

Appendix 1: 2018 CPADS questionnaire

NOTE: This is a preliminary questionnaire and a final version will be provided to the Contractor at the contract start date.

CPADS

Government of Canada

Generated on 2018-06-21 at 13:25:24 MT

Languages: English, French

Section

LoginC, , PSE1, PSE2, IND, SEX01, DEMQ01, HWBQ01, HWBQ02, ALC01, ALC2, ALC02, ALC03, ALC04, ALC05, ALC06, ALC12, ALC13, ALC17, ALC11, ALC18F, ALC18M, ALC19, ALC20, ALC21, ALC22, ALC23, ALC24

Page LOGIN

Thank you for agreeing to participate in the Canadian Postsecondary Education Alcohol and Drug use Survey, distributed by the survey firm [SURVEY FIRM] on behalf of Health Canada. **Si vous préférez répondre au questionnaire en français, veuillez utiliser le bouton ci-dessous.**

Health Canada is conducting this survey to measure alcohol and drug use among college and university students in Canada. This research is being conducted in partnership with the Postsecondary Education Partnership-Alcohol Harms (PEP-AH), a group of student service representatives working to improve alcohol prevention programs on your campus. The results from this survey will be used to develop health programs for the University of Calgary.

You may skip any questions that you do not feel comfortable answering and you may complete the survey in several sessions from different devices by logging back in using your unique survey link. If you would like to speak to someone after you complete the survey or find out more about the resources available to you on campus, please click on the following symbol 'i' for more information. *?*

Page

PSE1

Are you currently studying at a university or college/cégep in Canada?

- 1 **Yes, I am studying in Canada**
- 2 **No, I am studying outside of Canada**
- .8 **I prefer not to answer**
- .9 **I don't know**

PSE2 *Show if Studying in Canada*

What is your age?

Minimum: 0, Maximum: 99

_____ years

- .8 **I prefer not to answer**
- .9 **I don't know**

Page

IND *Show if Not studying in Canada OR Not Aged 17 25*

Thank you for your interest in our survey.

Based on your responses to one or more of the previous questions, you are unfortunately not eligible to participate.

Page

SEX01

What sex were you assigned at birth, on your original birth certificate?

- 1 **Male**
- 2 **Female**
- .8 **I prefer not to answer**

DEMQ01

What is your gender?

(Refers to the gender you currently identify with, which may be different from sex assigned at birth and may be different from what is indicated on legal documents.)

- 1 **Male**
- 2 **Female**
- 3 **Please specify: _____**
- 8 **I prefer not to answer**
- 9 **I don't know**

HWBQ01

In general, would you say your **health** is excellent, very good, good, fair or poor?

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**
- 8 **I prefer not to answer**
- 9 **I don't know**

HWBQ02

In general, would you say your overall **mental health** is excellent, very good, good, fair or poor?

- 1 **Excellent**
- 2 **Very good**
- 3 **Good**
- 4 **Fair**
- 5 **Poor**
- 8 **I prefer not to answer**
- 9 **I don't know**

ALC01

Have you heard of Canada's Low Risk Drinking Guidelines?

- 1 **Yes**

- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

ALC2

The following questions are about your alcohol consumption. When we use the word **drink**, it means
one 341 ml or 12 oz. serving of beer whether from a bottle, can, or draft
one 142 ml or 5 oz. glass of wine or bottle of cooler
one straight or mixed drink with 1.5 oz. (43ml) of liquor or spirit

Drinking does not include having a few sips of wine for religious purposes. Include: light beer, but DO NOT include de-alcoholised beer or coolers (0.5% alcohol) or cocktails such as Virgin Mary or Shirley Temple.



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Press the right arrow to continue

ALC02

How many standard drinks in a day, do you think is considered a low risk amount?
Please respond for both males and females

Minimum: 0, Maximum: 60

For a woman: _____ drinks
For a man: _____ drinks
 .8 I prefer not to answer
 .9 I don't know

ALC03

Not counting small sips, have you ever had an alcoholic beverage in your life? (e.g., beer, wine, spirits or coolers)

Drinking does not include having a few sips of wine for religious purposes.

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

ALC04 *Show if Lifetime drinker*

Not counting small sips, how old were you when you started drinking alcoholic beverages?

Minimum: 5, Maximum: 25

_____ years

- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

ALC05 *Show if Lifetime drinker*

Have you had an alcoholic beverage during the past 12 months?

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

ALC06 *Show if Past 12 months drinker*

During the past 12 months, how often did you generally consume the following alcoholic beverages?

1. **Beer**
2. **Wine**
3. **Cooler or premixed cocktails (with alcohol content of less than 7%)**
4. **Cooler or premixed cocktails (with alcohol content of 7% or greater)**
5. **Cider**
6. **Spirits or liquor**

- ₁ **Daily or almost daily**

- ₂ **4 to 5 times a week**
- ₃ **2 to 3 times a week**
- ₄ **Once a week**
- ₅ **2 to 3 times a month**
- ₆ **Once a month**
- ₇ **Less than once a month**
- ₈ **Never**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

ALC12 *Show if Past 12 months drinker*

When you paid for an alcoholic beverage for yourself, what is the lowest amount you have paid for a drink in the past 12 months?

Do not include drinks received for free.

Minimum: 1, Maximum: 100

\$ _____

- _{.8} **I prefer not to answer**
- _{.9} **I don't know**
- _{.5} **I have not paid for a drink in the past 12 months**

ALC13 *Show if Past 12 months drinker*

During the past 12 months, have you taken advantage of the following promotions when you drank alcohol in a public drinking venue (e.g. pub, bar, club)?

- 1. Happy hour (period of the day when drinks are sold at reduced prices in a bar or restaurant) ***
- 2. Low-priced promotion (ladies' night, 2 drinks for the price of 1, etc.) ***
- 3. Special promotions by breweries/liquor/wine companies ***
- 4. Cover charge for unlimited drinks ***

*Levels marked with * are randomized*

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**

.9 **I don't know**

ALC17 *Show if Past 12 months drinker*

During the past 30 days, on those days when you drank, how many drinks did you usually have?

Enter number of drinks

Minimum: 1, Maximum: 99

_____ drinks

.8 **None (I have not had a drink in the past 30 days)**

.9 **I prefer not to answer**

ALC11 *Show if Past 30 days drinker*

In the past 30 days, what is the location where you consumed alcohol **most often**?

1 **Off campus**

2 **On campus**

.8 **I prefer not to answer**

.9 **I don't know**

ALC18F *Show if Past 30 days drinker AND is female*

During the past 30 days, how often have you had 4 or more drinks on one occasion?

1 **Daily or almost daily**

2 **2 to 5 times a week**

3 **Once a week**

4 **2 to 3 times**

5 **Once**

6 **Never**

.8 **I prefer not to answer**

.9 **I don't know**

ALC18M *Show if Past 30 days drinker AND is male*

During the past 30 days, how often have you had 5 or more drinks on one occasion?

- 1 **Daily or almost daily**
- 2 **2 to 5 times a week**
- 3 **Once a week**
- 4 **2 to 3 times**
- 5 **Once**
- 6 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

ALC19 *Show if Past 30 days drinker*

During the past 30 days, what is the highest number of alcoholic drinks you can recall having on a single occasion? (For example, at a special event or party)

Minimum: 1, Maximum: 99

_____ drinks

- .8 **I prefer not to answer**
- .9 **I don't know**

ALC20 *Show if Past 30 day drinker AND ALC19 Gave Response*

How long did it take you to consume the <<ALC19.value>> drinks you indicated in the previous question?

Minimum: 0, Maximum: 59

Hours:

Minutes:

- .8 **I prefer not to answer**
- .9 **I don't know**

ALC21 *Show if Lifetime drinker*

Have you ever been drunk?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

ALC22 *Show if Got drunk lifetime*

How old were you when you first got drunk?

Minimum: 1, Maximum: 99

_____ years

- .8 **I prefer not to answer**
- .9 **I don't know**

ALC23 *Show if Past 30 days drinker AND Got Drunk lifetime*

During the past 30 days, how often would you say you drank enough to be drunk?

- 1 **Daily or almost daily**
- 2 **2 to 5 times a week**
- 3 **Once a week**
- 4 **2 to 3 times**
- 5 **Once**
- 6 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

ALC24 *Show if Got drunk past 30 days*

On this/those occasion(s) when you drank enough to get drunk, did you **mostly** drink ...?

- 1 **Beer**
- 2 **Wine**
- 3 **Coolers and/or pre-mixed cocktails (With alcohol content less than 7%)**
- 4 **Coolers and/or pre-mixed cocktails (With alcohol content 7% and greater)**
- 5 **Cider**
- 6 **Spirits or liquor**
- .8 **I prefer not to answer**
- .9 **I don't know**

Section Alcohol_7_days

_____ drinks

.8 **I prefer not to answer**

.9 **I don't know**

ADW03

How many drinks did you have <<**ThreeDaysAgo**>>, including up to 4 AM (in the morning of <<TwoDaysAgo>>)?

For each day, you should be counting up to 4AM in the morning of the following day, e.g. Monday up to 4AM on Tuesday.

Minimum: 0, Maximum: 99

_____ drinks

.8 **I prefer not to answer**

.9 **I don't know**

ADW04

How many drinks did you have <<**FourDaysAgo**>>, including up to 4 AM (in the morning of <<ThreeDaysAgo>>)?

For each day, you should be counting up to 4AM in the morning of the following day, e.g. Monday up to 4AM on Tuesday.

Minimum: 0, Maximum: 99

_____ drinks

.8 **I prefer not to answer**

.9 **I don't know**

ADW05

How many drinks did you have <<**FiveDaysAgo**>>, including up to 4 AM (in the morning of <<FourDaysAgo>>)?

For each day, you should be counting up to 4AM in the morning of the following day, e.g. Monday up to 4AM on Tuesday.

Minimum: 0, Maximum: 99

_____ drinks

- .8 **I prefer not to answer**
- .9 **I don't know**

ADW06

How many drinks did you have <<**SixDaysAgo**>>, including up to 4 AM (in the morning of <<**FiveDaysAgo**>>)?

For each day, you should be counting up to 4AM in the morning of the following day, e.g. Monday up to 4AM on Tuesday.

Minimum: 0, Maximum: 99

_____ drinks

- .8 **I prefer not to answer**
- .9 **I don't know**

ADW07

How many drinks did you have last <<**SevenDaysAgo**>>, including up to 4 AM (in the morning of <<**SixDaysAgo**>>)?

For each day, you should be counting up to 4AM in the morning of the following day, e.g. Monday up to 4AM on Tuesday.

Minimum: 0, Maximum: 60

- .8 **I prefer not to answer**
- .9 **I don't know**

Section

AED01, AEX28, AEX29, AHS, AHO, APB

AED01

In the last 12 months, did you drink any of the following?

1. **An energy drink like Red Bull[®], Monster[®] and Rockstar[®], not sports drinks**
2. **Alcohol and an energy drink drank separately on one occasion (*Show if Past 12 months drinker*)**
3. **Alcohol and an energy drink hand-mixed together by you or someone else (*Show if Past 12 months drinker*)**
4. **Store-bought pre-mixed alcoholic beverages with energy drink names (such as Rockstar[®]+Vodka) (*Show if Past 12 months drinker*)**
5. **Sweetened beverages with high alcohol content (7% or higher) such as Four Loko, FCKD UP, Clubtails. (*Show if Past 12 months drinker*)**

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

AEX28 *Show if Past 30 days drinker*

In the last 30 days, how much did you spend on alcohol purchased from **stores**?

This includes purchases made in liquor stores, beer stores, wine stores and grocery stores. Do not include non-alcoholic beer and wine.

Minimum: 0, Maximum: 9999

\$ _____

- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

AEX29 *Show if Past 30 days drinker*

In the last 30 days how much did you spend on alcohol purchased and consumed in **bars, cocktail lounges and restaurants**?

Include all taxes and tips. Do not include non-alcoholic beer and wine.

Minimum: 0, Maximum: 9999

\$ _____

.8 I prefer not to answer

.9 I don't know

AHS *Show if Past 12 months drinker*

The following is a list of things that can sometimes happen to people either during or after they have been drinking alcohol. ***?***

Please indicate whether the statement describes something that has happened to you in the past 30 days **because of your own drinking.**

1. **While drinking, I have said or done embarrassing things ***
2. **I have had a hangover (headache, sick stomach) the morning after I had been drinking ***
3. **I have felt very sick to my stomach or thrown up after drinking ***
4. **I have ended up drinking on nights when I had planned not to drink ***
5. **I have taken foolish risks when I have been drinking ***
6. **I have passed out from drinking ***
7. **I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer drunk on the amount that used to get me drunk ***
8. **When drinking, I have done impulsive things that I regretted later ***
9. **I've not been able to remember large stretches of time while drinking heavily ***
10. **I have driven a car when I knew I had too much to drink to drive safely ***
11. **I have missed work or classes at school because of drinking, a hangover, or illness caused by drinking ***
12. **My drinking has gotten me into sexual situations I later regretted ***
13. **I have found it difficult to limit how much I drink ***
14. **I have become very rude, obnoxious or insulting as a result of my drinking ***
15. **I have woken up in an unexpected place after heavy drinking ***
16. **I have felt badly about myself because of my drinking ***
17. **I have had less energy or felt tired because of my drinking ***
18. **The quality of my work or schoolwork has suffered because of my drinking ***
19. **I have spent too much time drinking ***
20. **I have neglected my obligations to family, work, or school because of drinking ***
21. **My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives ***
22. **I have put on weight because of drinking ***
23. **My physical appearance has been harmed by my drinking ***
24. **I have felt like I needed a drink after I'd gotten up (that is, before breakfast) ***

*Levels marked with * are randomized*

- 3 Yes, within the past 30 days
- 2 Yes, but more than 30 days ago
- 1 No, never happened to me
- .8 I prefer not to answer
- .9 I don't know

AHO

Now here is a list of things that sometimes happen **because of other people's drinking**. **?

Please indicate whether the statement describes something that has happened to you in the past 30 days because of another student's drinking.

1. Interrupted your studies *
2. Affected your sleep *
3. Made you feel unsafe *
4. Messed up your living space or ruined your belongings *
5. Harassed or bothered you, called you names or insulted you *
6. Pushed, hit or assaulted you *
7. Sexually harassed or sexually assaulted you *
8. Caused an argument with you *
9. Had to be taken care of by you *
10. Drove a car in which you were a passenger after they drank 2 or more drinks of alcohol in the previous hour *

*Levels marked with * are randomized*

- 3 Yes, within the past 30 days
- 2 Yes, but more than 30 days ago
- 1 No, never happened to me
- .8 I prefer not to answer
- .9 I don't know

APB *Show if Past 30 days drinker*

The following are strategies that can be used to slow down alcohol consumption, avoid intoxication and prevent dangerous alcohol-related consequences. Please indicate how often you have used the following strategies during the past 30 days.

1. **Alternated non-alcoholic beverages and alcohol beverages ***
2. **Determined, in advance, not to exceed a set number of drinks ***
3. **Ate before and/or during drinking ***
4. **Kept track of how many drinks you were having ***
5. **Paced your drinks to 1 or fewer per hour ***
6. **Avoided drinking games ***
7. **Stopped drinking at least 1-2 hours before going home ***
8. **Limited money spent on alcohol ***
9. **Avoided hard liquor or spirits ***
10. **Refused a drink from a stranger ***
11. **Drank an alcohol look-alike ***
12. **Used a designated driver ***
13. **Avoided getting in a car with someone who had been drinking ***
15. **Knew where your drink had been at all times ***

*Levels marked with * are randomized*

- ₅ **Always**
- ₄ **Usually**
- ₃ **Sometimes**
- ₂ **Rarely**
- ₁ **Never**
- ₆ **Does not apply**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

Section

CAN, CAN01, CAN02, CAN03, CAN11, CAN13, CAN14, CAN15, CAN16, CAX01, CAX02, CAA, CAA01, CAA02, CAA03, CAA04, CAA05, CAL01, CAL02

Page

CAN

The next questions are about **cannabis**. The term cannabis refers to the use of marijuana, hashish, hash oil or any other product of the cannabis plant, but **not** synthetic cannabinoids (e.g. Spice).

Press the right arrow to continue

CAN01

During your lifetime, have you **ever** used or tried cannabis?

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

CAN02 *Show if Lifetime cannabis smoker*

During the past 12 months have you used or tried cannabis?

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

CAN03 *Show if Past 12 months cannabis smoker*

During the past 12 months, how often have you used any of the following cannabis products?

1. **Dried flower/leaf ***
2. **Hashish/kief ***
3. **Liquid concentrate (e.g., hash oil, butane honey oil, etc.) ***
4. **Cannabis oil cartridges or disposable vape pens ***
5. **Solid concentrate (e.g., shatter, butter, wax, etc.) ***
6. **Edibles (e.g., prepared food products) ***
7. **Liquid (e.g. cola, tea, etc.) ***
8. **Some other form of cannabis**

*Levels marked with * are randomized*

- ₅ **Daily or almost daily**

- 4 **Weekly**
- 3 **Monthly**
- 2 **Less than once a month**
- 1 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAN11 *Show if Past 12 months cannabis smoker*

In the past 12 months, please indicate if you have used cannabis the following way.

1. **Mixed or combined it with tobacco in a joint (also known as a spliff) or in a bong or in a pipe (also known as “yacht” or “popper” or “topper”) for smoking**
2. **Smoked a joint and then smoked a tobacco product such as a cigarette, cigar, or cigarillo (also known as chasing)**

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAN13 *Show if Past 12 months cannabis smoker*

During the past 12 months, have you consumed **more, less or the same quantity** of cannabis compared to the year before?

- 1 **More**
- 2 **Less**
- 3 **The same**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAN14 *Show if Past 12 months cannabis smoker*

Now thinking about **how often** you have used cannabis or cannabis products over the past 12 months, have you used more often, less often or as often compared to the year before?

- 1 **More often**
- 2 **Less often**

- 3 **As often**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAN15 *Show if Past 12 months cannabis smoker*

During the past 3 **months** how often have you used cannabis?

- 5 **Daily or almost daily**
- 4 **Weekly**
- 3 **Monthly**
- 2 **Once or twice**
- 1 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAN16 *Show if Past 3 months cannabis smoker*

During the past 30 **days**, have you used cannabis?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

Page *Show if Past 12 months cannabis smoker*

CAX01

How much do you **typically** spend on cannabis each month?

Minimum: 0, Maximum: 9999

\$ _____

- .8 **I prefer not to answer**
- .9 **I don't know**

CAX02 *Show if Past 30 days cannabis smoker*

How much did you spend on cannabis in the past **30 days**?

Minimum: 0, Maximum: 9999

\$ _____

- .8 **I prefer not to answer**
- .9 **I don't know**

Page *Show if Past 3 months cannabis smoker*

CAA

The next few questions are about possible problems you might have had regarding the use of cannabis.

Press the right arrow to continue

CAA01 *Show if Past 3 months cannabis smoker*

During the past 3 months, how often have you had a strong desire or urge to use cannabis? ***?***

- 5 **Daily or almost daily**
- 4 **Weekly**
- 3 **Monthly**
- 2 **Once or twice**
- 1 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAA02 *Show if Past 3 months cannabis smoker*

During the past 3 months, how often has your use of cannabis led to health, social, legal or financial problems? ***?***

- 5 **Daily or almost daily**
- 4 **Weekly**
- 3 **Monthly**
- 2 **Once or twice**
- 1 **Never**

- .8 I prefer not to answer
- .9 I don't know

CAA03 Show if Past 3 months cannabis smoker

During the past 3 months, how often have you failed to do what was normally expected of you because of your use of cannabis? **?

- 5 Daily or almost daily
- 4 Weekly
- 3 Monthly
- 2 Once or twice
- 1 Never
- .8 I prefer not to answer
- .9 I don't know

CAA04 Show if Past 3 months cannabis smoker

Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis? **?

- 3 Yes, in the past 3 months
- 2 Yes, but not in the past 3 months
- 1 No, never
- .8 I prefer not to answer
- .9 I don't know

CAA05 Show if Past 3 months cannabis smoker

Have you ever tried and failed to control, cut down or stop using cannabis? **?

- 3 Yes, in the past 3 months
- 2 Yes, but not in the past 3 months
- 1 No, never
- .8 I prefer not to answer
- .9 I don't know

Page

CAL01 *Show if Lifetime non cannabis smoker OR Dk refuse*

The use of cannabis for non-medical purposes is not yet legal. Do you intend to use cannabis for non-medical purposes once it is legalized?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

CAL02 *Show if Lifetime cannabis smoker*

The use of cannabis for non-medical purposes is not yet legal. Do you intend to use a different amount of cannabis for non-medical purposes once it is legal?

- 3 **I will make no change**
- 1 **I will use more**
- 2 **I will use less**
- 4 **Don't know/Not sure**
- .8 **I prefer not to answer**
- .9 **I don't know**

Section

PR, OPI01, OPI03, OPI04, OPI05, OPI2, OPI02, OPI06, OPI07, OPI08, OPI9

Page

PR

The next series of questions are about various medications, starting with pain relievers.

When we use the term **pain relievers**, we mean **products that contain opioids such as codeine, morphine** or related drugs. Most of these products require a prescription, although some codeine products are available from a pharmacist without a prescription, for example, Tylenol® #1 or 292s®.

Pain relievers such as Aspirin®, Advil®, regular Tylenol®, etc., or Celebrex® are NOT included.

Press the right arrow to continue

OPI01

In the past 12 months, have you used any pain relievers?

Pain relievers such as Aspirin[®], Advil[®], regular Tylenol[®], etc., or Celebrex[®] are NOT included.

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

Page *Show if Used Pain Relievers*

OPI03

During the past 12 months, did you take **higher doses** of pain relievers than you were supposed to?

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

OPI04

During the past 12 months, did you take pain relievers **more often** than you were supposed to?

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

OPI05

During the past 12 months, did you use your pain relievers for reasons other than pain relief, for example, to feel better (e.g., improve mood), to cope with stress, for the experience, the feeling they cause or to get numb?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

OPI2

For the next series of questions, please only consider those pain relievers that require a prescription, do not consider codeine products available from a pharmacist without a prescription such as Tylenol® #1 or 292s®.

Press the right arrow to continue

OPI02

During the past 12 months, were the pain relievers you used prescribed for you?
For this question, do not consider codeine products you obtained from a pharmacist without a prescription such as Tylenol® #1 or 292s®.

- 2 **Yes, they all were prescribed**
- 3 **Some were prescribed and others were not**
- 1 **No, none were prescribed**
- .8 **I prefer not to answer**
- .9 **I don't know**

OPI06 *Show if OPI02 Some or all prescribed*

During the past 12 months, did you **sell** pain reliever medication that was prescribed for you?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

OPI07 *Show if OPI02 Some or all prescribed*

During the past 12 months, did you **give away** pain reliever medication that was prescribed for you?

- 1 **Yes**

- ₂ **No**
- ₋₈ **I prefer not to answer**
- ₋₉ **I don't know**

OPI08 *Show if OPI02 None OR Some were prescribed*

Where do/did you **usually** obtain pain relievers for non-medical purposes?

Select all that apply.

- ₁ **From a friend or relative**
- ₂ **From a drug dealer or stranger**
- ₃ **From the internet**
- ₇ **Stole/steal them**
- ₈ **Other country**
- ₉ **Other (specify): _____**

OPI9 *Show if OPI02 Some or all prescribed*

Did you ever do any of the following to obtain a prescription of pain reliever medication?

Select all that apply.

- ₁ **I persuaded a doctor to obtain a prescription by exaggerating or lying about my health conditions**
- ₂ **I forged a prescription**
- ₃ **I went to more than one doctor for repeated prescriptions (double doctoring)**
- ₄ **I did none of the above (*Exclusive*)**
- ₋₈ **I prefer not to answer**
- ₋₉ **I don't know**

Section

STI, STI01, STI03, STI04, STI05, STI02, STI06, STI07, STI08, STI09

Page

STI

The next few questions are about your use of various stimulants.

When we use the term **stimulants**, we mean products that require a prescription from a doctor such as Ritalin®, Concerta®, Adderall®, Dexedrine®, or others.

Stimulants are prescribed by doctors to help people who have attention or concentration problems (such as ADHD).

Press the right arrow to continue

STI01

During the past 12 months, have you used any stimulant?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

Page *Show if Used Stimulant*

STI03

During the past 12 months, did you take **higher doses** of stimulants than you were supposed to?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

STI04

During the past 12 months, did you take stimulants **more often** than you were supposed to?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

STI05

During the past 12 months, did you use stimulants for reasons other than why they were prescribed, for example, to cram for exams, to stay up all night, to decrease your appetite or for any other reason (e.g. for the experience, to get high etc.)?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

ST102

During the past 12 months, were **all** the stimulants you used prescribed for you?

- 2 **Yes, they all were prescribed**
- 3 **Some were prescribed and others were not**
- 1 **No, none were prescribed**
- .8 **I prefer not to answer**
- .9 **I don't know**

ST106 *Show if ST102 Some or all prescribed*

During the past 12 months, did you **sell** stimulant medication that was prescribed for you?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

ST107 *Show if ST102 Some or all prescribed*

During the past 12 months, did you **give away** stimulant medication that was prescribed for you?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

ST108 *Show if ST102 None OR Some were prescribed*

Where do/did you **usually** obtain stimulants for non-medical purposes?

Select all that apply.

- 1 From a friend or relative
- 2 From a drug dealer or stranger
- 3 From the internet
- 7 Stole/steal them
- 8 Other country
- 9 Other (specify): _____

ST109 Show if ST102 Some or all prescribed

Did you ever do any of the following to obtain a prescription for stimulants?

Select all that apply.

- 1 I persuaded a doctor to obtain a prescription by exaggerating or lying about my health conditions
- 2 I forged a prescription
- 3 I went to more than one doctor for repeated prescriptions (double doctoring)
- 4 I did none of the above (*Exclusive*)
- 8 I prefer not to answer
- 9 I don't know

Section

SED, SED01, SED03, SED04, SED05, SED02, SED06, SED07, SED08, SED09

Page

SED

The next few questions are about your use of various sedatives or anti-anxiety medications.

When we use the term **sedatives** we mean products that require a prescription from a doctor such as diazepam, Valium®/diazepam, Ativan®/lorazepam, Xanax®/alprazolam, Rivotril®/clonazepam, etc.

Sedatives are sometimes prescribed to help people sleep or calm down.

Press the right arrow to continue

SED01

During the past 12 months, have you used any sedative?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

Page *Show if Used Sedative*

SED03

During the past 12 months, did you take **higher doses** of sedatives than you were supposed to?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED04

During the past 12 months, did you take sedatives **more often** than you were supposed to?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED05

During the past 12 months, did you use sedatives for reasons other than why they were prescribed, for example, for the experience, the feeling they caused or to get high?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED02

During the past 12 months, were all the sedatives you have used prescribed for you?

- 2 **Yes, they all were prescribed**
- 3 **Some were prescribed and others were not**
- 1 **No, none were prescribed**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED06 *Show if SED02 Some or all prescribed*

During the past 12 months, did you **sell** sedative medication that was prescribed for you?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED07 *Show if SED02 Some or all prescribed*

During the past 12 months, did you **give away** sedative medication that was prescribed for you?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

SED08 *Show if SED02 None OR Some were prescribed*

Where do/did you **usually** obtain sedatives for non-medical purposes?

Select all that apply.

- 1 **From a friend or relative**
- 2 **From a drug dealer or stranger**
- 3 **From the internet**
- 7 **Stole/steal them**
- 8 **Other country**
- 9 **Other (specify): _____**

SED09 Show if SED02 Some or all prescribed

Did you ever do any of the following to obtain a prescription of sedatives?

Select all that apply.

- ₁ I persuaded a doctor to obtain a prescription by exaggerating or lying about my health conditions
- ₂ I forged a prescription
- ₃ I went to more than one doctor for repeated prescriptions (double doctoring)
- ₄ I did none of the above (*Exclusive*)
- _{-.8} I prefer not to answer
- _{-.9} I don't know

Section

OTH01, OTH02

Page

OTH01

The next question is about over-the-counter medicine such as:

anti-motion sickness or nausea medicine, e.g. Gravol[®]

sleeping medicine, e.g. Nytol[®]

cold or cough medicine, e.g. Robitussin DM[®], Benylin[®] DM, also known as robos", dex" and "DXM".

During the past 12 months, have you used or tried any over-the counter medication **not for health or medical reasons**, but for the experience, the feeling they caused, to get "high" or numb?

- ₁ Yes
- ₂ No
- _{-.8} I prefer not to answer
- _{-.9} I don't know

OTH02

In the past 12 months, have you used or tried any other medication for reasons other than what why they were prescribed for the experience or to get “high” or numb? Please enter them in the box below:

- .8 **None / No other**
- .9 **I prefer not to answer**
- .5 **I don't know**

Section

DRU, DRU01, DRU13, DRU14, DRU15, DRU16, DRU17, DHA, DHA01, DHA06, DHA07, DHA08, KAB01, KAB03, KAB04, KAB05

Page

DRU

The next series of questions ask about your use of other drugs.

Again, we would like to remind you that everything you say will remain strictly confidential.

Press the right arrow to continue

DRU01

Have you ever used or tried ...

1. **Cocaine (powder, freebase, powder or snow) - Do not include crack**
2. **Crack (rock)**
3. **Amphetamines (speed)**
4. **Methamphetamine (crystal meth, ice)**
5. **Ecstasy or other similar designer/club drugs such as MDMA, E, Xtc, Adam or X**
6. **Hallucinogens such as LSD (acid), magic mushrooms (shrooms), mescaline/peyote, 2C, ketamine, PCP (angel dust) or NBOMe**
7. **Heroin (smack)**

8. Sniffed glue, gasoline or other solvents
9. Other volatile and inhaled substances such as Amyl Nitrite (Poppers), Nitrous Oxide (Laughing Gas)
10. Salvia
11. Synthetic cannabinoids (Spice)
12. Mephedrone (bath salts)
13. BZP/TFMPP (Legal E, Legal X, piperazine, A2, frenzy, nemesis)

- ₃ Yes, within the past 12 months
- ₂ Yes, but not in the past 12 months
- ₁ No, never
- _{.8} I prefer not to answer
- _{.9} I don't know

DRU13

Have you ever used **by injection** any substance or illegal drug for the experience or to get high, apart from drugs that were prescribed for you?

This includes being injected by someone else.

- ₃ Yes, within the past 12 months
- ₂ Yes, but not in the past 12 months
- ₁ No, never
- _{.8} I prefer not to answer
- _{.9} I don't know

DRU14

Have you ever used or tried ...

Any other substance or illegal drug for the experience or to get high **without knowing what it was?**

- ₃ Yes, within the past 12 months
- ₂ Yes, but not in the past 12 months
- ₁ No, never
- _{.8} I prefer not to answer
- _{.9} I don't know

DRU15

New Psychoactive Substances (NPS) are drugs formulated to contain chemicals that mimic the effects of illegal drugs. They are often used as alternatives to classic street drugs. NPS include legal highs, herbal highs, synthetic cannabinoids, research chemicals and laboratory agents.

According to this definition, have you ever used a NPS to get high?

- 3 **Yes, within the past 12 months**
- 2 **Yes, but not in the past 12 months**
- 1 **No, never**
- .8 **I prefer not to answer**
- .9 **I don't know**

DRU16

In the past 12 months, have you used or tried any other substance or illegal drug for the experience or to get high **apart from those mentioned so far?**

- 1 **Yes (specify): _____**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

DRU17

If there are there any other drugs or any trends in drug use that we have not talked about which you think we should pay attention to, please describe these here.

- .8 **None / No other**
- .9 **I prefer not to answer**
- .5 **I don't know**

Page *Show if Drug user past 12 months*

DHA

The next set of questions asks about experiences you may have had as a result of your drug use, **do NOT include cannabis or alcohol.**

Press the right arrow to continue

DHA01

During the past 12 months, was there ever a time that you felt your drug use had a harmful effect ... ***?***
Please do not include alcohol or cannabis.

1. **on your friendships or social life? ***
2. **on your physical health? ***
3. **on your home life, family or relationship? ***
4. **on your work, studies, or employment opportunities? ***
5. **on your financial position? ***

*Levels marked with * are randomized*

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

DHA06

During the past 12 months, was there ever a time when you had legal problems because of your drug use? ***?***

- ₁ **Yes**
- ₂ **No**
- _{.8} **I prefer not to answer**
- _{.9} **I don't know**

DHA07

During the past 12 months, was there ever a time when you had housing problems because of your drug

use? **?

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

DHA08

During the past 12 months, was there ever a time when you had difficulty learning things because of your drug use? **?

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

Page

KAB01

In the last 12 months have you visited a drug user forum or website to obtain information on drugs?

- 1 Yes, please specify _____
- 2 No
- .8 I prefer not to answer
- .9 I don't know

KAB03

Have you heard about naloxone (e.g. Narcan®)?

- 1 Yes
- 2 No
- .8 I prefer not to answer
- .9 I don't know

KAB04 Show if Heard of NALOXONE

Have you obtained a naloxone kit in the past 12 months?

- 1 **Yes**
- 2 **No**
- 8 **I prefer not to answer**
- 9 **I don't know**

KAB05 *Show if Obtained NALOXONE kit*

What is the **main** reason why you obtained a naloxone kit?

- 1 **In case I need it for myself**
- 2 **In case someone in my family needs it**
- 3 **In case a friend needs it**
- 4 **In case someone on the street or at a venue needs it (stranger)**
- 5 **Other (specify):** _____
- 8 **I prefer not to answer**
- 9 **I don't know**

Section

TOB, TOB02, TOB03, VAP01, VAP02, VAP03, VAP04, STU, STU01, STU02, STU03, DEMQ02, DEMQ3, DEMQ4, EVAL, EVAL01, EVAL05, EVAL06, EVAL02, EVAL02email, EVAL03, EVAL04, EVAL07, end

Page

TOB

The following set of questions is about smoking tobacco. This includes cigarettes that are bought ready-made as well as cigarettes that you make yourself.

Press the right arrow to continue

TOB02

At the present time, do you smoke daily, occasionally, or not at all?

- 1 **Daily**
- 2 **Occasionally**

- 3 **Not at all**
- .8 **I prefer not to answer**
- .9 **I don't know**

TOB03 *Show if TOB02 Smoke occasionally*

During the past 30 days, how often did you smoke cigarettes?

- 1 **Daily or almost daily**
- 2 **Less than daily, but at least once a week**
- 3 **Less than weekly, but at least once in the past 30 days**
- 4 **Not in the past 30 days, but from time to time**
- 5 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

Page

VAP01

Have you ever tried an e-cigarette or a vaping device?

- 1 **Yes**
- 2 **No**
- .8 **I prefer not to answer**
- .9 **I don't know**

VAP02 *Show if VAP01 Tried eCigarette*

During the past 30 days, how often did you use an e-cigarette or a vaping device?

- 1 **Daily or almost daily**
- 2 **Less than daily, but at least once a week**
- 3 **Less than weekly, but at least once in the past 30 days**
- 4 **Not in the past 30 days, but from time to time**
- 5 **Never**
- .8 **I prefer not to answer**
- .9 **I don't know**

VAP03 *Show if VAP01 Tried eCigarette*

The last time you used an e-cigarette or vaping device, did it contain nicotine?

- ₁ **Yes**
- ₂ **No**
- ₃ **Uncertain**
- ₋₈ **I prefer not to answer**
- ₋₉ **I don't know**

VAP04 *Show if VAP01 Tried eCigarette*

What is (was) your **primary reason** for using an e-cigarette or vaping device?

- ₁ **To quit smoking**
 - ₂ **To cut down on smoking**
 - ₃ **To use when I cannot or am not allowed to smoke**
 - ₄ **To avoid returning to smoking**
 - ₅ **Because I enjoy(ed) it**
 - ₆ **Curiosity, just wanted to try them**
 - ₇ **Some other reason, please specify**
-
- ₋₈ **I prefer not to answer**
 - ₋₉ **I don't know**

Page

STU

We would now like to ask you a few questions to better understand your student life.

Press the right arrow to continue

STU01

Which field of study **best** represents the area in which you are currently enrolled?

- ₁ **Arts/Humanities**
- ₂ **Science/Technology**
- ₃ **Engineering**

- 4 Social Science
- 5 Business/Commerce
- 6 Medicine
- 7 Other Health Science
- 8 Law
- 9 Education
- 10 Other, please specify _____
- 8 I prefer not to answer
- 9 I don't know

STU02

Where do you currently live?

- 1 Campus residence
- 2 Fraternity or sorority house
- 3 Other college/university housing
- 4 Parent/guardian's home
- 5 Other off-campus housing
- 6 Other, please specify _____
- 8 I prefer not to answer
- 9 I don't know

STU03

Which campus do you currently attend?

- 1 Main campus
- 2 Satellite campus, please specify _____
- 3 More than one campus
- 4 Other, please specify _____
- 8 I prefer not to answer
- 9 I don't know

Page

DEMQ02

What term best describes your sexual orientation?

- 1 **Straight/Heterosexual**
- 2 **Asexual**
- 3 **Bisexual**
- 4 **Gay**
- 5 **Lesbian**
- 6 **Pansexual**
- 7 **Queer**
- 8 **Questioning**
- 9 **Same Gender Loving**
- 10 **Another identity (please specify)**

.8 **I prefer not to answer**

.9 **I don't know**

Page

EVAL

This is the final section.

This is the first time we are conducting this survey, we are now going to ask you a few questions about your experience completing this survey and provide you with an opportunity to give us some feedback.

Press the right arrow to continue

EVAL01

How would you rate your overall comprehension of the questions in this survey?

- 1 **Excellent**
- 2 **Good**
- 3 **Fair**
- 4 **Poor**
- 5 **Very poor**
- .8 **I prefer not to answer**
- .9 **I don't know**

EVAL05

Please rate your level of agreement for the following question.

Overall, the response options in this survey allowed me to accurately record my personal experiences with alcohol and/or drug use.

- 1 **Strongly agree**
- 2 **Agree**
- 3 **Neutral**
- 4 **Disagree**
- 5 **Strongly disagree**
- .8 **I prefer not to answer**
- .9 **I don't know**

EVAL06

From what you can recall, are there any specific questions that need to be added or changed to better reflect your personal experiences with using alcohol and/or drugs?

- .8 **No changes needed**
- .9 **I prefer not to answer**
- .5 **I don't know**

EVAL07

In closing, is there anything else you would like to add about your experience participating in this survey?

- .8 **I prefer not to answer**

.9 **I don't know**

.5 **No other comments**

Page

end

Thank you for your participation in this study! **?

You will be contacted in the next few weeks with information on how to claim your compensation.