

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 credit redeemable wherever UD1 Flex is accepted, including the Trabant Food Court, the University Bookstore, dining halls and several other campus stores and eateries.

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.

What is your birth sex?

- Male
- Female

What is your gender identity?

- Woman
- Transgender Woman or Feminine
- Transgender Man or Masculine
- Man

- Gender non-binary / Gender non-conforming
- Prefer to self-describe:
- Prefer not to answer

How old are you?

- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25 or older

Are you an international student?

- Yes
- No

Where do you live?

- On campus
- At home, with family
- Off-campus, alone
- Off-campus, with others

Are you Hispanic or Latino?

- Yes
- No

Which best describes your race/ethnicity?

- Black/African American
- Alaska Native/ American Indian
- Asian

- White/Caucasian
- Middle Eastern
- Native Hawaiian or other Pacific Islander
- Other or biracial/multiracial (please specify):

How do you describe your sexual identity/orientation?

- Lesbian
- Gay
- Bisexual/Pansexual
- Heterosexual
- Asexual
- Prefer to self-describe:

Which of the following best describes your marital status?

- Single and unattached
- Divorced
- Single with a significant other
- Widowed
- Married

Have you been identified by a doctor or other health care professional as having difficulty concentrating, remembering, making decisions or doing things because of a physical, learning or emotional disability?
(Check all that apply)

- Physical Disability
- Emotional Disability
- Learning Disability
- I have not been diagnosed with any of the above

Please indicate your academic classification:

- First Year
- Second Year
- Third Year
- Fourth Year
- Fifth Year or More

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
- 3.0 to 3.4
- 2.5 to 2.9
- 2.0 to 2.4
- Below 2.0

Since coming to UD, did you play on any sports teams?

- Yes, varsity
- Yes, not varsity
- No

Are you a member of a sorority or fraternity?

- Yes
- No

How often have you done any of the following?

	Never	Before, but not in the past year	A few times in the past year	Once or twice a month	Almost every day
Bet money at a casino					
Played the lottery or scratch-off					
Bet on team sports					
Played cards for money					
Bet on a challenge (dare, fight, race, etc.)					
Bet on drinking games					
Bet money on horse races					

Played bingo for money					
Bet on dice games, such as craps					
Made bets on the internet, such as online poker or blackjack					
Bet on games of personal skill, such as pool, darts or basketball					
Bet on video games					

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

- March Madness pools
- College football bowl games
- NFL Football pools
- Single NFL games
- College basketball games
- Super Bowl
- NBA games
- World Series
- Delaware high school teams
- College football games
- Fantasy sports

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

- Yes
- No

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

- Yes
- No

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

- 0 times
- 1 time
- 2 times
- 3 or more times

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]

_____ Cigarettes

_____ Any alcohol

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

_____ Marijuana or hashish in any form

_____ E-cigarettes or vaping nicotine

_____ Adderall or other prescription stimulants not as prescribed

_____ Opioids or narcotics

_____ Cocaine

_____ Other Drugs

How often do you use the following:

	Never	Before, but not in the past year	A few times in the past year	Once or twice a month	Once or twice a week	Almost every day
Cigarettes						
Cigars						
Alcohol						
Alcohol to intoxication (5+ drinks in one sitting)						
Marijuana/Hashish (Pot, Joints, Blunts, Weed)						
Smokeless tobacco						
E-cigarettes or vaping nicotine						

Hookah						
Other tobacco products						
Alcohol and caffeine in combination						
Prescription drugs (not prescribed for you) to help you study						
Prescription drugs (not prescribed for you) to get high						
Prescription drugs (not prescribed for you) to make you feel better						
Alcohol and marijuana at the same time						
Alcohol and a prescription drug (not prescribed for you) at the same time						
Ritalin, Adderall, Strattera, Cylert, Concerta, or other ADHD medication (not prescribed to you)						
Prescription painkillers (not prescribed to you)						
Prescription stimulants (not prescribed to you)						
Other prescription drugs (not prescribed to you)						
Hallucinogens/psychedelics, PCP (Angel Dust), LSD (Acid), MDMA (Ecstasy/Molly), Mushrooms or Mescaline						
Cocaine						

If you wanted to get alcohol, how often would you get it in each of the following ways?

	Never	Rarely	Occasionally	Often	often
At a party					
Buy it at a restaurant/bar					
Use a fake ID to buy it at a restaurant/bar					
Buy it at a liquor store					

Use a fake ID to buy it at a liquor store					
Have someone else buy it for you at a liquor store					
From friends					
From family					

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

- I do not use marijuana
- Smoking (blunt, joint, bowl, bong, etc)
- Vaping (leaf/bud)
- Vaping (oil concentrate)
- In food / edibles
- Dabs
- Tinctures
- Other (please specify):

How much do people risk harming themselves – physically and otherwise – when they:

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Have one or two drinks (beer, wine, liquor) nearly every day?					
Have 5 drinks at a time, once or twice a week?					

Smoke marijuana occasionally?					
Smoke marijuana regularly?					
Use prescription drugs that are not prescribed to them or that they took only for the experience or feeling they caused?					

	Yes	no
In the past year, have you received a ticket or been arrested for underage drinking?		
In the past year, have you been arrested for other alcohol-related offenses?		
Have you been in a physical fight with someone while under the influence of alcohol?		
Have you ever lost a friendship or relationship due to your drinking?		
Have you ever skipped or missed class because of drinking? (e.g., hangovers, arrested, etc.)		
Have you ever performed poorly on an assignment because of drinking?		

In the past year, have you needed medical attention due to drinking?		
In the past year, have you needed medical attention due to prescription painkiller use (with or without a prescription)?		
Have you been found responsible for any code of student conduct violations at your college/university?		

If you have been found responsible for a code of student conduct violation at your college/university, what category did the violation fall into? (Check all that apply)

- Academic Dishonesty
- Alcohol
- Drugs
- Fighting
- Noise
- Theft
- Sexual Misconduct
- Vandalism
- Other category not listed above (please specify):
- I have not been found responsible for any code of student conduct violations

Are you a person in long term recovery from (select all that apply):

- Drug use
- Alcohol use
- An eating disorder
- Gambling
- None of these

On average, how many alcoholic drinks do you consume when partying or socializing?

- 0 drinks
- 1 drink
- 2-4 drinks
- 5-7 drinks
- 8-10 drinks
- 11 or more drinks

During the past 30 days, where did you usually drink alcohol?

- I did not drink alcohol in the past 30 days
- At a restaurant, bar or club
- At my home
- At a public event, such as a concert or sporting event
- At another person's home
- At a party
- While riding in or driving a car or other vehicle
- On University property, such as a residence hall

In the past year, did you ever drive while under the influence of alcohol? If so, how many drinks did you have before driving?

- I do not drink alcohol
- One drink
- Two drinks
- Three drinks
- Four drinks
- 5 or more drinks
- I do not drive after drinking

In the past year, how many drinks did you have when you were the designated driver for that night?

- 0 drinks
- 1 drink
- 2-4 drinks
- 5 or more drinks
- I did not drink when I was the designated driver
- I was not a designated driver in the past year

Do you ever drive after you use marijuana?

- Yes
- No

How many days a week do you think the average student at your school drinks alcohol?

- 0 days
- 1 day
- 2 days
- 3 days

- 4 days
- 5 days
- 6-7 days

How many days a week do you drink alcohol?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6-7 days

How many alcoholic drinks do you think the average student at your school consumes on a night out (4-5 hours)?

- 0 drinks
- 1 drink
- 2-4 drinks
- 5-7 drinks
- 8-10 drinks
- 11 or more drinks

On average, how many alcoholic drinks do you consume on a night out (4-5 hours)?

- 0 drinks
- 1 drink
- 2-4 drinks
- 5-7 drinks
- 8-10 drinks
- 11 or more drinks

The following questions ask about sexual contacts, which include vaginal, oral, and anal sex. [Please enter a 0 if you did not engage in the associated type of sexual contacts at all in the past month.]

_____ In the past 30 days, with how many people did you have sexual contacts?

_____ In the past 30 days, how many sexual contacts (vaginal, oral, or anal) did you have?

_____ In the past 30 days, how many unprotected sexual contacts did you have?

_____ In the past 30 days, how many sexual contacts were with an individual who was drunk or high?

_____ In the past 30 days, how many sexual contacts were while you were drunk or high?

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
- No method was used to prevent pregnancy or disease
- Birth control pills
- Condoms
- An IUD (such as Liletta, Mirena, or paraGard) or implant (such as Implanon or Nexplanon)
- A shot (such as Depo-Prevera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- Withdrawal
- Some other method (please explain):
- Not sure

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
- No method was used to prevent disease
- Dental dams
- Not sure
- Some other method (please specify):
- I have never engaged in sexual activity

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.
- How much birth control costs.
- What types of birth control are the most effective.
- Information about a particular birth control method, such as how it is placed or how it works.
- I have not received any information on these topics from any sources

During the past 12 months, did an intimate partner or date ever hit, slap or physically hurt you on purpose?

- I did not have an intimate partner or date during the past 12 months
- Yes

- No

During the past 12 months, did an intimate partner or date ever say things to you or to other people about you to purposely hurt you?

- I did not have an intimate partner or date during the past 12 months
- Yes
- No

During the past 12 months, did an intimate partner or date ever remove the condom without your knowledge or consent during sexual activity?

- Yes
- No
- Not sure
- I did not have an intimate partner or date during the past 12 months

For the following questions, be sure to consider any incidents including those committed by strangers, acquaintances, friends or family.

During the past year, has anyone attacked or threatened to attack you in any of these ways?

	Yes	No
With any weapon, for instance, a gun or knife		
With anything like a baseball bat, frying pan, scissors, or stick		
By something thrown, such as a rock or bottle		
By any grabbing, punching, or choking		
Any face to face threats		
Any attack or threat or use of force by anyone at all?		

During the past year, were you attacked or threatened in the ways just described by: (Check all that apply)

- Someone at work
- A relative or family member
- Someone at school

- By an intimate partner such as a spouse, a boy/girl friend or ex-partner
- A neighbor or friend

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	No
by someone you didn't know before?		
by someone you know casually like a classmate or someone you met at a party?		
by someone you know well such as a friend?		
by an intimate partner such as spouse, a boy/girl friend or ex-partner?		

Who have you talked to about this? (Check all that apply)

- No one
- Counselor at Center for Counseling & Student Development
- Family Religious/spirituality leader
- Friend(s)
- Partner or significant other
- Professor(s)
- Medical personnel at Student Health Service
- Sexual Offense Support (S.O.S.)
- Medical personnel off-campus
- Crisis hotline off-campus
- Law Enforcement
- Victim Advocacy/Crisis Counseling at Student Wellness
- Title IX Coordinator
- Victim support services with a police agency
- Other authority personnel (e.g. resident assistant, Dean of students)

Have you completed the in-person, 2-session BASICS program at Student Wellness?

- Yes
- No

- Not sure

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
- I did join a sorority or fraternity since 2016, and did complete BASICS training
- I did join a sorority or fraternity since 2016, and did not complete BASICS training
- Not sure

How likely are you to use bystander intervention strategies to intervene in the following types of risky or dangerous situations?

	Extremely likely	Moderately likely	Slightly likely	Slightly unlikely	Moderately unlikely	Extremely unlikely
Drugs (marijuana, Xanax, Adderall, cocaine, heroin, etc.)						
Excessive alcohol consumption						
Possible sexual assault						
Mental health (suicide, anxiety, depression, etc.)						
Disordered eating						
Relationship abuse						
Oppressive speech (racist, sexist, homophobic, etc.)						

Please indicate your agreement with the following statement: If both people are intoxicated, sex cannot be sexual assault.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

What percentage of sexual assaults are committed by someone the victim knows?

- 10%
- 35%
- 50%
- 85%

When I feel stressed, I am able to employ a healthy strategy to reduce my stress:

- Always
- Sometimes
- Rarely
- Never

	Yes	No
Are you satisfied with your eating patterns?		
Do you ever eat in secret?		
Does your weight affect the way you feel about yourself?		
Have any members of your family suffered with an eating disorder?		
Do you currently suffer with or have you ever suffered in the past with an eating disorder?		

	Yes	No
Do you make yourself sick because you feel uncomfortably full?		

Do you worry you have lost control over how much you eat?		
Have you recently lost more than one stone (14 pounds) in a 3 month period?		
Do you believe yourself to be fat when others say you are thin?		
Would you say that food dominates your life?		

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. Once you do so, you will receive information about the \$5 credit.

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 HULLIHEN 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/>

Please use the option below to exit the survey and receive information about the \$5 credit:

If you would prefer to not receive the \$5 Flex credit, you may opt out of receiving it:

- I do want to receive the \$5 Flex credit
- I do NOT want to receive the \$5 Flex credit