

# University of Colorado

## SURVEY OF PERSONAL AND SOCIAL DEVELOPMENT AT CU

### **CODING GUIDE**

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?

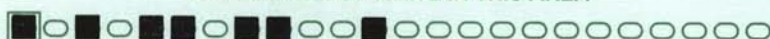
The next questions are about health.

HOW IMPORTANT IS IT TO YOU:

4 3 2 1  
Very Quite  
Important Important Important 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?
- 1 2 3 4 5  
☐ My health is much worse ☐ My health is somewhat worse ☐ My health is about the same ☐ My health is somewhat better ☐ My health is much better
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?
- 1 2 3 4 5  
☐ Much worse physical shape ☐ Somewhat worse physical shape ☐ About the same physical shape ☐ Somewhat better physical shape ☐ Much better 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?
- 1 ☐ Would like to lose more than 10 pounds
- 2 ☐ Would like to lose 5 to 10 pounds
- 3 ☐ My weight is about right
- 4 ☐ Would like to gain a few pounds
- 5 ☐ Would like to gain at least 10 pounds

PLEASE DO NOT WRITE IN THIS AREA



2485



11. How much sleep do you usually get **each night** during the school week?

- 1 ☐ Less than 6 hours a night    7 ☐ 8 1/2 hours  
 2 ☐ 6 hours    8 ☐ 9 hours  
 3 ☐ 6 1/2 hours    9 ☐ 9 1/2 hours  
 4 ☐ 7 hours    10 ☐ 10 hours  
 5 ☐ 7 1/2 hours    11 ☐ More than 10 hours a night  
 6 ☐ 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?

- 4 ☐ Very Serious Effect    3 ☐ Serious Effect    2 ☐ Moderate Effect    1 ☐ Almost No Effect

13. Do you think being 20 pounds overweight can have an effect on the health of people your age?

- 4 ☐ Very Serious Effect    3 ☐ Serious Effect    2 ☐ Moderate Effect    1 ☐ Almost No Effect

14. How often do you brush your teeth?

- 4 ☐ After Every Meal    3 ☐ Twice a Day    2 ☐ Once a Day    1 ☐ Every Couple of Days

15. How often do you use dental floss to clean between your teeth?

- 4 ☐ Once a Day or More    3 ☐ Every Couple of Days    2 ☐ Once or Twice a Week    1 ☐ 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?

- 1 ☐ 1st Year  
 2 ☐ 2nd Year

4. Which of the following best describes your grade point average last semester?

- 10 ☐ A    8 ☐ B+    5 ☐ C+    2 ☐ D+  
 9 ☐ A-    7 ☐ B    4 ☐ C    1 ☐ D  
 6 ☐ B-    3 ☐ C-

5. Where is your permanent residence?

- 1 ☐ Colorado  
 2 ☐ USA, but out of state  
 3 ☐ Country other than USA

6. How would you describe the area where you were living before coming to CU?

- ☒ 1 Farm or ranch   
 ☐ 2 Small town   
 ☐ 3 Small city   
 ☐ 4 Medium-sized city   
 ☐ 5 Large city

7. Where are you living now?

- ☒ 1 Residence hall   
 ☐ 4 Off-campus house/apartment  
☐ 2 Fraternity or sorority house   
 ☐ 5 Other: \_\_\_\_\_  
☐ 3 At home with parents

8 a. Do you live in a "substance-free" living area?

- ☐ 1 Yes   
 ☐ 0 No

b. Did you request that your housing be "substance-free"?

- ☐ Yes   
 ☐ No

9. What is your marital status?

- ☐ 1 Single   
 ☐ 4 Separated  
☐ 2 Single & living with a partner   
 ☐ 5 Divorced  
☐ 3 Married   
 ☐ 6 Widowed

10. Do you have children?

- ☐ 1 Yes   
 ☐ 0 No

11. What race or ethnic group best describes you?

- ☐ 1 Hispanic/Latino/Spanish  
☐ 1 Black or African American  
☐ 1 White  
☐ 1 American Indian or Native American  
☐ 1 Asian  
☐ 1 Pacific Islander  
☐ 1 Other: \_\_\_\_\_

(Mark all that apply)  
 7 questions: each one "1"  
 if filled in, blank if  
 not filled in

12. Are your parents living together?

- ☐ 1 Yes  
☐ 2 No, they're divorced  
☐ 3 No, they're separated and not living together  
☐ 4 No, my mother is not alive  
☐ 5 No, my father is not alive

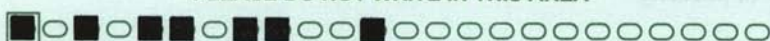
13. How far did your parents go in school?

Father

Mother

- |                         |                       |   |
|-------------------------|-----------------------|---|
| <input type="radio"/> 1 | <input type="radio"/> | Less than 8th grade   |
| <input type="radio"/> 2 | <input type="radio"/> | Completed 8th grade, but did not go to high school                                |
| <input type="radio"/> 3 | <input type="radio"/> | Went to high school, but did not graduate   |
| <input type="radio"/> 4 | <input type="radio"/> | Graduated from high school, but did not go to college or other schools            |
| <input type="radio"/> 5 | <input type="radio"/> | Had special job training after high school  |
| <input type="radio"/> 6 | <input type="radio"/> | Went to college, but did not graduate   |
| <input type="radio"/> 7 | <input type="radio"/> | Graduated from college  |
| <input type="radio"/> 8 | <input type="radio"/> | Some education after college, like graduate school, medical school, or law school |
| <input type="radio"/> 9 | <input type="radio"/> | I don't know  |

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2485

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?
- ☐ I don't know

4  
(Mark all that apply)  
Each one "1" if filled in,  
blank if not filled in.

1	0
<input type="radio"/> Yes	<input type="radio"/> No

Score This question after  
the five at left.

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?
- ☐ I don't know

Scored as # 14 above.

1	0
<input type="radio"/> Yes	<input type="radio"/> No

Score This question  
after The six at left.

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?

- |  |   |
|--|---|
| 1 <input type="radio"/> Less than \$20,000 | 4 <input type="radio"/> \$70,000-\$100,000  |
| 2 <input type="radio"/> \$20,000-\$40,000  | 5 <input type="radio"/> \$100,000-\$150,000 |
| 3 <input type="radio"/> \$40,000-\$70,000  | 6 <input type="radio"/> 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 \_\_\_\_\_

1 or blank

20. Are you involved in Greek life on campus?

- 1 ☐ Fraternity/sorority pledge
- 2 ☐ Fraternity/sorority member
- 3 ☐ 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?

4                      3                      2                      1  
☐ Very Well    ☐ Pretty Well    ☐ Not Too Well    ☐ Not Well at All

(Whole page the same)  
 ↓

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?

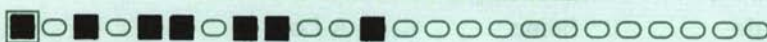
☐ Very Attractive    ☐ Pretty Attractive    ☐ Not Too Attractive    ☐ Not Attractive At All

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?

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2485

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

	1 None	2 1 or 2 Hours A Week	3 3-5 Hours A Week	4 6-10 Hours A Week	5 11-15 Hours A Week	6 More Than 15 Hours A Week
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 <b>paying</b> job?	<input type="radio"/> None 1	<input type="radio"/> 1-10 2	<input type="radio"/> 11-20 3	<input type="radio"/> 21-30 4	<input type="radio"/> More than 30 5	

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?

- ☐ 1 Not at All   
 ☐ 2 Once   
 ☐ 3 Twice   
 ☐ 4 3-4 Times   
 ☐ 5 5 or More Times

13. In the past month, how often have you gone up in the mountains to hike, climb, or ski, etc.?

- ☐ 1 Not at All   
 ☐ 2 Once   
 ☐ 3 Twice   
 ☐ 4 3-4 Times   
 ☐ 5 5 or More Times

14. In the past month, how many books have you read just for enjoyment?

- ☐ 1 None   
 ☐ 2 One   
 ☐ 3 Two   
 ☐ 4 Three   
 ☐ 5 4 or More

15. How much interest do you have in the news and following world events?

- ☐ 1 None   
 ☐ 2 Just a Little   
 ☐ 3 Some   
 ☐ 4 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?

☐ <sup>1</sup> Never    ☐ <sup>2</sup> Hardly Ever    ☐ <sup>3</sup> Sometimes    ☐ <sup>4</sup> Often    ☐ <sup>5</sup> Almost Every Day

2. In the **past month**, what is the average number of days per week that you engaged in aerobic exercise?

☐ <sup>0</sup> 0 days    ☐ <sup>1</sup> 1 day    ☐ <sup>2</sup> 2 days    ☐ <sup>3</sup> 3 days    ☐ <sup>4</sup> 4 days    ☐ <sup>5</sup> 5 days    ☐ <sup>6</sup> 6 days    ☐ <sup>7</sup> 7 days

3. In the **past week**, how many days did you engage in aerobic exercise?

☐ <sup>0</sup> 0 days    ☐ <sup>1</sup> 1 day    ☐ <sup>2</sup> 2 days    ☐ <sup>3</sup> 3 days    ☐ <sup>4</sup> 4 days    ☐ <sup>5</sup> 5 days    ☐ <sup>6</sup> 6 days    ☐ <sup>7</sup> 7 days

4. How many of the people in your family usually sit around a lot instead of getting some exercise or working out?

☐ <sup>1</sup> None of Them    ☐ <sup>2</sup> Some of Them    ☐ <sup>3</sup> Most of Them    ☐ <sup>4</sup> Almost All of Them

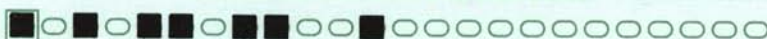
5. How many of your friends or acquaintances at CU usually sit around a lot instead of getting some exercise or working out?

☐ <sup>1</sup> None of Them    ☐ <sup>2</sup> Some of Them    ☐ <sup>3</sup> Most of Them    ☐ <sup>4</sup> Almost All of Them

6. Do you think not getting regular exercise can have an effect on the health of people your age?

☐ <sup>4</sup> Very Serious Effect    ☐ <sup>3</sup> Serious Effect    ☐ <sup>2</sup> Moderate Effect    ☐ <sup>1</sup> Almost No Effect

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2485

**This section asks about tobacco use.**

1. Have you **ever** smoked a cigarette (not just a few puffs)?

- 1 ☐ No, never  
 2 ☐ Yes, but only once  
 3 ☐ A few times  
 4 ☐ 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. → 1 if filled in, blank if NOT

4. How would you describe your smoking during your last year in high school?

- 1 ☐ Never smoked  
 2 ☐ Smoked a cigarette now and then  
 3 ☐ Smoked a few cigarettes every day  
 4 ☐ Smoked about a half pack a day  
 5 ☐ Smoked about a pack a day  
 6 ☐ Smoked more than a pack a day

5. During the **past month**, how many cigarettes have you smoked on an average day?

1 ☐ None at all → **IF YOU MARKED NONE, PLEASE SKIP TO PAGE 9, QUESTION 11.**

- 2 ☐ Less than one cigarette a day  
 3 ☐ Between 1 and 3 cigarettes a day  
 4 ☐ Between 4 and 8 cigarettes a day  
 5 ☐ About half a pack a day  
 6 ☐ About a pack a day  
 7 ☐ About 1 1/2 packs a day  
 8 ☐ About 2 packs or more a day

6. Do the following statements apply to you?

a. I smoke consistently and regularly throughout the day.

2                      1                      0  
Yes                      Somewhat                      No  
☐                      ☐                      ☐

b. Whenever I go without a smoke for a few hours,  
 I experience craving.

☐                      ☐                      ☐

c. After not smoking for a while, I need to smoke  
 to relieve feelings of restlessness and irritability.

☐                      ☐                      ☐

d. I never go anywhere without my cigarettes.

☐                      ☐                      ☐

e. I will go out of my way to find cigarettes when I go out.

☐                      ☐                      ☐

f. I tend to light up a cigarette first thing in the morning.

☐                      ☐                      ☐

g. I only smoke when I drink alcohol.

☐                      ☐                      ☐

7. Have any of your friends or acquaintances at CU suggested that you should stop smoking or cut down on your smoking?
- 1                      2                      3                      4
- ☐ 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?
- 1                      2                      3                      4
- ☐ 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?

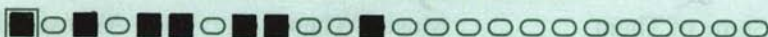
10. In the past month, did you **actually quit** smoking?

- 1                      2                      3                      4
- ☐ 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?

- |   | 4<br>Very<br>Important | 3<br>Somewhat<br>Important | 2<br>Not Too<br>Important | 1<br>Not<br>Important<br>At All |
|---|------------------------|----------------------------|---------------------------|---------------------------------|
| 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



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

4	3	2	1
Very <u>Important</u>	Somewhat <u>Important</u>	Not Too <u>Important</u>	Not <u>Important</u> At All

- |    |                                     |                       |                       |                       |                       |
|----|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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?

- 1 ☐ I don't smoke, and I have no plans to start.
- 2 ☐ I've tried smoking but have not smoked more than 1 or 2 cigarettes.
- 3 ☐ I used to smoke, but I quit.
- 4 ☐ I used to smoke every day, but I've cut back.
- 5 ☐ I smoke occasionally but less than weekly.
- 6 ☐ I smoke at least every week but not every day.
- 7 ☐ 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

1. IF filled in,  
blank if NOT filled  
IN.

15. Does anyone in your family smoke now? (Mark all that apply.)  
SAME as # 14 above.

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

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

- How do your parents feel about someone your age smoking cigarettes?
- 4 They Strongly Disapprove      3 They Disapprove      2 They Neither Approve Nor Disapprove      1 They Approve

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

- 4 3 2 1
- ☐ They Strongly Disapprove ☐ They Disapprove ☐ They Neither Approve Nor Disapprove ☐ They Approve

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

- <sup>1</sup> None of Them      ○ <sup>2</sup> Some of Them      ○ <sup>3</sup> Most of Them      ○ <sup>4</sup> 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  
 1 2 3 4
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  
 1 2 3 4
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  
 4 3 2 1
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  
 4 3 2 1
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  
 4 3 2 1
24. Have you **ever** smoked a cigar (not just a few puffs)?

- 1 ☐ No, never  
 2 ☐ Yes, but only once  
 3 ☐ A few times  
 4 ☐ More than a few times
- } IF YOU MARKED ONE OF THESE TWO ANSWERS,  
 SKIP TO QUESTION 26 BELOW.

25. During the **past month**, how often have you smoked cigars?

- 1 ☐ Not at all  
 2 ☐ Once a week or less  
 3 ☐ A few times a week  
 4 ☐ About once a day  
 5 ☐ Several times a day

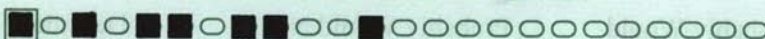
26. Have you **ever** used chewing (or smokeless) tobacco?

- 1 ☐ No, never  
 2 ☐ Yes, but only once  
 3 ☐ A few times  
 4 ☐ More than a few times
- } IF YOU MARKED ONE OF THESE TWO ANSWERS,  
 SKIP TO QUESTION 1 ON THE NEXT PAGE.

27. During the **past month**, how often have you used chewing (or smokeless) tobacco?

- 1 ☐ Not at all  
 2 ☐ Once a week or less  
 3 ☐ A few times a week  
 4 ☐ About once a day  
 5 ☐ Several times a day

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2485

The next questions are about school and University life.

HOW IMPORTANT IS IT TO YOU:

4  
Very  
Important

3  
Somewhat  
Important

2  
Not Too  
Important

1  
Not  
Important  
At All

1. To get at least a B average this year?
2. To be considered a bright student by your teachers?
3. To come out near the top of the class on exams?
4. To have good enough grades to get into graduate or professional school if you like?

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

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

4  
Strongly  
Agree

3  
Agree

2  
Disagree

1  
Strongly  
Disagree

5. The classes I'm taking now are interesting.
6. I'm learning things in my classes that will help me in my career.
7. I'm satisfied with the education I'm receiving at CU.
8. My teachers at CU show interest in students.
9. My teachers at CU try to help students when they are having problems.

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

10. Has CU provided the following types of information to you?

1 0  
Yes No

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

☐ ☐

- a. The University's rules about alcohol use
- b. The University's rules about tobacco use
- c. The University's rules about cheating
- d. The penalties for breaking the rules
- e. Where you can get help for alcohol-related problems
- f. Where you can get help to quit smoking
- g. The health effects of heavy drinking
- h. The health effects of smoking

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

4 3 2 1  
☐ 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?

4 3 2 1  
☐ 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:

	Very <u>Likely</u> 4	<u>Likely</u> 3	<u>Unlikely</u> 2	Very <u>Unlikely</u> 1
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"/>

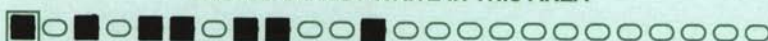
14. How likely is it that a student **under 21 years of age** who drinks alcohol in any of the following places will get in trouble with the University or city authorities?

	Very <u>Likely</u> 4	<u>Likely</u> 3	<u>Unlikely</u> 2	Very <u>Unlikely</u> 1
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:

	1 <u>Strongly</u> <u>Approve</u>	2 <u>Approve</u>	3 <u>Don't care one</u> <u>way or the other</u>	4 <u>Disapprove</u>	5 <u>Strongly</u> <u>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"/>

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

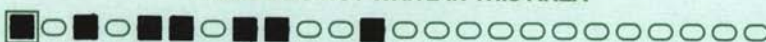
The next questions ask about religion and politics.

- |   | 4<br>Very<br>Important                    | 3<br>Somewhat<br>Important               | 2<br>Not Too<br>Important               | 1<br>Not<br>Important<br>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 <b>each week</b> 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.

- |  | 4<br>All of<br>Them                                  | 3<br>Most of<br>Them                 | 2<br>Some of<br>Them               | 1<br>None of<br>Them  |
|--|--|--------------------------------------|------------------------------------|-----------------------|
| 1. HOW MANY OF YOUR FRIENDS OR ACQUAINTANCES AT CU:  |  |                                      |                                    |                       |
| 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 <b>friends here at CU</b> agree with your <b>parents</b> about what is really important in life?   |  |                                      |                                    |                       |
| <input type="radio"/> 4 Agree A Lot  | <input type="radio"/> 3 A Fair Amount                | <input type="radio"/> 2 A Little     | <input type="radio"/> 1 Not at All |                       |
| 3. Would your <b>friends here at CU</b> agree with your <b>parents</b> about the kind of person you should become?   |  |                                      |                                    |                       |
| <input type="radio"/> 4 Agree A Lot  | <input type="radio"/> 3 A Fair Amount                | <input type="radio"/> 2 A Little     | <input type="radio"/> 1 Not at All |                       |
| 4. Would your <b>friends here at CU</b> agree with your <b>parents</b> about what you should be getting out of being in college?                             |  |                                      |                                    |                       |
| <input type="radio"/> 4 Agree A Lot  | <input type="radio"/> 3 A Fair Amount                | <input type="radio"/> 2 A Little     | <input type="radio"/> 1 Not at All |                       |
| 5. If you had to make a <b>serious</b> decision about school, who would you depend on more for advice - your friends here at CU or your parents?             |  |                                      |                                    |                       |
| <input type="radio"/> 3 Friends More   | <input type="radio"/> 2 Parents and Friends the Same | <input type="radio"/> 1 Parents More |                                    |                       |
| 6. If you had to make a <b>serious</b> decision about your personal life, who would you depend on more for advice - your friends here at CU or your parents? |  |                                      |                                    |                       |
| <input type="radio"/> 3 Friends More   | <input type="radio"/> 2 Parents and Friends the Same | <input type="radio"/> 1 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?  |  |                                      |                                    |                       |
| <input type="radio"/> 3 Friends More   | <input type="radio"/> 2 Parents and Friends the Same | <input type="radio"/> 1 Parents More |                                    |                       |

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2485



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?

3 ☐ Friends More      2 ☐ Parents and Friends the Same      1 ☐ Parents More

9. How many friends do you have at CU? \_\_\_\_\_

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

1 ☐ None      2 ☐ One      3 ☐ 2 or 3      4 ☐ 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)?

3 ☐ Closer to friends at CU      2 ☐ Equally close to both      1 ☐ Closer to friends elsewhere

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

	<u>4</u> <u>A Lot</u>	<u>3</u> <u>A Fair Amount</u>	<u>2</u> <u>Only a Little</u>	<u>1</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>4</u> <u>A Lot</u>	<u>3</u> <u>Some</u>	<u>2</u> <u>A Little</u>	<u>1</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?

- |  |  |   |
|--|--|---|
| <sup>1</sup> <input type="radio"/> None              | <sup>4</sup> <input type="radio"/> 21-30 | <sup>7</sup> <input type="radio"/> 51-75                      |
| <sup>2</sup> <input type="radio"/> 1-10 miles a week | <sup>5</sup> <input type="radio"/> 31-40 | <sup>8</sup> <input type="radio"/> 76-100                     |
| <sup>3</sup> <input type="radio"/> 11-20             | <sup>6</sup> <input type="radio"/> 41-50 | <sup>9</sup> <input type="radio"/> More than 100 miles a week |

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

- |  | <sup>1</sup><br><u>Never</u> | <sup>2</sup><br><u>Once or<br/>Twice</u> | <sup>3</sup><br><u>3 - 4<br/>Times</u> | <sup>4</sup><br><u>5 - 9<br/>Times</u> | <sup>5</sup><br><u>10 or More<br/>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?

- |   |  |   |   |  |
|---|--|---|---|--|
| <sup>5</sup> <input type="radio"/> Always | <sup>4</sup> <input type="radio"/> Almost Always | <sup>3</sup> <input type="radio"/> Most of the Time | <sup>2</sup> <input type="radio"/> Some of the Time | <sup>1</sup> <input type="radio"/> Hardly Ever |
|---|--|---|---|--|

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

- |   |  |   |   |  |
|---|--|---|---|--|
| <sup>5</sup> <input type="radio"/> Always | <sup>4</sup> <input type="radio"/> Almost Always | <sup>3</sup> <input type="radio"/> Most of the Time | <sup>2</sup> <input type="radio"/> Some of the Time | <sup>1</sup> <input type="radio"/> Hardly Ever |
|---|--|---|---|--|

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

HOW WRONG IS IT:

1. To cheat on tests or homework?
2. To shoplift from a store?
3. To damage or mark up public or private property on purpose?
4. To sell or deal drugs?
5. To steal something valuable, like someone's palm pilot, backpack, or wallet?
6. To hit someone because you didn't like what he or she did or said?
7. To carry a hidden weapon?

1 Not Wrong	2 A Little Wrong	3 Wrong	4 Very Wrong
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<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:

- a. It's fun when my family does things together.
- b. I think of my family as very close to one another.
- c. I get along well with my parents.

4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<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"/> 4<br>Almost Always | <input type="radio"/> 3<br>Much of the Time | <input type="radio"/> 2<br>Once in a While | <input type="radio"/> 1<br>Almost Never |
|--|---|--|---|

3. Are your parents interested in what you think and how you feel?

- |  |   |  |   |
|--|---|--|---|
| <input type="radio"/> 4<br>Almost Always | <input type="radio"/> 3<br>Much of the Time | <input type="radio"/> 2<br>Once in a While | <input type="radio"/> 1<br>Almost Never |
|--|---|--|---|

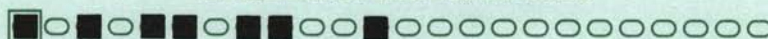
4. When you are having problems, can you talk them over with your parents?

- |  |   |  |   |
|--|---|--|---|
| <input type="radio"/> 4<br>Almost Always | <input type="radio"/> 3<br>Much of the Time | <input type="radio"/> 2<br>Once in a While | <input type="radio"/> 1<br>Almost Never |
|--|---|--|---|

5. Besides your parents, is there some other older person you can talk to when you are having problems?

- |  |   |  |   |
|--|---|--|---|
| <input type="radio"/> 4<br>Almost Always | <input type="radio"/> 3<br>Much of the Time | <input type="radio"/> 2<br>Once in a While | <input type="radio"/> 1<br>Almost Never |
|--|---|--|---|

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2485



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? ☐ <sup>3</sup> A Lot of Attention ☐ <sup>2</sup> Some Attention ☐ <sup>1</sup> 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? ☐ <sup>3</sup> A Lot ☐ <sup>2</sup> Some ☐ <sup>1</sup> Almost None  
 Your Father? ☐ A Lot ☐ Some ☐ Almost None

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

Your Mother? ☐ <sup>3</sup> A Lot ☐ <sup>2</sup> Some ☐ <sup>1</sup> Almost None  
 Your Father? ☐ A Lot ☐ Some ☐ Almost None

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

Your Mother? ☐ <sup>3</sup> A Lot ☐ <sup>2</sup> Some ☐ <sup>1</sup> Almost None  
 Your Father? ☐ A Lot ☐ Some ☐ Almost None

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

<sup>4</sup> **Strongly**  
Agree      <sup>3</sup> Agree      <sup>2</sup> Disagree      <sup>1</sup> **Strongly**  
    Disagree

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

☐ ☐ ☐ ☐  
☐ ☐ ☐ ☐  
☐ ☐ ☐ ☐  
☐ ☐ ☐ ☐

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

1 0

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

1 0

→ 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

1 ☐ I only drink alcohol when I'm with my family. (blank if not filled in)

4. How often did you drink alcohol in a typical month during your last year in high school?

1 ☐ Never 5 ☐ 5-7 Times  
2 ☐ Once 6 ☐ Twice a week  
3 ☐ 2-3 Times 7 ☐ More than twice a week  
4 ☐ Once a week

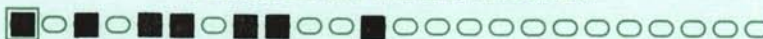
5. During your last year in high school, how much did you **usually** drink **each time** you drank alcohol?

1 ☐ None  
2 ☐ Less than one drink (can of beer, glass of wine, or drink of liquor)  
3 ☐ One drink  
4 ☐ Two drinks  
5 ☐ Three drinks  
6 ☐ Four drinks  
7 ☐ Five drinks  
8 ☐ Six drinks  
9 ☐ Seven or eight drinks  
10 ☐ 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?

1 ☐ Never 5 ☐ 5-7 Times  
2 ☐ Once 6 ☐ Twice a week  
3 ☐ 2-3 Times 7 ☐ More than twice a week  
4 ☐ Once a Week

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2485

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

- 1 ☐ I drink much less now than I did then.
- 2 ☐ I drink somewhat less now than I did then.
- 3 ☐ I drink about the same now as I did then. →
- 4 ☐ I drink somewhat more now than I did then.
- 5 ☐ 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.) → *Eight questions. Read down each column: 1 if filled in, blank if NOT.*

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?

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

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

- 1 ☐ Less than one drink (can of beer, glass of wine, or drink of liquor)
- 2 ☐ One drink
- 3 ☐ Two drinks
- 4 ☐ Three drinks
- 5 ☐ Four drinks
- 6 ☐ Five drinks
- 7 ☐ Six drinks
- 8 ☐ Seven or eight drinks
- 9 ☐ Nine or more drinks

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

- |                                     |  |
|-------------------------------------|--|
| 1 <input type="radio"/> Never       | 5 <input type="radio"/> 5-7 times              |
| 2 <input type="radio"/> Once        | 6 <input type="radio"/> Twice a week           |
| 3 <input type="radio"/> 2-3 Times   | 7 <input type="radio"/> More than twice a week |
| 4 <input type="radio"/> Once a week |  |



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

	<u>1</u> Never	<u>2</u> Once or Twice	<u>3</u> 3-4 Times	<u>4</u> 5-9 Times	<u>5</u> 10 or More Times
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?

<u>1</u> <input type="radio"/> Never	<u>5</u> <input type="radio"/> 5-7 Times
<u>2</u> <input type="radio"/> Once	<u>6</u> <input type="radio"/> Twice a week
<u>3</u> <input type="radio"/> 2-3 Times	<u>7</u> <input type="radio"/> More than twice a week
<u>4</u> <input type="radio"/> Once a week	

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

<u>1</u> <input type="radio"/> No	<u>2</u> <input type="radio"/> Once or twice	<u>3</u> <input type="radio"/> Several times	<u>4</u> <input type="radio"/> Quite a few times
-----------------------------------	--	--	--

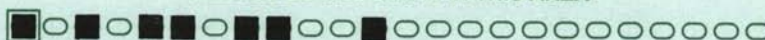
15. In the past month, did you actually quit drinking?

<u>1</u> <input type="radio"/> No, I still drink like I used to	<u>2</u> <input type="radio"/> No, but I cut back some	<u>3</u> <input type="radio"/> Yes, I quit but started again	<u>4</u> <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?

<u>0</u> <input type="radio"/> I don't smoke cigarettes	<u>1</u> <input type="radio"/> Never	<u>2</u> <input type="radio"/> Hardly Ever	<u>3</u> <input type="radio"/> Some of the Time	<u>4</u> <input type="radio"/> About Half the Time	<u>5</u> <input type="radio"/> Most of the Time	<input type="radio"/> Almost Always
---	--------------------------------------	--	---	--	---	-------------------------------------

PLEASE DO NOT WRITE IN THIS AREA



2485

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

- |   |   |
|---|---|
| 1 <input type="radio"/> None                  | 5 <input type="radio"/> 11-15 cigarettes        |
| 2 <input type="radio"/> One cigarette or less | 6 <input type="radio"/> 16-20 cigarettes        |
| 3 <input type="radio"/> 2-5 cigarettes        | 7 <input type="radio"/> More than 20 cigarettes |
| 4 <input type="radio"/> 6-10 cigarettes       |   |

18. Where do you usually or most frequently drink?

- |  |   |
|--|---|
| 1 <input type="radio"/> Dorm                         | 4 <input type="radio"/> Bar or club                     |
| 2 <input type="radio"/> Fraternity or sorority party | 5 <input type="radio"/> Athletic events, concerts, etc. |
| 3 <input type="radio"/> Non-Greek off-campus party   | 6 <input type="radio"/> 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"?

- |                                |                                       |  |  |                                     |
|--------------------------------|---------------------------------------|--|--|-------------------------------------|
| 5 <input type="radio"/> Always | 4 <input type="radio"/> Almost Always | 3 <input type="radio"/> Most of the Time | 2 <input type="radio"/> Some of the Time | 1 <input type="radio"/> 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?

- |   | 4<br>Very<br>Important | 3<br>Somewhat<br>Important | 2<br>Not Too<br>Important | 1<br>Not<br>Important<br>At All |
|---|------------------------|----------------------------|---------------------------|---------------------------------|
| 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?

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| 4 <input type="radio"/> They Strongly Disapproved | 3 <input type="radio"/> They Disapproved | 2 <input type="radio"/> They Neither Approved Nor Disapproved | 1 <input type="radio"/> They Approved |
|---|--|---|---------------------------------------|

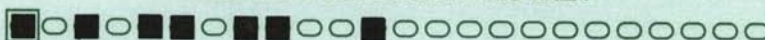
22. Now that you're in college, how do **your parents** feel about someone your age drinking alcohol?

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| 4 <input type="radio"/> They Strongly Disapprove | 3 <input type="radio"/> They Disapprove | 2 <input type="radio"/> They Neither Approve Nor Disapprove | 1 <input type="radio"/> They Approve |
|--|---|---|--------------------------------------|

23. How do most of your friends or acquaintances at CU feel about someone your age drinking alcohol?
- 4                      3                      2                      1
- ☐ 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?
- 1                      2                      3                      4
- ☐ 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?
- 1                      2                      3                      4
- ☐ Never    ☐ Once in a While    ☐ Often    ☐ All the Time
26. Do your friends or acquaintances at CU ever encourage you to get drunk?
- 1                      2                      3                      4
- ☐ 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?
- 1                      2                      3
- ☐ Difficult    ☐ Fairly Easy    ☐ Very Easy
28. If you violated CU's policy about alcohol use, how serious would the consequences be?
- 4                      3                      2                      1
- ☐ 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?
- 4                      3                      2                      1
- ☐ 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?
- 4                      3                      2                      1
- ☐ Very Serious Effect    ☐ Serious Effect    ☐ Moderate Effect    ☐ Almost No Effect

each one blank if not filled in,  
1 if filled in.

PLEASE DO NOT WRITE IN THIS AREA



2485



The following questions are about eating.

1. Think about **your usual** eating habits.  
HOW MUCH ATTENTION DO YOU PAY TO:
- |  | <u>3</u><br><u>A Lot</u> | <u>2</u><br><u>Some</u> | <u>1</u><br><u>None</u> |
|--|--------------------------|-------------------------|-------------------------|
| a. Seeing that your diet is healthy?                         | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
| b. Keeping down the amount of fat you eat?                   | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
| c. Eating some fresh vegetables every day?                   | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
| d. Eating in a healthy way even when you eat out?            | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
| e. Eating healthy snacks like fruit instead of candy?        | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
| f. Eating foods that are baked or broiled rather than fried? | <input type="radio"/>    | <input type="radio"/>   | <input type="radio"/>   |
2. Do you usually snack instead of eating regular meals?
- |  |  |  |
|--|--|--|
| <u>3</u><br><input type="radio"/> Most of the Time | <u>2</u><br><input type="radio"/> Some of the Time | <u>1</u><br><input type="radio"/> Almost Never |
|--|--|--|
3. How often do you skip breakfast?
- |   |   |  |
|---|---|--|
| <u>3</u><br><input type="radio"/> Most Mornings | <u>2</u><br><input type="radio"/> Some Mornings | <u>1</u><br><input type="radio"/> Almost Never |
|---|---|--|
4. How many of the people in your family eat a lot of "junk food" instead of a healthy diet?
- |  |  |  |  |
|--|--|--|--|
| <u>1</u><br><input type="radio"/> None of Them | <u>2</u><br><input type="radio"/> Some of Them | <u>3</u><br><input type="radio"/> Most of Them | <u>4</u><br><input type="radio"/> 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?
- |  |  |  |  |
|--|--|--|--|
| <u>1</u><br><input type="radio"/> None of Them | <u>2</u><br><input type="radio"/> Some of Them | <u>3</u><br><input type="radio"/> Most of Them | <u>4</u><br><input type="radio"/> Almost All of Them |
|--|--|--|--|
6. Do you think skipping breakfast most days can have an effect on the health of people your age?
- |   |  |   |  |
|---|--|---|--|
| <u>4</u><br><input type="radio"/> Very Serious Effect | <u>3</u><br><input type="radio"/> Serious Effect | <u>2</u><br><input type="radio"/> Moderate Effect | <u>1</u><br><input type="radio"/> Almost No Effect |
|---|--|---|--|
7. Do you think eating a lot of "junk food" can have an effect on the health of people your age?
- |   |  |   |  |
|---|--|---|--|
| <u>4</u><br><input type="radio"/> Very Serious Effect | <u>3</u><br><input type="radio"/> Serious Effect | <u>2</u><br><input type="radio"/> Moderate Effect | <u>1</u><br><input type="radio"/> Almost No Effect |
|---|--|---|--|
8. Do you think eating too much fat can have an effect on the health of people your age?
- |   |  |   |  |
|---|--|---|--|
| <u>4</u><br><input type="radio"/> Very Serious Effect | <u>3</u><br><input type="radio"/> Serious Effect | <u>2</u><br><input type="radio"/> Moderate Effect | <u>1</u><br><input type="radio"/> Almost No Effect |
|---|--|---|--|

Think about how you see your future.

WHAT ARE THE CHANCES THAT:

I think the chances are:

	Very <u>High</u> <u>5</u>	<u>High</u> <u>4</u>	About <u>Fifty-Fifty</u> <u>3</u>	<u>Low</u> <u>2</u>	Very <u>Low</u> <u>1</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>1</u>	<u>Once</u> <u>2</u>	<u>Twice</u> <u>3</u>	<u>3-4</u> <u>Times</u> <u>4</u>	<u>5 or More</u> <u>Times</u> <u>5</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



2485

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

True for Me

Not True for Me

- |  | <u>True for Me</u>                | <u>Not True for Me</u>            |
|--|-----------------------------------|-----------------------------------|
| 1. I like doing things just for the thrill of it.  | <u>1</u><br><input type="radio"/> | <u>0</u><br><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)?  
1 ☐ No, never → IF YOU MARKED NEVER, PLEASE SKIP TO QUESTION 4 BELOW.  
2 ☐ Yes, once  
3 ☐ 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)?  

<u>1</u> <input type="radio"/> Not at all	<u>5</u> <input type="radio"/> 2 or 3 Times a Week
<u>2</u> <input type="radio"/> Once	<u>6</u> <input type="radio"/> 4 or 5 Times a Week
<u>3</u> <input type="radio"/> 2-3 Times	<u>7</u> <input type="radio"/> Every Day
<u>4</u> <input type="radio"/> Once a week	
- How do **your parents** feel about someone your age using marijuana?  

<u>4</u> <input type="radio"/> They Strongly Disapprove	<u>3</u> <input type="radio"/> They Disapprove	<u>2</u> <input type="radio"/> They Neither Approve Nor Disapprove	<u>1</u> <input type="radio"/> They Approve
---	--	--	---
- How do most of your friends or acquaintances at CU feel about someone your age using marijuana?  

<u>4</u> <input type="radio"/> They Strongly Disapprove	<u>3</u> <input type="radio"/> They Disapprove	<u>2</u> <input type="radio"/> They Neither Approve Nor Disapprove	<u>1</u> <input type="radio"/> They Approve
---	--	--	---
- How many of your friends or acquaintances at CU use marijuana?  

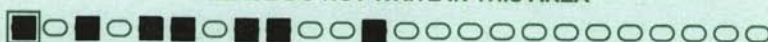
<u>1</u> <input type="radio"/> None of Them	<u>2</u> <input type="radio"/> Some of Them	<u>3</u> <input type="radio"/> Most of Them	<u>4</u> <input type="radio"/> Almost All of Them
---	---	---	---



7. How many of your friends or acquaintances at CU use illegal drugs other than marijuana (LSD, ecstasy, cocaine, etc.)?
- 1 2 3 4
- ☐ 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?
- 4 3 2 1
- ☐ 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?
- 4 3 2 1
- ☐ 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?
- 4 3 2 1
- ☐ 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 checked="" 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



2485

**Think about how you are doing in school.**

HOW SURE ARE YOU THAT YOU WILL:

- | HOW SURE ARE YOU THAT YOU WILL:   | Very<br><u>Sure</u><br>4 | Pretty<br><u>Sure</u><br>3 | Not Too<br><u>Sure</u><br>2 | Not Sure<br><u>At All</u><br>1 |
|---|--------------------------|----------------------------|-----------------------------|--------------------------------|
| 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:

- | HOW MANY OF THE STUDENTS AT CU: |                           | Almost<br><u>None</u><br><i>1</i> | Some<br><u>of Them</u><br><i>2</i> | Most of<br><u>Them</u><br><i>3</i> | Almost All<br><u>of Them</u><br><i>4</i> |
|---------------------------------|---------------------------|-----------------------------------|------------------------------------|------------------------------------|--|
| 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?
- ☒ 1 Heterosexual (Straight)    ☐ 2 Bisexual    ☐ 3 Gay or Lesbian    ☒ 4 Not Sure
2. Are you dating someone fairly regularly or in a relationship now?    ☒ 1 Yes    ☐ 0 No
3. Have you ever had sexual intercourse (with opposite-sex or same-sex partner)?
- ☒ 1 Yes    ☐ 0 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?
- ☒ 1 A Few Times a Year    ☐ 2 Once a Month    ☐ 3 Once a Week    ☐ 4 2-3 Times a Week    ☐ 5 4-5 Times a Week    ☐ 6 Almost Every Day

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

1 ☐ 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?

7 ☐ Always 6 ☐ Almost Always 5 ☐ Most of the Time 4 ☐ About Half of the Time 3 ☐ Some of the Time 2 ☐ Hardly Ever 1 ☐ 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.)?

7 ☐ Always 6 ☐ Almost Always 5 ☐ Most of the Time 4 ☐ About Half of the Time 3 ☐ Some of the Time 2 ☐ Hardly Ever 1 ☐ 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?

- 1 ☐ Birth control  
2 ☐ To prevent AIDS and other sexually transmitted diseases (STDs)  
3 ☐ 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.)

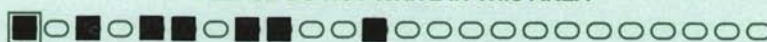
*Eight questions. Read down each column: 1 if filled in, blank if not.*

- |  |   |
|--|---|
| <input type="radio"/> I didn't have a condom                                   | <input type="radio"/> Sex doesn't feel as good with a condom              |
| <input type="radio"/> I didn't want to ruin the mood                           | <input type="radio"/> My partner and I are in a monogamous relationship   |
| <input type="radio"/> I was drunk or high                                      | <input type="radio"/> My partner and I want to have a baby                |
| <input type="radio"/> My partner and I are using another kind of birth control | <input type="radio"/> 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?

6 ☐ Almost Always 5 ☐ Most of the Time 4 ☐ About Half of the Time 3 ☐ Some of the Time 2 ☐ Hardly Ever 1 ☐ 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?

3                      2                      1  
☐ Very Interesting      ☐ Fairly Interesting      ☐ Not Too Interesting

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

4                      3                      2                      1  
☐ Almost All of Them Did      ☐ Most of Them Did      ☐ Some of Them Did      ☐ Almost None of Them Did

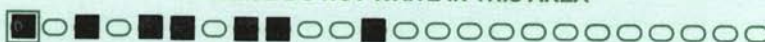
3. Are there other things we should have asked about? What?

**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



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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!**



