COLLEGE
PRESCRIPTION
DRUG
STUDY

Survey Instrument
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Introduction
The College Prescription Drug Study (CPDS) is a multi-institutional survey of undergraduate, graduate and professional students that examines the non-medical use of prescription drugs, including the reasons for and consequences of use, access to prescription drugs and perceptions of use among students. The purpose of the CPDS is to gain a more thorough understanding of the non-medical use of prescription drugs among college students. The CPDS was developed and administered The Ohio State University’s Center for the Study of Student Life (CSSL) in collaboration with the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD).

The survey utilized for the CPDS is presented in full in this document. Blue highlighting indicates routing to specific questions based on respondent answers to prior questions. Gray highlighting indicates respondents were routed to next section of the survey depending on their answer to the preceding question.

Please note that the CPDS was administered with approval from the Institutional Review Board at The Ohio State University. Students’ consented to participating in research at the beginning of the study. All survey responses were anonymous. Student respondents could exit the survey at any time or refuse to answer any question on the survey. Given the sensitive nature of the topic, it is highly recommended that institutions surveying students on this topic gain approval from their local Institutional Review Board.

For more information on the survey instrument or advice on administering a survey on the non-medical use of prescription drugs, please contact RXstudy@osu.edu.

For more information or assistance with reducing prescription drug misuse on your campus, please contact the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery at hecaod@osu.edu or visit hecaod.osu.edu.

If using part of all of this survey on your campus, please cite the Ohio State University’s College Prescription Drug Study.
Section 1: Pain Medication

Have you ever used a pain medication (e.g. OxyContin, Vicodin, Percodan) for non-medical reasons (e.g. it was not prescribed to you, only used it for the experience or feeling it caused, or used it in a way that was not prescribed)?

- Yes
- No
- I’d rather not say

If Yes is not selected, then skip to Section 2

How often do you generally use pain medications for non-medical reasons?

- At least once a year
- At least once an academic term
- At least once a month
- At least once a week
- At least once a day
- I’d rather not say

When did you first start using pain medications for non-medical reasons?

- Elementary school (grades K-5)
- Middle school (grades 6-8)
- High School (grades 9-12)
- College
- Graduate or Professional School
- I’d rather not say

How many times would you estimate that you have used pain medications for non-medical reasons?

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1-2 times</th>
<th>3-5 times</th>
<th>6-9 times</th>
<th>10-19 times</th>
<th>20-39 times</th>
<th>40-59 times</th>
<th>60-99 times</th>
<th>More than 100 times</th>
<th>I’d rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 30 days</td>
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<td>In your lifetime</td>
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</tbody>
</table>
Where do you typically obtain pain medications that you use for non-medical reasons? Check all that apply.

- From a friend
- From a peer who is not a friend
- From a relative
- From a pharmacy
- From a drug dealer
- By traveling abroad
- Through the Internet
- Other (please specify) ____________________
- I'd rather not say

**Answer** If Where do you typically obtain pain medications that were not prescribed to you? (check all that apply?) From a friend, From a peer who is not a friend, or From a relative is selected

How did you obtain pain medications from your friend, peer, or relative?

- They gave me the pain medication(s)
- I took the pain medication(s) without my friend, peer or relative knowing
- I paid my friend, peer or relative for the pain medication(s)
- Other ____________________
- I'd rather not say

Why have you used pain medications for non-medical reasons? Check all that apply.

- To relieve pain
- To get to sleep
- To relieve anxiety
- To get high
- To help study or improve grades
- To counter the effects of other drugs
- To enhance social interactions or situations
- Because I felt dependent on it
- To see what it was like
- To feel better
- To escape from reality
- Because of a personal or emotional problem
- Because I felt they were safer than street drugs
- Because I felt they were less addictive than street drugs
- I’d rather not say
- Other (please specify) ____________________
Do you use pain medications while drinking alcohol?
- No, never
- Rarely
- Sometimes
- Often
- Very often
- I'd rather not say

Please indicate whether you have ever experienced the following effects from your non-medical use of prescription pain medications (e.g. OxyContin, Vicodin, Percodan). Because of your use of these medications, have you ever:

<table>
<thead>
<tr>
<th>Effect Description</th>
<th>Yes</th>
<th>No</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not been able to stop using these types of medications when you wanted to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had family members or friends express their concern about your use?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stayed away from your family or friends because of your use of these medications?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engaged in criminal activity in order to obtain these types of medications?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experienced memory loss as a result of your use of these types of medications?</td>
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<tr>
<td>Experienced a negative impact on your academics?</td>
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<td>Experienced a positive impact on your academics?</td>
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<tr>
<td>Experienced problems at work?</td>
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<tr>
<td>Done things that you wish you hadn’t?</td>
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<tr>
<td>Harmed another person?</td>
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<td></td>
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<tr>
<td>Been harmed by</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 2: Sedatives

Have you ever used sedatives, sleeping medications or tranquilizers (e.g. Valium, Xanax, Ambien) for non-medical reasons (e.g. it was not prescribed to you, only used it for the experience or feeling it caused, or used it in a way that was not prescribed)?

- Yes
- No
- I’d rather not say

If Yes Is Not Selected, Then Skip To Section 3

How often do you generally use sedatives for non-medical reasons?

- At least once a year
- At least once an academic term
- At least once a month
- At least once a week
- At least once a day
- I’d rather not say
When did you first start using sedatives for non-medical reasons?
- Elementary school (grades K-5)
- Middle school (grades 6-8)
- High School (grades 9-12)
- College
- Graduate or Professional School
- I’d rather not say

How many times would you estimate that you have used sedatives for non-medical reasons?

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1-2 times</th>
<th>3-5 times</th>
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<tbody>
<tr>
<td>In the last 30 days</td>
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<tr>
<td>In the last 12 months</td>
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<td>In your lifetime</td>
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<td></td>
</tr>
</tbody>
</table>

Where do you typically obtain sedatives that you use for non-medical reasons? Check all that apply.
- From a friend
- From a peer who is not a friend
- From a relative
- From a pharmacy
- From a drug dealer
- By traveling abroad
- Through the Internet
- Other (please specify) ____________________
- I’d rather not say

Answer If Where do you typically obtain sedatives that were not prescribed to you? (check all that apply?) From a friend, From a peer who is not a friend, or From a relative is selected

How did you obtain sedatives from your friend, peer, or relative? Check all that apply.
- They gave me the sedative(s)
- I took the sedative(s) without my friend, peer or relative knowing
- I paid my friend, peer or relative for the sedative(s)
- Other (please specify) ____________________
- I’d rather not say
Why have you used sedatives for non-medical reasons? Check all that apply.

- To relieve pain
- To get to sleep
- To relieve anxiety
- To get high
- To help study or improve grades
- To counter the effects of other drugs
- To enhance social interactions or situations
- Because I felt dependent on it
- To see what it was like
- To feel better
- To escape from reality
- Because of a personal or emotional problem
- Because I felt they were safer than street drugs
- Because I felt they were less addictive than street drugs
- I’d rather not say
- Other (please specify) ____________________

Do you use sedatives while drinking alcohol?

- No, never
- Rarely
- Sometimes
- Often
- Very often
- I’d rather not say

Please indicate whether you have ever experienced the following effects from your non-medical use of prescription sedatives, sleeping medications or tranquilizers (e.g. Valium, Xanax, Ambien).Because of your use of these medications, have you ever...

<table>
<thead>
<tr>
<th>Effect Description</th>
<th>Yes</th>
<th>No</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not been able to stop using these types of medications when you wanted to?</td>
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<tr>
<td>Had family members or friends express their concern about your use?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stayed away from your family or friends because of your use?</td>
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<tr>
<td>Engaged in criminal activity in order to obtain these types of medications?</td>
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</tr>
<tr>
<td>Experienced memory loss as a result of your use?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Experienced a negative impact on your academics?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Experienced a positive impact on your academics?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Experienced problems at work?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Done things that you wish you hadn’t?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Harmed another person?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Been harmed by another person?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Experienced withdrawal symptoms (felt sick) when you stopped using?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Experienced medical problems?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Experienced emotional or psychological problems?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Had to undergo medical treatment?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Had to undergo emotional or psychological treatment?</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Experienced legal problems?</td>
<td>○</td>
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<tr>
<td>Been depressed?</td>
<td>○</td>
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<tr>
<td>Had suicidal thoughts?</td>
<td>○</td>
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</tbody>
</table>
Section 3: Stimulants

Have you ever used a stimulant (e.g. Ritalin, Adderall, Dexedrine) for non-medical reasons (e.g. it was not prescribed to you, only used it for the experience or feeling it caused, or used it in a way that was not prescribed)?
- Yes
- No
- I’d rather not say
If Yes Is Not Selected, Then Skip To Section 4

How often do you generally use stimulants for non-medical reasons?
- At least once a year
- At least once an academic term
- At least once a month
- At least once a week
- At least once a day
- I’d rather not say

When did you first starting using stimulants for non-medical reasons?
- Elementary school (grades K-5)
- Middle school (grades 6-8)
- High School (grades 9-12)
- College
- Graduate or Professional School
- I’d rather not say

How many times would you estimate that you have used stimulants for non-medical reasons?

<table>
<thead>
<tr>
<th></th>
<th>0 times</th>
<th>1-2 times</th>
<th>3-5 times</th>
<th>6-9 times</th>
<th>10-19 times</th>
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<th>40-59 times</th>
<th>60-99 times</th>
<th>More than 100 times</th>
<th>I’d rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 30 days</td>
<td>✗</td>
<td></td>
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<tr>
<td>In the last 12 months</td>
<td>✗</td>
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<tr>
<td>In your lifetime</td>
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<td></td>
</tr>
</tbody>
</table>
Where do you typically obtain stimulants that you use for non-medical reasons? Check all that apply.

- From a friend
- From a peer who is not a friend
- From a relative
- From a pharmacy
- From a drug dealer
- By traveling abroad
- Through the Internet
- Other (please specify) ____________________
- I’d rather not say

*Answer* If Where do you typically obtain stimulants that were not prescribed to you? (check all that apply?) From a friend, From a peer who is not a friend, or From a relative is selected

How did you obtain stimulants from your friend, peer, or relative? Check all that apply.

- They gave me the stimulant(s)
- I took the stimulant(s) without my friend, peer or relative knowing
- I paid my friend, peer or relative for the stimulant(s)
- Other (please specify) ____________________
- I’d rather not say

Why have you used stimulants for non-medical reasons? Check all that apply.

- To relieve pain
- To get to sleep
- To relieve anxiety
- To get high
- To help study or improve grades
- To counter the effects of other drugs
- To enhance social interactions or situations
- Because I felt dependent on it
- To see what it was like
- To feel better
- To escape from reality
- Because of a personal or emotional problem
- Because I felt they were safer than street drugs
- Because I felt they were less addictive than street drugs
- I’d rather not say
- Other (please specify) ____________________
Do you use stimulants while drinking alcohol?
- No, never
- Rarely
- Sometimes
- Often
- Very often
- I'd rather not say

Please indicate whether you have ever experienced the following effects from your non-medical use of prescription stimulants (e.g. Ritalin, Adderall, Dexedrine) Because of your use of these medications, have you ever…

<table>
<thead>
<tr>
<th>Effect</th>
<th>Yes</th>
<th>No</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not been able to stop using these types of medications when you wanted to?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Had family members or friends express their concern about your use?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Stayed away from your family or friends because of your use?</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Engaged in criminal activity in order to obtain these types of medications?</td>
<td>O</td>
<td>O</td>
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<td>Experienced memory loss as a result of your use?</td>
<td>O</td>
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<td>Experienced a negative impact on your academics?</td>
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<td>O</td>
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<td>Experienced a positive impact on your academics?</td>
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<td>O</td>
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<td>O</td>
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</tr>
<tr>
<td>Harmed another person?</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Been harmed by another person?</td>
<td>O</td>
<td>O</td>
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<tr>
<td>Experienced</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Question</td>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>withdrawal symptoms (felt sick) when you stopped using?</td>
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<td>Experienced legal problems?</td>
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<tr>
<td>Been depressed?</td>
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<td></td>
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<tr>
<td>Had suicidal thoughts?</td>
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</tr>
</tbody>
</table>

**Section 4: Additional Questions**

Answer If Selected YES to EITHER Have you ever used a pain for non-medical reasons, Have you ever used sedatives, sleeping medications or tranquilizers for non-medical reasons, OR Have you ever used a stimulant for non-medical reasons

Have you ever used any of the following illicit drugs in place of your non-medical use of prescriptions? Check all that apply.

- [ ] Cocaine
- [ ] Heroin
- [ ] Marijuana
- [ ] Meth
- [ ] Hallucinogens (e.g. LSD, psilocybin, mescaline, peyote)
- [ ] Other (please specify) ____________________
- [ ] No, I have not used any of these in place of prescriptions
- [ ] I’d rather not to say
Answer If Selected Cocaine, Heroin, Marijuana, Meth, Hallucinogens, or Other to Have you ever used any of the following illicit drugs in place of your non-medical use of prescriptions

Why did you use the above drug(s) in place of the prescription drugs? Check all that apply.

- Easier to access
- It was cheaper
- It has a stronger effect
- I felt dependent on it
- Other (please specify) ____________________
- I’d rather not to say

In the past year, have you ever had a prescription for the following:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>I don’t know</th>
<th>I’d rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain medications (e.g. OxyContin, Vicodin, Percodan)</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Sedatives, sleeping medications or tranquilizers (e.g. Valium, Xanax, Ambien)</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Stimulants (e.g. Ritalin, Adderall, Dexedrine)</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
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</tr>
</tbody>
</table>

Answer If In the past year, have you ever had a prescription for Pain medications (e.g. OxyContin, Vicodin, Percodan)

Have you ever done the following with your prescribed pain medication? Check all that apply.

- Given to a friend or peer
- Given to a relative
- Sold to a friend or peer
- Sold to a relative
- Kept past expiration date or doctor recommendation in case I wanted it in the future
- None of the above
- I’d rather not say
Answer: If in the past year, have you ever had a prescription for Sedatives, sleeping medications or tranquilizers?
Have you ever done the following with your prescribed sedatives, sleeping medications, or tranquilizers? Check all that apply.
- Given to a friend or peer
- Given to a relative
- Sold to a friend or peer
- Sold to a relative
- Kept past expiration date or doctor recommendation in case I wanted it in the future
- None of the above
- I’d rather not say

Answer: If in the past year, have you ever had a prescription for the Stimulants?
Have you ever done the following with your prescribed stimulants? Check all that apply.
- Given to a friend or peer
- Given to a relative
- Sold to a friend or peer
- Sold to a relative
- Kept past expiration date or doctor recommendation in case I wanted it in the future
- None of the above
- I’d rather not say

How easy is it to obtain the following prescription drugs without a prescription?

<table>
<thead>
<tr>
<th></th>
<th>Very easy</th>
<th>Somewhat easy</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>I don't know</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pain medications</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. OxyContin,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicodin, Percodan)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sedatives, sleeping medications or tranquilizers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. Valium, Xanax, Ambien)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stimulants</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g. Ritalin, Adderall, Dexedrine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How often do you generally use the following over-the-counter, non-prescription drugs for non-medical reasons (e.g. to get high, for the feeling they cause or for a reason not listed on the instructions)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>At least once a year</th>
<th>At least once an academic term</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>At least once a day</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough medicines (e.g. Robitussin, Coricidin)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sleep aids (e.g. Unisom, Sominex)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Over the counter stimulants (e.g. NoDoz, Vivarin)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Are there any other over-the-counter, non-prescription medications that you take for non-medication purposes? Please specify medication and how often:___________________

Please answer the following statements about the use of prescription drugs for non-medical reasons (e.g. drug was not prescribed, used it only for the experience or feeling it caused, or used it in a way that was not prescribed).

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
<th>I don't know</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>My friends use prescription drugs for non-medical reasons.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My peers use prescription drugs for non-medical reasons.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My family</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
members use prescription drugs for non-medical reasons.

Answer If Selected EITHER Rarely, Sometimes, Often or Very Often To My friends use prescription drugs for non-medical reasons OR My peers use prescription drugs for non-medical reasons

Where have your friends or peers used prescription drugs for non-medical reasons? Please check all that apply.

- At parties, bars, or clubs
- While studying
- I don't know where, but they told me they used them
- I'd rather not say

Section 5: Misuse Among Other Students

How often do you believe a typical student at your institution uses the following medications that were not prescribed to them, or over-the-counter drugs for non-medical purposes (e.g. to get high or for the feeling they cause, in a way that was not prescribed or for a reason not listed on the instructions)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>At least once a year</th>
<th>At least once an academic term</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>At least once a day</th>
<th>I'd rather not say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain medications</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>(e.g. OxyContin,</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Vicodin, Percodan)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedatives, sleeping</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>medications or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tranquilizers (e.g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valium, Xanax,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambien)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulants (e.g.</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>Ritalin, Adderall,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the last 12 months, what percentage of students at your institution do you believe used the following medications that were not prescribed to them or over-the-counter, non-prescription drugs for non-medical reasons (e.g. to get high or for the feeling they cause, in a way that was not prescribed or for a reason not listed on the instructions)?

- Pain medications (e.g. OxyContin, Vicodin, Percodan)
- Sedatives, sleeping medications or tranquilizers (e.g. Valium, Xanax, Ambien)
- Stimulants (e.g. Ritalin, Adderall, Dexedrine)
- Cough medicines (e.g. Robitussin, Coricidin)
- Sleep aids (e.g. Unisom, Sominex)
- Over the counter stimulants (e.g. NoDoz, Vivarin)

Why do you believe other students at your institution generally use the following prescription drugs for non-medical reasons? Check all that apply.

<table>
<thead>
<tr>
<th></th>
<th>Pain medications (e.g. OxyContin, Vicodin, Percodan)</th>
<th>Sedatives, sleeping medications or tranquilizers (e.g. Valium, Xanax, Ambien)</th>
<th>Stimulants (e.g. Ritalin, Adderall, Dexedrine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To relieve pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get to sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To relieve anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get high</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To study or improve grades</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To counter the effects of other drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To enhance social</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>interactions or situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Because they are dependent on it</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To see what it was like</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To feel better</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To escape from reality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of a personal or emotional problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because they felt they were safer than street drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because they felt they were less addictive than street drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I'd rather not say</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 6: Demographics**

What is your gender? Please select all that apply.

- [ ] Male
- [ ] Female
- [ ] Transgender Male/Transgender Man
- [ ] Transgender Female/Transgender Woman
- [ ] Genderqueer/Gender Non-conforming
- [ ] Intersex
- [ ] Preferred Identity (in addition to or not listed above) ______________________
- [ ] Prefer not to answer
What is your race/ethnicity? Please select all that apply.
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino(a)
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Other ____________________
- Prefer not to answer

What is your sexual orientation?
- Heterosexual
- Lesbian
- Gay
- Bisexual
- Questioning
- Other ____________________
- Prefer not to answer

What is your class rank?
- First year undergraduate
- Second year undergraduate
- Third year undergraduate
- Fourth year undergraduate
- Fifth year or older undergraduate
- Graduate student (master’s)
- Graduate student (doctoral)
- Professional student
- Other ____________________

Answer If Selected Undergraduate to What is your class rank?

Are you majoring in more than one field of study?
- Yes
- No

Answer If Selected YES to Are you majoring in more than one field of study?

Which of the following best describes your FIRST field of study or major?
- Agriculture or Agricultural science
- Architecture, Design or Urban Planning
- Biological Sciences (for example, biology, biochemistry, biomedicine)
- Business or marketing
- Computer or Information Sciences
- Communications (for example, journalism)
- Construction or construction management
- Education (for example, early childhood education, teaching)
- Engineering or Engineering Technology
- Environmental Studies
- Fine Arts or Performing Arts (for example, music, theater or dance)
- Health or Medicine (for example, medical technology, pre-med, medical school, nursing, public health)
- Humanities (for example, English, philosophy, history, foreign language)
- Law (for example, para-legal, pre-law, law)
- Mathematics or Statistics
- Mechanics or Repair Technician
- Physical Sciences (for example, physics, chemistry)
- Pharmacy
- Recreation or Fitness Studies
- Religious Studies or Theology
- Social Sciences (for example, economics, sociology, psychology, politics)
- Social Work
- Other Vocational Program (for example, Cosmetology, Culinary arts)
- Undecided or General Education
- Other (please specify) ____________________

**Answer If Selected YES to Are you majoring in more than one field of study?**

Which of the following best describes your SECOND field of study or major?
- Agriculture or Agricultural science
- Architecture, Design or Urban Planning
- Biological Sciences (for example, biology, biochemistry, biomedicine)
- Business or marketing
- Computer or Information Sciences
- Communications (for example, journalism)
- Construction or construction management
- Education (for example, early childhood education, teaching)
- Engineering or Engineering Technology
- Environmental Studies
- Fine Arts or Performing Arts (for example, music, theater or dance)
- Health or Medicine (for example, medical technology, pre-med, medical school, nursing, public health)
- Humanities (for example, English, philosophy, history, foreign language)
- Law (for example, para-legal, pre-law, or law)
- Mathematics or Statistics
- Mechanics or Repair Technician
- Physical Sciences (for example, physics, chemistry)
- Pharmacy
- Recreation or Fitness Studies
- Religious Studies or Theology
Which of the following best describes your field of study or major?

- Social Sciences (for example, economics, sociology, psychology, politics)
- Social Work
- Other Vocational Program (for example, Cosmetology, Culinary arts)
- Undecided or General Education
- Other (please specify) ____________________

Answer if selected Graduate or Professional Student to What is your class rank?

What is your cumulative grade point average (GPA)? Please enter as x.xx _______
Where do you currently live?
- On-campus in residence halls or college/university-owned apartment or housing
- On-campus in sorority or fraternity housing (e.g. floor within residence hall, college/university-owned apartment or housing)
- Off-campus in sorority or fraternity house or residence
- Residence within walking distance of campus (e.g. apartment or house not owned by university)
- Residence outside of walking distance of campus (e.g. apartment or house not owned by university)

Who do you currently live with? Check all that apply.
- Alone
- With roommates
- My parent(s) or guardian(s)
- My spouse or partner
- My child(ren)
- With other family members

What year were you born? Please enter as 19xx.

Are you ...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member or a former member of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>the United States military</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>An international student</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A varsity-level athlete</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A member of a fraternity or</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>sorority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A transfer student</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>A member of a student</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>organization on campus</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What is your religious affiliation?
- Buddhist
- Christian - Catholic
- Christian - Protestant
- Christian - Other
- Hindu
- Jewish
- Muslim
- Unaffiliated (e.g., Agnostic, Atheist, none)
- Other ____________________
- Prefer not to answer

Are you currently employed? (Check all that apply)
- No
- Yes, on-campus
- Yes, off campus

Answer If Are you currently employed? Yes, on-campus Is Selected Or Are you currently employed? Yes, off campus Is Selected

On average, how many hours do you typically work each week?
- Fewer than 10 hours per week
- 10-19 hours per week
- 20-29 hours per week
- 30-39 hours per week
- 40 or more hours per week

What is your enrollment status?
- Part-time
- Full-time
- Non-degree seeking

What is the highest level of education completed by your parent(s) or guardian(s)?
- Less than high school
- High school diploma or the equivalent (e.g. GED)
- Attended college but did not earn a degree
- Associate degree
- Bachelor’s degree
- Master’s degree
- Doctoral degree (e.g. PhD, JD, MD)