

CRBS UD 2021

Start of Block: Introduction

Q1

Delaware College Survey Project
Informed Consent and Confidentiality Statement
ADULT STUDENT AGREEMENT FOR PARTICIPATION IN THE PROJECT

We would like to invite you to participate in a research study on college student behaviors, attitudes, activities, and experiences. Student Wellness and Health Promotion, working with the Center for Drug and Health Studies, has selected a random sample of undergraduate students at UD for this study. You have been selected as part of this sample.

We are interested in your views and experiences, as your perspective may be different from those of college administrators. This survey provides an opportunity for you to provide your input on various health and safety issues which affect our campus, such as drinking, drug use, gambling, personal victimization, relationships, and sexuality. Attention is also given to identifying the ways in which UD students avoid negative behavioral influences. Your responses may help with a review and possible revision of the University of Delaware's alcohol and other policies, and likely will help to identify promising practices which could make our campus a safer and healthier place for all.

Your participation throughout the survey is completely voluntary. There is no penalty if you choose not to fill out any part of the survey or all of it. However, your response is very important to us. All those who complete the survey will receive a \$5 gift card redeemable at Amazon.com.

Experience has shown that this Internet-based questionnaire usually takes about 10-15 minutes to complete. We hope that you will take this time to complete this Internet-based questionnaire.

Your responses will remain completely confidential. Your responses are immediately encrypted by the Qualtrics software program and not readable by others. We will not release any identifying information unless you authorize us to do so in writing.

The ID number in the web address will be used to link your data to you just long enough for us to ensure that no one else has responded in your place. It will also ensure that you will receive the \$5 incentive. Once we receive the completed survey, your ID number will immediately be separated from the data used for analyses.

End of Block: Introduction

Start of Block: Demographics



Q2 What is your birth sex?

- Male (1)
 - Female (2)
-



Q3 What is your gender identity?

- Woman (1)
 - Transgender Woman or Feminine (2)
 - Transgender Man or Masculine (3)
 - Man (4)
 - Gender non-binary / Gender non-conforming (5)
 - Prefer to self-describe: (6) _____
 - Prefer not to answer (7)
-



Q5 How old are you?

- 18 (1)
 - 19 (2)
 - 20 (3)
 - 21 (4)
 - 22 (5)
 - 23 (6)
 - 24 (7)
 - 25 or older (8)
-



Q7 Are you an international student?

- Yes (1)
 - No (2)
-



Q8 Where do you live?

- On campus (1)
 - At home, with family (2)
 - Off-campus, alone (3)
 - Off-campus, with others (4)
-



Q9 Are you Hispanic or Latino?

- Yes (1)
 - No (2)
-



Q10 Which best describes your race/ethnicity?

- Black/African American (1)
 - Asian (2)
 - Middle Eastern (3)
 - Native Hawaiian or other Pacific Islander (4)
 - Alaska Native/ American Indian (5)
 - White/Caucasian (6)
 - Other or biracial/multiracial (please specify): (7)
-



Q11 How do you describe your sexual identity/orientation?

Lesbian (1)

Gay (2)

Bisexual/Pansexual (3)

Heterosexual (4)

Asexual (5)

Prefer to self-describe: (6) _____

Page Break



Q73 Are you deaf or do you have serious difficulty hearing?

- Yes (1)
 - No (2)
-



Q74 Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes (1)
 - No (2)
-



Q75 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes (1)
 - No (2)
-



Q76 Do you have serious difficulty walking or climbing stairs?

- Yes (1)
 - No (2)
-



Q77 Do you have difficulty dressing or bathing?

- Yes (1)
 - No (2)
-



Q78 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes (1)
 - No (2)
-



Q79 Have you had an accommodation through disability support services?

- Yes, in the past (1)
 - Yes, currently (2)
 - No (3)
-

Page Break



Q14 Please indicate your academic classification:

- First Year (1)
 - Second Year (2)
 - Third Year (3)
 - Fourth Year (4)
 - Fifth Year or More (5)
-



Q15 What is your cumulative grade point average? If you are a first year student, please use your high school GPA.

- 3.5 to 4.0 (1)
 - 3.0 to 3.4 (2)
 - 2.5 to 2.9 (3)
 - 2.0 to 2.4 (4)
 - Below 2.0 (5)
-



Q80 Are you a member of any of the following?

- A sorority or fraternity (1)
- Intercollegiate athletic team (2)
- Club sports or intramural sports (3)
- A registered student organization (4)
- None of these (5)

End of Block: Demographics

Start of Block: COVID-19

Q127 The following section asks questions pertaining to the COVID-19 pandemic and it's impact on your life in the past year:

Q126 Have you attended any non-UD approved indoor gatherings of people not in your household in the past month? (Mark all that apply.)

- No (1)
 - Yes, with less than 10 people (2)
 - Yes, with between 10-20 people (3)
 - Yes, with more than 20 people (4)
-

Display This Question:

If Have you attended any non-UD approved indoor gatherings of people not in your household in the pa... = Yes, with less than 10 people

Or Have you attended any non-UD approved indoor gatherings of people not in your household in the pa... = Yes, with between 10-20 people

Or Have you attended any non-UD approved indoor gatherings of people not in your household in the pa... = Yes, with more than 20 people

Q128 When you attend gatherings, do you usually wear a mask the entire time, unless you are eating or drinking?

Yes (1)

No (2)

Q129 If a vaccine became available for you, would you get it?

Yes (1)

No (2)

Q130 How likely is it that the COVID-19 pandemic will negatively impact your ability to complete your degree/credential?

Very unlikely (1)

Unlikely (2)

Likely (3)

Very likely (4)

Q131 During the COVID-19 pandemic, how often was your mental health not good (poor mental health includes stress, anxiety, and depression)?

- Never (1)
 - Rarely (2)
 - Sometimes (3)
 - Most of the time (4)
 - Always (5)
-

Q132 Do you agree or disagree that doing your school work was more difficult during the COVID-19 pandemic than before the pandemic started?

- Strongly disagree (11)
 - Disagree (12)
 - Not sure (13)
 - Agree (14)
 - Strongly agree (15)
-

Q154 How often were you able to spend time with family, friends or other groups, such as clubs or religious groups in person or online?

	Never (1)	Rarely (2)	Sometimes (3)	Most of the time (4)	Always (5)
Prior to the COVID-19 pandemic (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the COVID-19 pandemic (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: COVID-19

Start of Block: Substance Use Patterns



Q23 How often do you use the following:

Display This Choice:

If Gender != Male

Display This Choice:

If Gender != Female

	Never (1)	Before, but not in the past year (2)	A few times in the past year (3)	Once or twice a month (4)	Once or twice a week (5)	Almost every day (6)
Alcohol (Q23_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice: If Gender != Male</i>						
Alcohol to intoxication (4+ drinks in one sitting) (Q23_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice: If Gender != Female</i>						
Alcohol to intoxication (5+ drinks in one sitting) (Q23_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Pot, Joints, Blunts, Weed) (Q23_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes (Q23_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic tobacco, e- cigarettes or vaping devices (Q23_24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products (Q23_9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (not prescribed for you) to help you study (Q23_11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (not prescribed for you) to get high (Q23_12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs (not prescribed for you) to make you feel better (Q23_13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritalin, Adderall, Strattera, Cylert, Concerta, or prescription stimulants (not prescribed to you) (Q23_16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescription painkillers (not prescribed to you) (Q23_17)

Xanax, Klonopin, Ativan, Librium, or other benzos (not prescribed to you) (Q23_18)

Other prescription drugs (not prescribed to you) (Q23_19)

Hallucinogens/psychedelics, PCP (Angel Dust), LSD (Acid), MDMA (Ecstasy/Molly), Mushrooms or Mescaline (Q23_20)

Cocaine (Q23_21)

Page Break

Q137 Has your alcohol use increased, decreased, or stayed about the same compared to prior to the pandemic?

- Increased (1)
- Decreased (2)
- Stayed about the same (3)
- Other (please explain): (4) _____

Display This Question:

If Has your alcohol use increased, decreased, or stayed about the same compared to prior to the pand... = Increased

Or Has your alcohol use increased, decreased, or stayed about the same compared to prior to the pand... = Decreased

Or Has your alcohol use increased, decreased, or stayed about the same compared to prior to the pand... = Other (please explain):

Q138 Why has your alcohol use increased or decreased? (Mark all that apply.)

- Can't get it (1)
- Not attending gatherings or seeing friends (2)
- Living with parents (3)
- Stress (4)
- Boredom (5)
- Other (please specify): (6) _____

JS

Q139A How have your overall substance use (alcohol and other drug use) patterns changed compared to prior to the pandemic?

- No change (9)
 - Substance use increased (1)
 - Substance use decreased (2)
 - Entered recovery for alcohol (14)
 - Entered recovery for drugs (15)
 - In recovery, but relapsed (10)
 - Switched primary substance (11)
 - Started using additional substances (12)
 - Other (please specify): (13)
-

Page Break

Display This Question:

- If Drug Use: = Alcohol to intoxication (4+ drinks in one sitting) [Once or twice a month]
- Or Drug Use: = Alcohol to intoxication (4+ drinks in one sitting) [A few times in the past year]
- Or Drug Use: = Alcohol to intoxication (4+ drinks in one sitting) [Once or twice a week]
- Or Drug Use: = Alcohol to intoxication (4+ drinks in one sitting) [Almost every day]
- Or Drug Use: = Alcohol to intoxication (5+ drinks in one sitting) [A few times in the past year]
- Or Drug Use: = Alcohol to intoxication (5+ drinks in one sitting) [Once or twice a month]
- Or Drug Use: = Alcohol to intoxication (5+ drinks in one sitting) [Once or twice a week]
- Or Drug Use: = Alcohol to intoxication (5+ drinks in one sitting) [Almost every day]



Q21 During the past 30 days, how many days have you used the following:
[Please enter a 0 if you did not use the associated item at all in the past month]

Display This Choice:

If Gender != Male

_____ Alcohol to intoxication (4+ drinks in one sitting) (1)

Display This Choice:

If Gender != Female

_____ Alcohol to intoxication (5+ drinks in one sitting) (2)

Display This Question:

If Drug Use: != Marijuana (Pot, Joints, Blunts, Weed) [Never]



Q24 In what ways have you used marijuana? (Check all that apply)

- I do not use marijuana (1)
 - Smoking (blunt, joint, bowl, bong, etc) (2)
 - Vaping (leaf/bud) (3)
 - Vaping (oil concentrate) (4)
 - In food / edibles (5)
 - Dabs (6)
 - Tinctures (7)
 - Other (please specify): (8)
-

Display This Question:

If Drug Use: = Marijuana (Pot, Joints, Blunts, Weed) [A few times in the past year]

Or Drug Use: = Marijuana (Pot, Joints, Blunts, Weed) [Once or twice a month]

Or Drug Use: = Marijuana (Pot, Joints, Blunts, Weed) [Once or twice a week]

Or Drug Use: = Marijuana (Pot, Joints, Blunts, Weed) [Almost every day]

Q141 When you have used marijuana, has it been...

- For recreational purposes or to get high (1)
 - For medicinal reasons, with a medical marijuana card (2)
 - For self-medicating, without a medical marijuana card (3)
-

Display This Question:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day



Q122 Have you experienced the following in the last 12 months due to alcohol or other substance use?

Display This Choice:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day

Display This Choice:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day

Display This Choice:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day

Display This Choice:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day

Display This Choice:

If Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Or Drug Use: = Almost every day

Display This Choice:

If Drug Use: = Almost every day

Or Drug Use: = A few times in the past year

Or Drug Use: = Once or twice a month

Or Drug Use: = Once or twice a week

Yes (1)

No (2)

Display This Choice:

*If Drug Use: = A few times
in the past year*

*Or Drug Use: = Once or
twice a month*

*Or Drug Use: = Once or
twice a week*

*Or Drug Use: = Almost
every day*

Not fulfilling obligations at home, work, or school, such as but not limited to, missing class, falling behind on work, missing work, etc (1)

Display This Choice:

*If Drug Use: = A few times
in the past year*

*Or Drug Use: = Once or
twice a month*

*Or Drug Use: = Once or
twice a week*

*Or Drug Use: = Almost
every day*

Verbal or physical fights while under the influence of alcohol or other drugs (3)

Display This Choice:

*If Drug Use: = A few times
in the past year*

*Or Drug Use: = Once or
twice a month*

*Or Drug Use: = Once or
twice a week*

*Or Drug Use: = Almost
every day*

Used a substance in larger amounts or over a longer period than was intended (4)

Display This Choice:
If Drug Use: = A few times in the past year
Or Drug Use: = Once or twice a month
Or Drug Use: = Once or twice a week
Or Drug Use: = Almost every day



Needed more of a substance to feel the same effect (5)

Display This Choice:
If Drug Use: = A few times in the past year
Or Drug Use: = Once or twice a month
Or Drug Use: = Once or twice a week
Or Drug Use: = Almost every day



Thought you should cut down your substance use or tried to reduce your substance and were not successful (7)

Display This Choice:
If Drug Use: = Almost every day
Or Drug Use: = A few times in the past year
Or Drug Use: = Once or twice a month
Or Drug Use: = Once or twice a week



Forgotten where you were or what you did (9)

End of Block: Substance Use Patterns

Start of Block: Vaping

Q96 The following questions are about vaping. To “vape” is to use a device such as a vape pen, an e-cigarette, an e-hookah, or e-vaporizer (including products such as JUUL or Blu) to inhale mist or vapor into the lungs.



Q97 How old were you the first time you used a vaping device?

- I have never used a vaping device (1)
- 17 or younger (2)
- 18 (3)
- 19 (4)
- 20 (5)
- 21 (6)
- 22 or older (7)

Display This Question:
If How old were you the first time you used a vaping device? != I have never used a vaping device



Q99 How often do you vape the following?

	Never (1)	Before, but not in the past year (2)	A few times in the past year (3)	Once or twice a month (4)	Once or twice a week (5)	Almost every day (6)
Flavored e-liquids (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If How old were you the first time you used a vaping device? != I have never used a vaping device

X→

Q100 What have been the most important reasons for you to vape? (mark all that apply)

- To experiment – to see what it's like (1)
 - Because it tastes good (2)
 - To have a good time with my friends (3)
 - To relax or relieve tension (4)
 - To feel good or get high (5)
 - Because of boredom – nothing else to do (6)
 - Because it looks cool (7)
 - Because I'm "hooked" – I have to have it (8)
 - To help me quit regular cigarettes (9)
 - Because regular cigarette use is not permitted (10)
 - Other (please specify): (11)
-

X→

Q102 If you wanted to get e-liquids containing nicotine, how would you get them? (mark all that apply)

- A store (1)
 - Free from friends (2)
 - Buy them from friends, acquaintances, or other peers (3)
 - Buy them from a dealer (4)
 - Sneak them from someone (parents, etc) (5)
 - At a party (6)
 - From the internet (7)
 - Other (please specify): (8)
-



Q103 If you wanted to get e-liquids containing marijuana, how would you get them? (mark all that apply)

- A store (1)
 - Free from friends (2)
 - Buy them from friends, acquaintances, or other peers (3)
 - Buy them from a dealer (4)
 - Sneak them from someone (parents, etc) (5)
 - At a party (6)
 - From the internet (7)
 - Other (please specify): (8)
-



Q106 How much do people risk harming themselves (physically and other ways) when they:

	No risk (1)	Slight risk (2)	Moderate risk (3)	Great risk (4)	Don't know (5)
Vape flavored e-liquids (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape nicotine (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape marijuana (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape other drugs (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana occasionally (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Vaping

Start of Block: Suicide



Q18 During the past 12 months, did you ever seriously consider attempting suicide?

Yes (1)

No (2)



Q19 During the past 12 months, did you make a plan about how you would attempt suicide?

- Yes (1)
 - No (2)
-



Q20 During the past 12 months, how many times did you actually attempt suicide?

- 0 times (1)
- 1 time (2)
- 2 times (3)
- 3 or more times (4)

End of Block: Suicide

Start of Block: UD Initiatives



Q51 Have you completed the 2-session BASICS program at Student Wellness?

- Yes (1)
 - No (2)
 - Not sure (3)
-



Q52 If you joined a sorority or fraternity organization at UD any time since Spring 2016, did you complete

the mandatory 2-part online new member BASICS training (formerly known as "BASICS for Greeks")?

- I did not join a sorority or fraternity since 2016 (1)
 - I did join a sorority or fraternity since 2016, and did complete BASICS training (2)
 - I did join a sorority or fraternity since 2016, and did not complete BASICS training (3)
 - Not sure (4)
-

Q143 Do you recall seeing any messages about "Protecting the Flock"?

- Yes (1)
- No (2)

Skip To: Q88 If Do you recall seeing any messages about "Protecting the Flock"? != Yes

Page Break

Q145 Do you remember what the message said or what the message was about?

Yes (1)

No (2)



Q146 Altogether, about how many times this academic year have you seen “Protect the Flock” images?

Q147 How believable is the information in the “Protect the Flock” message(s) you have seen?

Very believable (9)

Somewhat believable (10)

Neither believable nor unbelievable (11)

Somewhat unbelievable (12)

Very unbelievable (13)

Q148 How helpful is the information in the “Protect the Flock” message(s) you have seen?

Very helpful (4)

Slightly helpful (5)

Neither helpful nor unhelpful (6)

Slightly unhelpful (7)

Not at all helpful (8)

Q149 With whom did you share the information you learned from the “Protect the Flock” message(s)? (Please check all that apply)

- Friends (1)
 - Family (2)
 - Classmates (3)
 - Co-workers (4)
 - A girlfriend or boyfriend (5)
 - Roommates (6)
 - Other (please specify): (7)
-

Page Break



Q88 If you or a friend needed immediate help for any of the following while having used alcohol or other drugs, who would you ask for help first?

	Resident Assistant (1)	911 or Police (2)	A friend or parent (3)	UD Resources (including UD Help Line) (4)	Someone Else (6)	No one (5)
Medical emergency (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threat to self or others (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So intoxicated they can't think clearly or are making harmful decisions (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q89 In any of the above scenarios, would you be worried about getting in trouble if you were to report it?

- Yes (1)
- No (2)

End of Block: UD Initiatives

Start of Block: Sexual Assault and IPV



Q47 During the past year, has anyone (including strangers, acquaintances, friends or family) attacked or threatened to attack you?

Yes (1)

No (2)



Q123 During the past year, have you been forced or coerced to engage in unwanted sexual activity of any kind including vaginal, anal, or oral sex?

Yes (1)

No (2)

Page Break



Q108 Since starting college, has anyone...

	Yes (1)	No (2)	Don't Know (3)
sent you unwanted texts, emails, or direct messages through social media apps like Instagram, Twitter, Facebook, Tinder? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
approached you or showed up in places, such as your home, workplace, or school when you didn't want them to be there? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acted very angry towards you in a way that seemed dangerous? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
insulted you, called you names, told you that you were stupid, ugly, or not good enough alone or in front of others? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried to keep you from seeing or talking to your family or friends? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
made threats to harm themselves and/or take their own life? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
not worn a condom or not allowed you to put one on, knowing that you wanted to use one? (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Since starting college, has anyone... [Yes] (Count) > 0



Q110 If you have experienced any of the above, who engaged in the behavior? (mark all that apply)

- Someone that you currently or used to have an intimate relationship with (boyfriend, girlfriend, spouse, or casual dating partner) (1)
 - An acquaintance or classmate not well known to you (2)
 - Someone that is well known to you but you were never in an intimate relationship (friend, roommate) (3)
 - Other (please specify): (5)
-

Page Break

X→

Q111 If you were concerned about your relationship experiences, would you talk to any of the following?

	Yes (1)	No (2)
Counselor at Center for Counseling & Student Development (1)	<input type="radio"/>	<input type="radio"/>
Family (2)	<input type="radio"/>	<input type="radio"/>
Religious/spirituality leader (15)	<input type="radio"/>	<input type="radio"/>
Friend(s) (3)	<input type="radio"/>	<input type="radio"/>
Partner or significant other (4)	<input type="radio"/>	<input type="radio"/>
Sexual Offense Support (S.O.S.) (5)	<input type="radio"/>	<input type="radio"/>
UD Help Line (302-831-1001) (6)	<input type="radio"/>	<input type="radio"/>
Medical personnel off-campus (7)	<input type="radio"/>	<input type="radio"/>
Crisis hotline off-campus (8)	<input type="radio"/>	<input type="radio"/>
Law enforcement (9)	<input type="radio"/>	<input type="radio"/>
Victim Advocacy/Crisis Counseling at Student Wellness (10)	<input type="radio"/>	<input type="radio"/>
Title IX Coordinator (11)	<input type="radio"/>	<input type="radio"/>
Victim support services with a police agency (12)	<input type="radio"/>	<input type="radio"/>
Other authority personnel (e.g. resident assistant, Dean of students, internship adviser, or boss) (13)	<input type="radio"/>	<input type="radio"/>
Someone else (14)	<input type="radio"/>	<input type="radio"/>

Page Break



Q115

Sometimes disagreements about sex between people arise. One person might want to have sex when the other person does not want to have sex. People convey that they do not want to have sex with another person in various ways, at various times, in both nonverbal and verbal ways, and in explicit and implicit ways, such as:

Verbally saying 'no'

Physically moving or turning away

Saying you do not want to do anything

Telling the person earlier in the night that you do not intend or desire to have sex with them at the end of the night

Asked them to stop

Subtle behaviors such as prefacing (i.e., using words like "well" or hesitations like "ahhh")

Saying that you're unable and providing an excuse (e.g., in a relationship, on period)

And many more

Since starting college, think back on the times that someone initiated sexual activity with you and you told them 'no' in one or more of ways listed above. Did any of the following happen to you at the time? If so, please indicate whether or not you engaged in sexual activity.

	Yes, and we did not engage in sexual activity (1)	Yes, and we did engage in sexual activity (2)	No (3)
Tried to get you to change your mind by repeatedly asking (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to make you feel bad for saying "no" to them (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made you feel that you could not say no to sex because you invited them over or went over to their place (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignored your nonverbal and/or verbal no's or pretended they did not hear you and continued anyway (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took advantage of you when you were drunk and/or high (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Became angry or got really mad at you (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waited until you were asleep (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used physical means to hold you down (e.g., used their body weight, or tied you up), blocked your retreat (e.g., closed, locked, or stood blocking the door) or physically harmed you (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Sometimes disagreements about sex between people arise. One person might want to have sex when th... [Yes, and we did engage in sexual activity] (Count) > 0



Q120 If you answered "Yes, and we did engage in sexual activity" to any of the above, was the other individual who engaged in any of the above behaviors... (mark all that apply)

- Someone that you currently or used to have an intimate relationship with (boyfriend, girlfriend, spouse, or casual dating partner) (1)
 - An acquaintance or classmate not well known to you (2)
 - Someone that is well known to you but you were never in an intimate relationship (friend, roommate) (3)
 - Someone not known to you at all (stranger) (5)
 - Other (please specify): (6)
-

End of Block: Sexual Assault and IPV

Start of Block: DeICAN



Q41 The **last time** you had sexual intercourse, what methods did you or your partner use to **prevent pregnancy or disease**? (Check all that apply)

[This question refers only to vaginal sex; *not* oral or anal sex.]

- I have never had sexual intercourse (1)
- No method was used to prevent pregnancy or disease (2)
- Birth control pills (3)
- Condoms (4)
- An IUD (such as Liletta, Mirena, or paraGard) or implant (such as Implanon or Nexplanon) (5)
- A shot (such as Depo-Prevera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing) (6)
- Withdrawal (7)
- Some other method (please explain): (8)

- Not sure (9)



Q42 The last time you engaged in sexual activity (of any kind), what methods did you or your partner(s) use to prevent disease? (check all that apply)

- Condoms (1)
 - Dental dams (2)
 - Some other method (please specify): (3)
-
- No method was used to prevent disease (4)
 - Not sure (5)
 - I have never engaged in sexual activity (6)



Q43 In the past 3 months did you receive information from any sources on the following topics? (Check all that apply)

- Where you can go to get birth control. (1)
- How much birth control costs. (2)
- What types of birth control are the most effective. (3)
- Information about a particular birth control method, such as how it is placed or how it works. (4)
- I have not received any information on these topics from any sources. (5)

End of Block: DelCAN

Start of Block: Behavioral Health/BHAN

Q158 The following questions are about eating habits and behavioral health.



Q69

	Yes (1)	No (2)
Are you satisfied with your eating patterns? (1)	<input type="radio"/>	<input type="radio"/>
Do you ever eat in secret? (2)	<input type="radio"/>	<input type="radio"/>
Does your weight affect the way you feel about yourself? (3)	<input type="radio"/>	<input type="radio"/>
Have any members of your family suffered with an eating disorder? (4)	<input type="radio"/>	<input type="radio"/>
Do you currently suffer with or have you ever suffered in the past with an eating disorder? (5)	<input type="radio"/>	<input type="radio"/>



Q70

	Yes (1)	No (2)
Do you make yourself sick because you feel uncomfortably full? (1)	<input type="radio"/>	<input type="radio"/>
Do you worry you have lost control over how much you eat? (4)	<input type="radio"/>	<input type="radio"/>
Have you recently lost more than one stone (14 pounds) in a 3 month period? (5)	<input type="radio"/>	<input type="radio"/>
Do you believe yourself to be fat when others say you are thin? (6)	<input type="radio"/>	<input type="radio"/>
Would you say that food dominates your life? (7)	<input type="radio"/>	<input type="radio"/>

Page Break

X→

Q118 Do you feel upset or guilty if you skip working out?

Yes (1)

No (2)

X→

Q119 Do you obsess over ingredients when determining what to eat?

Yes (1)

No (2)

JS

Q150 In the last 7 days, how many (total) minutes did you spend doing moderate and/or vigorous physical activity?

“Moderate” examples: brisk walking, dancing, or household chores.

“Vigorous” examples: running, swimming laps, or hiking.

Q151 Over the last 2 weeks, what is the average amount of sleep you have gotten on a weeknight (excluding naps)?

- Less than 4 hours (1)
 - 4 hours (2)
 - 5 hours (3)
 - 6 hours (4)
 - 7 hours (5)
 - 8 hours (6)
 - 9 hours (7)
 - 10 or more hours (8)
-

JS

Q152

During the last 7 days, how many hours did you usually spend sitting on a weekday? Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

X→

Q65 Are you concerned with your behavior because of any of the following? (Check all that apply)

- Sleeping (1)
- Anxiety (2)
- Depression (3)
- Stress (4)
- Your general wellbeing (5)
- Drug use (6)
- Alcohol use (7)
- Eating (8)
- Video Games (9)
- Gambling (10)
- Social media use (11)
- Spending too much money (12)
- None of these (13)

End of Block: Behavioral Health/BHAN

Start of Block: Gambling

Q125 How often have you done any of the following?

	Never (1)	Before, but not in the past year (2)	A few times in the past year (3)	Once or twice a month (4)	Almost every day (5)
Bet money at a casino (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played the lottery or scratch-off (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on team sports (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Played cards for money (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on a challenge (dare, fight, race, etc.) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on drinking games (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet for or with Skins in video games (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on Esports (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on dice games, such as craps (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made bets on online casino games (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bet on games of personal skill, such as pool, golf, or basketball (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bet on 1v1
video games
(12)



Q127 In the past year, have you bet money or other valuables on any of the following (Check all that apply)

- March Madness (1)
- PGA Golf (2)
- NFL football parlay cards (3)
- Single NFL games (4)
- College basketball games (5)
- Super Bowl (6)
- NBA games (7)
- Major League Baseball games (8)
- High school sports (9)
- College football games (10)
- Fantasy sports (11)

End of Block: Gambling

Start of Block: Survey End



Q61 If you would prefer to not receive the \$5 Amazon.com Gift Card you may opt out of receiving it:

- I do want to receive the \$5 Amazon Gift Card (1)
- I do NOT want to receive the \$5 Amazon Gift Card (2)

Page Break

Q60 Your responses to the previous section have been recorded.

Thank you for your participation. Before exiting the survey, we would like to provide you with the following information. After reading the information, please use the button at the bottom of the page to exit the survey.

ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO YOU

This survey touched on a number of subjects that may have raised concerns in you, either about yourself or about someone else. We want to make sure that you know of places both on campus and off where you can find helpful information or where you can call or go to talk to someone. All of these services are confidential and available to you free of charge.

911 – For police/fire/ambulance, call under any circumstances if you have a dire emergency involving the safety of yourself or someone else.

To talk to someone immediately, call the **UD HELPLINE** at 302-831-1001.

Crisis Text Line (Available 24 hours a day) - Students can text “UDTEXT”, or “STEVE” for students of color, to the phone number 741741 to connect with confidential text message support.

Student Health Service - 302-831-2226 – Located in Laurel Hall, SHS is open 24 hours a day when classes are in session, and from 8am-5pm during holidays. See www.udel.edu/studenthealth

Center for Counseling & Student Development - 302-831-2141 – Located in Perkins Student Center. Learn more about the Counseling Center at www.udel.edu/Counseling

Sexual Offense Support (SOS) - Call the UD HELPLINE at 302-831-1001 and ask to speak to a sexual assault advocate – Members of the UD community can call SOS 24 hours/day with concerns about sexual assault, intimate partner violence, stalking, and sexual harassment. See www.udel.edu/sos

Learn more about UD resources and reporting options at www.udel.edu/sexualmisconduct

YWCA Sexual Assault Response Center 1-800-773-8570 – Provides rape crisis services in New Castle County. See www.ywcade.org/sarc

Delaware Domestic Violence Hotline 302-762-6110 – For 24 hour assistance regarding intimate partner violence and to seek a shelter in Delaware.

Student Wellness & Health Promotion 302-831-3457 – Provides support for students who are

having trouble with alcohol or other drugs, provides crisis counseling & ongoing advocacy for victims of sexual assault, intimate partner violence, sexual harassment, or stalking, and assists students who have concerns about sexual health, or other general wellness concerns. See: sites.udel.edu/studentwellness/

Delaware Quitline 1-866-409-1858 – Can assist students with smoking concerns, available 24 hours a day to help you with programs and materials to curtail tobacco use. More Information: www.dhss.delaware.gov/dhss/dph/dpc/quitline.html

Amnesty Information – Learn more about UD's Amnesty Program at: www.udel.edu/amnesty
Or visit the Office of Student Conduct in Hulliher Hall, 302-831-2117.

Delaware Council on Gambling Problems 1-888-850-8888 – Can provide confidential assistance regarding gambling concerns. See: <http://www.deproblemgambling.org/>

End of Block: Survey End
