

CRBS UD 2020 - FINAL

Start of Block: Default Question Block

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.

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



How do you describe your sexual identity/orientation?

Lesbian

Gay

Bisexual/Pansexual

Heterosexual

Asexual

Prefer to self-describe: _____

Page Break



Are you deaf or do you have serious difficulty hearing?

Yes

No



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

Yes

No



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

Yes

No



Do you have serious difficulty walking or climbing stairs?

Yes

No



Do you have difficulty dressing or bathing?

Yes

No

X→

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

No

X→

Have you had an accommodation through disability support services?

Yes, in the past

Yes, currently

No

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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
-



Are you a member of any of the following?

- A sorority or fraternity
- Intercollegiate athletic team
- Club sports or intramural sports
- A registered student organization
- None of these

Page Break



How often do you use the following:

Display This Choice:
If Gender != Male

Display This Choice:
If Gender != Female

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> <i>If Gender != Male</i>						
Alcohol to intoxication (4+ drinks in one sitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> <i>If Gender != Female</i>						
Alcohol to intoxication (5+ drinks in one sitting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (Pot, Joints, Blunts, Weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other tobacco products	<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	<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	<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	<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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescription painkillers (not prescribed to you)

Xanax, Klonopin, Ativan, Librium, or other benzos (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

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]



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)

Display This Choice:

If Gender != Female

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

Display This Question:

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



In what ways have you used marijuana? (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):
-



Have you experienced the following in the last 12 months due to alcohol or other drug 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: = 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	No
<p><i>Display This Choice:</i> <i>If Drug Use: = A few times in the past year</i> <i>Or Drug Use: = Once or twice a month</i> <i>Or Drug Use: = Once or twice a week</i> <i>Or Drug Use: = Almost every day</i></p> <p>Not fulfilling obligations at home, work, or school, such as but not limited to, missing class, falling behind on work, missing work, etc</p>	<input type="radio"/>	<input type="radio"/>
<p><i>Display This Choice:</i> <i>If Drug Use: = A few times in the past year</i> <i>Or Drug Use: = Once or twice a month</i> <i>Or Drug Use: = Once or twice a week</i> <i>Or Drug Use: = Almost every day</i></p> <p>Driven while under the influence of alcohol or other drugs</p>	<input type="radio"/>	<input type="radio"/>
<p><i>Display This Choice:</i> <i>If Drug Use: = A few times in the past year</i> <i>Or Drug Use: = Once or</i></p>	<input type="radio"/>	<input type="radio"/>

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

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

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

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



Withdrawal symptoms

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

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

Any physical or psychological related problem due to substance use and you continued to use anyway

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

Called for medical assistance for yourself or others

Skipped or missed a class because of another students

drinking (e.g., taking care of a roommate or friend, having to pick up a roommate or friend at a medical facility, etc.)

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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.



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

- I have never used a vaping device
- 17 or younger
- 18
- 19
- 20
- 21
- 22 or older

Display This Question:

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



How often do you vape 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
Flavored e-liquids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nicotine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana	<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



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

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



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

- A store
- Free from friends
- Buy them from friends, acquaintances, or other peers
- Buy them from a dealer
- Sneak them from someone (parents, etc)
- At a party
- From the internet
- Other (please specify):



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

- A store
- Free from friends
- Buy them from friends, acquaintances, or other peers
- Buy them from a dealer
- Sneak them from someone (parents, etc)
- At a party
- From the internet
- Other (please specify):



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

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Vape flavored e-liquids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape nicotine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke marijuana regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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
-

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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
-

Display This Question:

If Drug Use: != Alcohol [Never]

And Drug Use: != Alcohol [Before, but not in the past year]



Think back over the past 12 months. For the items below please indicate the degree to which you engaged in the behaviors when you party or socialize while drinking alcohol.

Display This Choice:
If Gender != Female

Display This Choice:
If Gender != Male

	Not At All	Rarely	Sometimes	Most of the Time	Always
Travel with a group of friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing where you are going for the night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decline drinks from large, open containers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Store emergency numbers in your phone, and/or use the LiveSafe app to report suspicious activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a plan to get home safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know your alcohol consumption limits, and stop drinking or say, "No," when you need to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay hydrated with water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Eat plenty of healthy, filling food

Display This Choice:

If Gender != Female

Consume 4 alcoholic drinks or fewer in one night

Display This Choice:

If Gender != Male

Consume 3 alcoholic drinks or fewer in one night

Knowing what you are drinking

Pacing the number of drinks you have and the amount time you take to drink them

Not mixing alcohol with other substances

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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	911 or Police	A friend	A parent	A UD student leader	A UD adviser, faculty, or staff member	UD Help Line	No one
Medical emergency (throwing up, change in skin color, irregular heart rate, irregular breathing, passed out, fell, seizure, or any other injury)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threat to self or others	<input type="radio"/>	<input type="radio"/>	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

Yes

No



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?

Ex. 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?

Yes

No

Display This Question:

*If For the following questions, be sure to consider any incidents including those committed by stran...
= Yes*



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

- Someone at work
- Someone at school
- A neighbor or friend
- A relative or family member
- By an intimate partner such as a spouse, a boy/girl friend or ex-partner
- Someone else

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In the past 30 days, did you have sexual contact with an individual who was drunk or high?

Yes

No

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



In the past 30 days, did you have sexual contact while you were drunk or high?

Yes

No



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
- Dental dams
- Some other method (please specify):

- No method was used to prevent disease
- Not sure
- 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.

Page Break



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



Since starting college, has anyone...

	Yes	No	Don't Know
sent you unwanted texts, emails, or direct messages through social media apps like Instagram, Twitter, Facebook, Tinder?	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
acted very angry towards you in a way that seemed dangerous?	<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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
told you that no one else would want you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried to keep you from seeing or talking to your family or friends?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
made decisions for you that should have been yours to make, such as the clothes you wear, things you eat, friends you have, where you go and/or what you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
made threats to physically harm you, someone you love, and/or your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
made threats to harm themselves and/or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

take their own life?			
deny or restrict access to money or bank account for your own use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
destroyed something that was important to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
refused to use a condom when you wanted them to use one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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



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)
- An acquaintance or classmate not well known to you
- Someone that is well known to you but you were never in an intimate relationship (friend, roommate)
- Someone in a position of authority over you (boss, RA, therapist, professor, coach, instructor, doctor, police officer)
- Other



If you were concerned about your relationship experiences, would you talk to?

	Have already talked to them	Would talk to them if needed	Would not talk to them, even if needed
Counselor at Center for Counseling & Student Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Religious/spirituality leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friend(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partner or significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Offense Support (S.O.S.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UD Help Line (302-831-1001)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical personnel off-campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis hotline off-campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim Advocacy/Crisis Counseling at Student Wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title IX Coordinator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Victim support services with a police agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other authority personnel (e.g. resident assistant, Dean of students, internship adviser, or boss)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Someone else



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

Page Break

X→

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	Yes, and we did engage in sexual activity	No
Tried to get you to change your mind by repeatedly asking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to make you feel bad for saying "no" to them	<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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignored your nonverbal and/or verbal no's or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

pretended they did not hear you and continued anyway

Took advantage of you when you were drunk and/or high

Became angry or got really mad at you

Waited until you were asleep

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

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



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)
- An acquaintance or classmate not well known to you
- Someone that is well known to you but you were never in an intimate relationship (friend, roommate)
- Someone in a position of authority over you (boss, RA, therapist, professor, coach, instructor, doctor, police officer)
- Someone not known to you at all (stranger)
- Other

Page Break



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

- Sleeping
- Anxiety
- Depression
- Stress
- Your general wellbeing
- Drug use
- Alcohol use
- Eating
- Video Games
- Gambling
- Social media use
- Spending
- None of these



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



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



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

Yes

No



Do you obsess over ingredients when determining what to eat?

Yes

No

Page Break



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

Page Break

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 Hullahen 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: Default Question Block
