks like fruit instead of candy?

f. Eating foods that are baked or broiled rather than fried?

2. Do you usually snack instead of eating regular meals?

Most of the Time

Some of the Time

Almost Never

3. How often do you skip breakfast?

Most Mornings

Some Mornings

Almost Never

4. How many of the people in your family eat a lot of "junk food" instead of a healthy diet?

None of Them

Some of Them

Most of Them

Almost All of Them

5. How many of your friends or acquaintances at CU eat a lot of "junk food" instead of a healthy diet?

None of Them

Some of Them

Most of Them

Almost All of Them

6. Do you think skipping breakfast most days can have an effect on the health of people your age?

Very Serious Effect

Serious Effect

Moderate Effect

Almost No Effect

7. Do you think eating a lot of "junk food" can have an effect on the health of people your age?

Very Serious Effect

Serious Effect

Moderate Effect

Almost No Effect

8. Do you think eating too much fat can have an effect on the health of people your age?

Very Serious Effect

Serious Effect

Moderate Effect

Almost No Effect

Think about how you see your future.

WHAT ARE THE CHANCES THAT:

	<u>I think the chances are:</u>				
	<u>Very High</u>	<u>High</u>	<u>About Fifty-Fifty</u>	<u>Low</u>	<u>Very Low</u>
1. You will graduate from college?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. You will be a success in whatever kind of work you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You will be doing the kind of work that you like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You will have a happy family life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You will be respected by other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. You will be able to live wherever you want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You will be able to travel to places you've wanted to see?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A REMINDER

PLEASE ANSWER ALL OF THE QUESTIONS AS TRUTHFULLY AS POSSIBLE. REMEMBER THAT YOUR ANSWERS WILL NOT BE SEEN BY ANYONE BUT US AND THAT WE HAVE A CERTIFICATE OF CONFIDENTIALITY THAT PROVIDES LIFETIME PROTECTION OF THE PRIVACY OF YOUR ANSWERS.

DURING THE PAST MONTH,
HOW OFTEN HAVE YOU:

	<u>Never</u>	<u>Once</u>	<u>Twice</u>	<u>3-4 Times</u>	<u>5 or More Times</u>
1. Cheated on tests or homework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Shoplifted from a store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Damaged or marked up public or private property on purpose?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Sold or dealt drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Stolen something valuable, like someone's palm pilot, backpack, or wallet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Hit someone because you didn't like what he or she did or said?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Carried a hidden weapon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

Please decide whether each of the following statements is true for you, or not true for you.

- | | <u>True for Me</u> | <u>Not True for Me</u> |
|--|-----------------------|------------------------|
| 1. I like doing things just for the thrill of it. | <input type="radio"/> | <input type="radio"/> |
| 2. I sometimes do "crazy" things just for fun. | <input type="radio"/> | <input type="radio"/> |
| 3. I prefer friends who are exciting and unpredictable. | <input type="radio"/> | <input type="radio"/> |
| 4. I often get so carried away by new and exciting things and ideas that I don't think of what might go wrong. | <input type="radio"/> | <input type="radio"/> |
| 5. I like wild and uninhibited parties. | <input type="radio"/> | <input type="radio"/> |

The next questions are about marijuana and other drugs.

- Have you ever tried marijuana (or hash)?
 - No, never → **IF YOU MARKED NEVER, PLEASE SKIP TO QUESTION 4 BELOW.**
 - Yes, once
 - Yes, more than once
- How old were you when you **first** tried marijuana (or hash)? _____ Years Old
- In the past month, how often have you used marijuana (or hash)?
 - Not at all
 - Once
 - 2-3 Times
 - Once a week
 - 2 or 3 Times a Week
 - 4 or 5 Times a Week
 - Every Day
- How do **your parents** feel about someone your age using marijuana?
 - They Strongly Disapprove
 - They Disapprove
 - They Neither Approve Nor Disapprove
 - They Approve
- How do most of your friends or acquaintances at CU feel about someone your age using marijuana?
 - They Strongly Disapprove
 - They Disapprove
 - They Neither Approve Nor Disapprove
 - They Approve
- How many of your friends or acquaintances at CU use marijuana?
 - None of Them
 - Some of Them
 - Most of Them
 - Almost All of Them

7. How many of your friends or acquaintances at CU use illegal drugs other than marijuana (LSD, ecstasy, cocaine, etc.)?
- None of Them Some of Them Most of Them Almost All of Them
8. If you violated CU's policy about marijuana use, how serious would the consequences be?
- Very Serious Pretty Serious Not Too Serious Not Serious at All
9. If your friends or acquaintances at CU thought you were using marijuana, would they try to stop you?
- Definitely Would Probably Would Probably Would Not Definitely Would Not
10. Do you think use of marijuana can have an effect on the health of young people your age?
- Very Serious Effect Serious Effect Moderate Effect Almost No Effect

11. Have you used any of the following drugs? If you have, please answer how many times you used each drug in the **past month**. Do NOT include anything you used under a doctor's orders.

	<u>Ever Used?</u>	<u>Times Used in Past Month</u>
a. Speed (crystal meth, ice, crank, Ritalin)	<input type="radio"/> No <input type="radio"/> Yes	___ Times
b. Downers, sedatives, or tranquilizers (like Valium, Xanax, Rohypnol or "roofies")	<input type="radio"/> No <input type="radio"/> Yes	___ Times
c. Cocaine (coke) or crack	<input type="radio"/> No <input type="radio"/> Yes	___ Times
d. LSD (acid) or other psychedelics (like mescaline, psilocybin mushrooms, PCP)	<input type="radio"/> No <input type="radio"/> Yes	___ Times
e. Ecstasy (MDMA, X)	<input type="radio"/> No <input type="radio"/> Yes	___ Times
f. GHB (Liquid G)	<input type="radio"/> No <input type="radio"/> Yes	___ Times
g. Ketamine (Special K, Cat)	<input type="radio"/> No <input type="radio"/> Yes	___ Times
h. Heroin	<input type="radio"/> No <input type="radio"/> Yes	___ Times
i. Other narcotics (like codeine, Demerol, Percocet, Vicodin, opium, methadone)	<input type="radio"/> No <input type="radio"/> Yes	___ Times

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

Think about how you are doing in school.

HOW SURE ARE YOU THAT YOU WILL:	<u>Very Sure</u>	<u>Pretty Sure</u>	<u>Not Too Sure</u>	<u>Not Sure At All</u>
1. Get at least a B average this year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Be considered a bright student by your teachers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Come out near the top of the class on exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Have good enough grades to get into graduate or professional school if you like?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HOW MANY OF THE STUDENTS AT CU:	<u>Almost None</u>	<u>Some of Them</u>	<u>Most of Them</u>	<u>Almost All of Them</u>
1. Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are heavy drinkers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Cheat on tests and exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section is about sex.

1. At this point in your life, how would you describe your sexual identity or sexual orientation?

Heterosexual (Straight)
 Bisexual
 Gay or Lesbian
 Not Sure
2. Are you dating someone fairly regularly or in a relationship now?
 Yes No
3. Have you ever had sexual intercourse (with opposite-sex or same-sex partner)?

Yes No
 → IF YOU MARKED NO, PLEASE SKIP TO PAGE 31.
4. How old were you the **first** time you had sexual intercourse? _____ Years Old
5. In your life, how many people have you had sexual intercourse with? _____ Person(s)
6. **On average**, how often do you have sexual intercourse?

A Few Times a Year
 Once a Month
 Once a Week
 2-3 Times A Week
 4-5 Times a Week
 Almost Every Day

7. Please think about the **last time** you had sex. Did you and your partner use a condom?

- Yes No

8. In the past month, how many different people (if any) have you had sexual intercourse with?

_____ Person(s)

**IF YOU HAVE NOT HAD SEXUAL INTERCOURSE IN THE PAST MONTH,
PLEASE SKIP TO PAGE 31.**

9. When you had sexual intercourse in the past month, how often did you or your partner use a condom?

- Always Almost Always Most of the Time About Half of the Time Some of the Time Hardly Ever Never

10. When you had sexual intercourse in the past month, how often did you or your partner use some type of birth control **other than** a condom (the pill, diaphragm, depo-provera shots, etc.)?

- Always Almost Always Most of the Time About Half of the Time Some of the Time Hardly Ever Never

11. People have their own reasons for using condoms. If you used condoms at least once during the past month, what was your reason for doing so?

- Birth control
 To prevent AIDS and other sexually transmitted diseases (STDs)
 For **both** birth control and to prevent AIDS and other STDs

12. People also have their own reasons for NOT using condoms. If you had sex without using a condom at least once during the past month, what was your reason for NOT using one? (**Mark all that apply.**)

- I didn't have a condom Sex doesn't feel as good with a condom
 I didn't want to ruin the mood My partner and I are in a monogamous relationship
 I was drunk or high My partner and I want to have a baby
 My partner and I are using another kind of birth control My partner and I have both been tested for HIV/STDs

13. When you had sex in the past month, how often had you or your partner been drinking alcohol?

- Almost Always Most of the Time About Half of the Time Some of the Time Hardly Ever Never

PLEASE DO NOT WRITE IN THIS AREA



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These questions are about your career plans.

1. What kind of work would you like to be doing after finishing your education?

2. What do you want to major in while you are in college?

3. What are your plans about having a family and pursuing a career after college?

Plan to have a career

Plan to have a family

Plan to do both

When you think about your future, what would you like to see happen in your life?

Now that you're finished, we would like to know what you thought of the survey.

1. On the whole, how interesting were the questions?

- Very Interesting
- Fairly Interesting
- Not Too Interesting

2. Did the questions deal with things that are important for someone in college?

- Almost All of Them Did
- Most of Them Did
- Some of Them Did
- Almost None of Them Did

3. Are there other things we should have asked about? What?

THANK YOU VERY MUCH FOR BEING PART OF THIS STUDY!

WE REALLY APPRECIATE YOUR WORKING WITH US IN THIS RESEARCH.

**NOW, PLEASE FILL IN THE NAME SHEET
ON THE NEXT PAGE**

PLEASE DO NOT WRITE IN THIS AREA



SERIAL

NAME SHEET

**THIS SHEET WILL BE REMOVED FROM YOUR BOOKLET WHEN YOU HAND IT IN.
YOUR NAME WILL NEVER AGAIN BE TOGETHER WITH YOUR ANSWERS**

YOUR FULL NAME: _____
Last First Middle

YOUR LOCAL ADDRESS: _____

City State Zip Code

YOUR PARENT'S ADDRESS: _____

City State Zip Code

YOUR MOTHER'S (or female guardian's) NAME: _____

YOUR FATHER'S (or male guardian's) NAME: _____

PARENT'S (or guardian's) TELEPHONE NUMBER: _____

YOUR LOCAL TELEPHONE NUMBER: _____

YOUR E-MAIL ADDRESS: _____

Please list one person, **other than your parents**, who could help us get in touch with you in the future:

FULL NAME: _____
Last First Middle

ADDRESS: _____

City State Zip Code

TELEPHONE NUMBER: _____

HAVE A GREAT SUMMER!

SERIAL