

**Default Question Block**

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 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.

Q2. What is your birth sex?

- Male
- Female

Q3. What is your gender identity?

- Man
- Woman

Neither of the above (please specify):

Q4. Do you identify as someone who is transgender?

- Yes
- No
- Not Sure

Q5. How old are you?

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

Q6. Where did you graduate from high school?

- Sussex County
- Kent County
- New Castle County (other than Wilmington)
- Wilmington
- Outside the state of Delaware
- Outside of the United States of America

Q7. Are you an international student?

- Yes
- No

Q8. Where do you live?

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

Q9. Are you Hispanic or Latino?

- Yes
- No

Q10. Which best describes your race/ethnicity?

- |   |  |
|---|--|
| <input type="radio"/> Black/African American                    | <input type="radio"/> Alaska Native/ American Indian |
| <input type="radio"/> Asian                                     | <input type="radio"/> White/Caucasian                |
| <input type="radio"/> Middle Eastern                            | Other or biracial/multiracial (please specify):      |
| <input type="radio"/> Native Hawaiian or other Pacific Islander | <input type="radio"/> <input type="text"/>           |

Q11. Which of the following best describes you?

- |   |  |
|---|--|
| <input type="radio"/> Heterosexual (straight) | <input type="radio"/> Asexual              |
| <input type="radio"/> Gay or Lesbian          | <input type="radio"/> Questioning          |
| <input type="radio"/> Bisexual or Pansexual   | None of the above (please specify):        |
|   | <input type="radio"/> <input type="text"/> |

Q12. Which of the following best describes your marital status?

- |   |                                |
|---|--------------------------------|
| <input type="radio"/> Single and unattached           | <input type="radio"/> Divorced |
| <input type="radio"/> Single with a significant other | <input type="radio"/> Widowed  |
| <input type="radio"/> Married                         |                                |

Q13. 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)

- |  |  |
|--|--|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Emotional Disability                            |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> I have not been diagnosed with any of the above |

Q14. Which of the following best describes your status as a college student?

- |  |   |
|--|---|
| <input type="radio"/> Freshmen (fewer than 30 credits completed) | <input type="radio"/> Junior (60-89 credits completed)      |
| <input type="radio"/> Sophomore (30-59 credits completed)        | <input type="radio"/> Senior (90 or more credits completed) |

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

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="radio"/> 3.5 to 4.0 | <input type="radio"/> 2.0 to 2.4 |
| <input type="radio"/> 3.0 to 3.4 | <input type="radio"/> Below 2.0  |
| <input type="radio"/> 2.5 to 2.9 |                                  |

Q16. During the past 12 months, did you play on any sports teams?

- Yes, varsity
- Yes, not varsity
- No

Q17.

Are you a member of a sorority or fraternity?

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- |                               |                                       |
|-------------------------------|---------------------------------------|
| <input type="radio"/> 0 times | <input type="radio"/> 2 times         |
| <input type="radio"/> 1 time  | <input type="radio"/> 3 or more times |

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]

- Cigarettes
- Cigars
- Any alcohol
- Alcohol to intoxication (5+ drinks in one sitting)
- Marijuana or hashish

Q22. If you wanted to get alcohol, how often would you get it in each of the following ways?

	Never	Rarely	Occasionally	Often	Very often
At a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy it at a restaurant/bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a fake ID to buy it at a restaurant/bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Buy it at a liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a fake ID to buy it at a liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have someone else buy it for you at a liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q24. In what ways have you used marijuana or hashish?

- 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):

Q25. If you wanted to get prescription drugs without a prescription, where would you get them? (Check all that apply)

- From someone without paying for them
- Given out at a party
- Buy them from someone (e.g., friend, dealer, acquaintance, etc.)
- From the Internet
- Sneak them from someone (e.g., family, friends, roommate, etc.)

Q26. 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have 5 drinks at a time, once or twice a week?	<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"/>
Use prescription drugs that are not prescribed to them or that they took only for the experience or feeling they caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27.

	Yes	No
In the past year, have you received a ticket or been arrested for underage drinking?	<input type="radio"/>	<input type="radio"/>
In the past year, have you been arrested for other alcohol-related offenses?	<input type="radio"/>	<input type="radio"/>
Have you been in a physical fight with someone while under the influence of alcohol?	<input type="radio"/>	<input type="radio"/>
Have you ever lost a friendship or relationship due to your drinking?	<input type="radio"/>	<input type="radio"/>
Have you ever skipped or missed class because of drinking? (e.g., hangovers, arrested, etc.)	<input type="radio"/>	<input type="radio"/>
Have you ever performed poorly on an assignment because of drinking?	<input type="radio"/>	<input type="radio"/>
In the past year, have you needed medical attention due to drinking?	<input type="radio"/>	<input type="radio"/>
In the past year, have you needed medical attention due to prescription painkiller use (with or without a prescription)?	<input type="radio"/>	<input type="radio"/>
Have you been found responsible for any code of student conduct violations at your college/university?	<input type="radio"/>	<input type="radio"/>

Q28. 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



Q29. Are you a person in long term recovery from drug and/or alcohol misuse?

- Yes
- No
- Not Sure

Q30. 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

Q31. During the past 30 days, where did you usually drink alcohol?

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

Q32. 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
- I do not drive after drinking
- One drink
- Two drinks
- Three drinks
- Four drinks
- 5 or more drinks

Q33. 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

Q34. Do you ever drive after you use marijuana?

- Yes
- No

Q35. 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

Q36.

How many days a week do you drink alcohol?

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

Q37. 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

Q38. 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

Q39.

In the past 30 days, did you have sexual contact with (check all that apply):

Male(s)

Female(s)

Someone with a gender identity not listed (please specify):

I did not have any sexual contacts in the past 30 days

Q40. 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?

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

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

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)

- |  |  |
|--|--|
| <input type="checkbox"/> Condoms   | <input type="checkbox"/> No method was used to prevent disease   |
| <input type="checkbox"/> Dental dams   | <input type="checkbox"/> Not sure                                |
| <input type="checkbox"/> Some other method (please specify):<br><input type="text"/> | <input type="checkbox"/> I have never engaged in sexual activity |

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.
- 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.

Q44. 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

Q45. 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

Q46. 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

Q47. 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	<input type="radio"/>	<input type="radio"/>
With anything like a baseball bat, frying pan, scissors, or stick	<input type="radio"/>	<input type="radio"/>
By something thrown, such as a rock or bottle	<input type="radio"/>	<input type="radio"/>
By any grabbing, punching, or choking	<input type="radio"/>	<input type="radio"/>
Any face to face threats	<input type="radio"/>	<input type="radio"/>
Any attack or threat or use of force by anyone at all?	<input type="radio"/>	<input type="radio"/>

Q48. During the past year, were you attacked or threatened in the ways just described by:  
(check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Someone at work      | <input type="checkbox"/> A relative or family member  |
| <input type="checkbox"/> Someone at school    | <input type="checkbox"/> By an intimate partner such as a spouse, a boy/girl friend or ex-partner |
| <input type="checkbox"/> A neighbor or friend |   |

Q49. 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?	<input type="radio"/>	<input type="radio"/>
by someone you know casually like a classmate or someone you met at a party?	<input type="radio"/>	<input type="radio"/>
by someone you know well such as a friend?	<input type="radio"/>	<input type="radio"/>
by an intimate partner such as spouse, a boy/girl friend or ex-partner?	<input type="radio"/>	<input type="radio"/>

Q50. Who have you talked to about this? (Check all that apply)

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

Q51. Have you completed the in-person, 2-session BASICS program at Student Wellness?

- Yes
- No
- Not sure

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
- 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

Q53. Think back over your time at University of Delaware. Please review the following listing of bystander training or intervention programs and check if you have ever received training from any of these programs?

**Have you received training since Fall 2017?**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol EDU for College online education program                   | <input type="checkbox"/> It's On Us  |
| <input type="checkbox"/> Bringing in the Bystander  | <input type="checkbox"/> kNOw MORE   |
| <input type="checkbox"/> Bystander Intervention Training within your UD FYE/FYS course      | <input type="checkbox"/> OUR UD in your UD residence hall  |
| <input type="checkbox"/> Get Up, Stand Up: Being a Courageous Bystander presented by S.O.S. | <input type="checkbox"/> We Are Blue Hens at 1743 Welcome Days   |
| <input type="checkbox"/> Green Dot  | <input type="checkbox"/> Another bystander training program you completed (please specify): <input type="text"/> |
| <input type="checkbox"/> Haven, Understanding Sexual Assault online education program       | <input type="checkbox"/> I have not received of any of these trainings   |

Q54. The first question ask about incidents that involved your use of force or threats of force against another student. Force could include holding someone down with your body weight, pinning another's arms, hitting or kicking another, or using or threatening to use a weapon against another.

Since Fall 2017 while you were a student at University of Delaware did you physically force or make threats of physical force against another student to have sex?

(Sex includes: - Sexual penetration: When one person puts a penis, fingers or objects inside someone else's vagina or anus, or - Oral sex: When someone's mouth or tongue makes contact with someone else's genitals.)

- Yes
- Yes, but not since Fall 2017
- No

Q55. The next question asks about incidents when you had sex with another student when they were unable to consent or stop because they were passed out, asleep, or incapacitated due to drugs or alcohol. Please include incidents even if you are not sure what happened.

Since Fall 2017 while you were a student at University of Delaware did you have sex with another student when they were unable to consent or stop what was happening because they were passed out, asleep or incapacitated due to drugs or alcohol?

By sex we mean either sexual penetration (when one person puts a penis, fingers or objects inside someone else's vagina or anus) or oral sex (when someone's mouth or tongue makes contact with someone else's genitals).

- Yes
- Yes, but not since Fall 2017
- No

**Q56. This question asks about incidents that involved force or threats of force against you. Force could include someone holding you down with his or her body weight, pinning your arms, hitting or kicking you or using or threatening to use a weapon.**

Since Fall 2017 while you were a student at University of Delaware has someone used physical force or threats of physical force to make you have sex?

By sex we mean either sexual penetration (when one person puts a penis, fingers or objects inside someone else's vagina or anus) or oral sex (when someone's mouth or tongue makes contact with someone else's genitals).

- Yes
- Yes, but not since Fall 2017
- No

**Q57. Since Fall 2017 while you were a student at University of Delaware did you have sex while you were unable to consent or stop what was happening because you were passed out, asleep or incapacitated due to drugs or alcohol?**

Please include incidents even if you are not sure what happened.

By sex we mean either sexual penetration (when one person puts a penis, fingers or objects inside someone else's vagina or anus) or oral sex (when someone's mouth or tongue makes contact with someone else's genitals).

- Yes
- Yes, but not since Fall 2017
- No

**Q58. Since Fall 2017 while you were a student at University of Delaware have you threatened to or actually physically harmed a dating or intimate partner, someone they loved or yourself? Do not include joking or playful acts.**

- Yes
- Yes, but not since Fall 2017
- No

**Q59. Since Fall 2017 while you were a student at University of Delaware has a dating or intimate partner threatened to or actually physically harmed you, someone you love, or themselves? Do not include joking or playful acts.**

- Yes
- Yes, but not since Fall 2017
- No

**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. 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.

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](http://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](http://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](http://www.udel.edu/sos)

Learn more about UD resources and reporting options at [www.udel.edu/sexualmisconduct](http://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](http://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/](http://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](http://www.dhss.delaware.gov/dhss/dph/dpc/quitline.html)

Amnesty Information – Learn more about UD's Amnesty Program at: [www.udel.edu/amnesty](http://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/>

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

Q61. 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