Dr. Ruth C(lifford) Engs - Presentations, Publications & Research Data Collection.
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The Collection
This document is part of a collection that serves two purposes. First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research. Second, it is a public archive for data on college student drinking patterns on the national and international level collected for over 20 years. Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks.

Citation for this item
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Indiana University Archives
Paper manuscripts and material for Dr. Engs can be found in the IUArchives
http://webapp1.dlib.indiana.edu/findingaids/view?doc.view=entire_text&docId=InU-Ar-VAC0859
Ontario Lifestyle, Alcohol, and Drug Questionnaire

The Addiction Research Foundation is doing a study of university students' behaviours including lifestyles, alcohol, and drug use. The results will be used for program planning on university campuses. Please DO NOT WRITE YOUR NAME on this questionnaire because we wish to retain your anonymity.

For each question select your best choice from the various items and place the corresponding number in the box.

Example: If your favourite color is Red, put a 1 in the Box.


PERSONAL INFORMATION
1. Sex: 1. Male  2. Female

2. Age: (Write in years)

3. Please indicate the ethnic group to which you feel you primarily belong:

0. British Isles (e.g., English, Irish, Scottish, Welsh)
1. French
2. Other North and West European (e.g., Belgian, Danish, Swedish, Finnish, Icelandic, Netherlands, Norwegian)
3. German
4. Italian
5. Other Central and South European (e.g., Austrian, Czech, Greek, Hungarian, Portuguese, Slovak, Spanish, Yugoslavian)
6. Ukranian
7. Other East European (e.g., Bulgarian, Estonian, Latvian, Lithuanian, Polish, Romainian, Russian)
8. Native Indian & Inuit
9. Asian and African
Other (please specify) ____________________________
4. Year in University:
   1. First
   2. Second
   3. Third
   4. Fourth

5. Overall average grade last year (in percentage):

6. What religion were you brought up in?
   1. Roman Catholic
   2. Protestant (allowed to drink)
   3. Protestant (not allowed to drink)
   4. Jewish
   5. Eastern Orthodox
   6. Other/none (specify)________________________

7. What is your current religion?
   1. Roman Catholic
   2. Protestant (allowed to drink)
   3. Protestant (not allowed to drink)
   4. Jewish
   5. Eastern Orthodox
   6. Other/none (specify)________________________

8. How important is religion to you?
   1. Very important
   2. Moderately important
   3. Mildly important
   4. Not important

9. How frequently do you attend religious services?
   1. Very frequently
   2. Frequently
   3. Occasionally
   4. Infrequently
   5. Very infrequently
   6. Never
10. Marital status?
1. Single
2. Married/Living with someone
3. Divorced/Separated/Widowed

11. Type of residence you live in?
1. University residence
2. Parents house
3. Fraternity/Sorority
4. Off campus house or apartment
5. Other (specify)_______________________________

12. Faculty of study?
0. Applied Health Science
1. Arts
2. Business Administration
3. Engineering Science
4. Music
5. Nursing
6. Physical Education
7. Science
8. Social Science
9. Other

LIFESTYLE INFORMATION

During the past year, on the average, how often have you engaged in the following activities?
(Use the following codes when answering questions 13 to 25)

1. More than once a day, seven days a week
2. Once a day, seven days a week
3. At least 3 times a week, but not every day
4. About once a week
5. About 2 or 3 times a month, but not every week
6. About once a month
7. 2 to 6 times a year
8. Once a year
9. Not at all

13. Individual physical exercise for at least a half hour (jogging, swimming, bicycling, etc.)
14. Team physical exercise for at least a half hour (tennis, volleyball, handball, etc.)

15. Studying for at least an hour

16. Watching T.V. for at least a half hour

17. Playing video games for at least a half hour

18. Going on a shopping spree for at least an hour

19. Working on a computer for at least a half hour

20. Sexual activity

21. Gambling (lottery, horse races, etc.)

22. Beginning a new love relationship

23. Dieting to lose weight

24. Overeating

25. Using laxatives or inducing vomiting after eating too much to prevent weight gain

* * * * * * * *

The following are common results of drinking that other students have reported. If you have never had a drink at all go to Question 46. If you currently drink or have been a drinker in the past, put the number corresponding to the statement which best describes the frequency with which the event has occurred.

(Use the following codes when answering questions 26 to 45)

1. At least once during the past two months and at least one additional time during the year.

2. At least once within the past two months, but not during the rest of the past year.

3. Not during the past two months, but at least once during the past year.

4. Has happened at least once in my life, but not during the past year.

5. Has not happened to me.

26. Have had a hangover

27. Have gotten nauseated and vomited from drinking
28. Driven a car after having several drinks
29. Driven a car when you know you have had too much to drink
30. Drinking while driving a car
31. Come to class after having several drinks
32. "Cut a class" after having several drinks
33. Missed a class because of a hangover
34. Arrested for DWI (Driving While Intoxicated)
35. Been criticized by someone you were dating because of your drinking
36. Trouble with the law because of drinking
37. Lost a job because of drinking
38. Got a lower grade because of drinking too much
39. Gotten into trouble with the school administration because of your behavior resulting from drinking too much
40. Gotten into a fight after drinking
41. Thought you might have a problem with your drinking
42. Damaged property, pulled false fire alarm, or other such behavior after drinking
43. Involved in some type of accident after drinking
44. Suffered a loss of memory after drinking
45. Done something you regretted after drinking

DRINKING PATTERNS

46. Let's first take beer. How often, on the average, do you usually have a beer? (If you do not drink beer at all, go to Question 48)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a week
4. More than once a year, but less than once a month
5. Once a year or less
47. When you drink beer, how many 12 oz. beers, on the average, do you usually drink at any one time?

1. More than six
2. 5 or 6
3. 3 or 4
4. 1 or 2

48. Now let's look at table wine. How often do you usually have wine? (If you do not drink wine at all, go to Question 50)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a week
4. More than once a year, but less than once a month
5. Less than 1 can of beer or tavern glass

49. When you drink wine, how much, on the average, do you usually drink at any one time?

1. Over 6 wine glasses
2. 5 or 6 wine glasses
3. 3 or 4 wine glasses
4. 1 or 2 wine glasses
5. less than 1 glass of wine

50. Next, we would like to ask you about liquor or spirits (whiskey, gin, vodka, mixed drinks, etc.).

How often do you usually have a drink of liquor? (If you do not drink liquor at all, go to Question 52)

1. Every day
2. At least once a week, but not every day
3. At least once a month, but less than once a month
4. More than once a year, but less than once a month
5. Once a year or less

51. When you drink liquor, how many, on average, drinks do you usually drink at any one time?

1. More than six
2. 5 or 6
3. 3 or 4
4. 1 or 2
5. Less than 1 drink
52. **IN THE LAST 12 MONTHS,** how often did you use **TOBACCO**?
   1. I did not use tobacco in the last 12 months
   2. I tried one cigarette in the last 12 months
   3. I had less than 1 cigarette a day
   4. I had 1 or 2 cigarettes a day
   5. I had 3 to 5 cigarettes a day
   6. I had 6 to 10 cigarettes a day
   7. I had 11 to 15 cigarettes a day
   8. I had 16 to 20 cigarettes a day
   9. I had more than 20 cigarettes a day

53. **IN THE LAST 12 MONTHS,** how often have you used **ALCOHOL**? LIQUOR (rum, whisky, etc.), WINE or BEER?
   1. I did not drink alcohol at all in the last 12 months
   2. I only drank at special events (e.g. Christmas or weddings)
   3. I have had a sip of alcohol to see what it is like
   4. I drank alcohol once a month or less often
   5. I drank alcohol about 2 or 3 times a month
   6. I drank alcohol about once a week
   7. I drank alcohol about 2 or 3 times a week
   8. I drank alcohol about 4 or 5 times a week
   9. I drank alcohol almost every day - 6 or 7 times a week

54. **IN THE LAST 12 MONTHS,** how often did you use **CANNABIS**? (also know as Marijuana, "Grass", "Pot", Hashish, "Hash", Hash Oil)
   1. I do not know what Cannabis is
   2. I did not use Cannabis in the last 12 months
   3. I used Cannabis 1 or 2 times
   4. I used Cannabis 3 to 5 times
   5. I used Cannabis 6 to 9 times
   6. I used Cannabis 10 to 19 times
   7. I used Cannabis 20 to 39 times
   8. I used Cannabis 40 or more times

55. **IN THE LAST 12 MONTHS,** how often did you sniff **GLUE** in order TO GET HIGH? (e.g., airplane glue, contact cement, etc.)
   1. I did not sniff glue to get high in the last 12 months
   2. I sniffed glue to get high 1 or 2 times
   3. I sniffed glue to get high 3 to 5 times
   4. I sniffed glue to get high 6 to 9 times
   5. I sniffed glue to get high 10 to 19 times
   6. I sniffed glue to get high 20 to 39 times
   7. I sniffed glue to get high 40 or more times
56. **IN THE LAST 12 MONTHS,** how often did you sniff **SOLVENTS,** in order TO **GET HIGH?** (e.g., nail polish remover, paint thinner, gasoline, etc.)

1. I did not sniff a solvent to get high in the last 12 months
2. I sniffed a solvent to get high 1 or 2 times
3. I sniffed a solvent to get high 3 to 5 times
4. I sniffed a solvent to get high 6 to 9 times
5. I sniffed a solvent to get high 10 to 19 times
6. I sniffed a solvent to get high 20 to 39 times
7. I sniffed a solvent to get high 40 or more times

57. **IN THE LAST 12 MONTHS,** how often did you take **BARBITURATES** (e.g., "Bombers", Seconal, Amytal, etc.) **WITHOUT** a prescription or **WITHOUT** a doctor telling you to take them?

1. I do not know what barbiturates are
2. I did not take any barbiturates in the last 12 months without a prescription or without a doctor telling me to
3. I took barbiturates 1 or 2 times without a prescription
4. I took barbiturates 3 to 5 times without a prescription
5. I took barbiturates 6 to 9 times without a prescription
6. I took barbiturates 10 to 19 times without a prescription
7. I took barbiturates 20 to 39 times without a prescription
8. I took barbiturates 40 or more times without a prescription

58. **IN THE LAST 12 MONTHS,** how often did you take **BARBITURATES** **WITH** a prescription or because a doctor told you to take them?

1. I do not know what barbiturates are
2. I did not take any barbiturates in the last 12 months with a prescription or because a doctor told me to
3. I took barbiturates 1 or 2 times with a prescription
4. I took barbiturates 3 to 5 times with a prescription
5. I took barbiturates 6 to 9 times with a prescription
6. I took barbiturates 10 to 19 times with a prescription
7. I took barbiturates 20 to 39 times with a prescription
8. I took barbiturates 40 or more times with a prescription

59. **IN THE LAST 12 MONTHS,** how often did you use **HEROIN?** (also known as "H", "junk", or "sack")

1. I do not know what heroin is
2. I did not use heroin in the last 12 months
3. I used heroin 1 or 2 times
4. I used heroin 3 to 5 times
5. I used heroin 6 to 9 times
6. I used heroin 10 to 19 times
7. I used heroin 20 to 39 times
8. I used heroin 40 or more times
60. IN THE LAST 12 MONTHS, how often did you use AMPHETAMINES? 
(also known as speed)

1. I do not know what speed is
2. I did not use speed in the last 12 months
3. I used speed 1 or 2 times
4. I used speed 3 to 5 times
5. I used speed 6 to 9 times
6. I used speed 10 to 19 times
7. I used speed 20 to 39 times
8. I used speed 40 or more times

61. IN THE LAST 12 MONTHS, how often did you use STIMULANTS other than COCAINE (such as "Uppers", "Beans", "Christmas trees", "Black Beauties", Diet Pills, etc.) WITHOUT a prescription or WITHOUT a doctor telling you to take them?

1. I do not know what stimulant pills are
2. I did not use stimulant pills in the last 12 months without a prescription or without a doctor telling me to
3. I used stimulant pills 1 or 2 times without a prescription
4. I used stimulant pills 3 to 5 times without a prescription
5. I used stimulant pills 6 to 9 times without a prescription
6. I used stimulant pills 10 to 19 times without a prescription
7. I used stimulant pills 20 to 39 times without a prescription
8. I used stimulant pills 40 or more times without a prescription

62. IN THE LAST 12 MONTHS, how often did you use STIMULANT pills WITH a prescription or because a doctor told you to take them?

1. I do not know what stimulant pills are
2. I did not use stimulant pills in the last 12 months with a prescription or with a doctor telling me to
3. I used stimulant pills 1 or 2 times with a prescription
4. I used stimulant pills 3 to 5 times with a prescription
5. I used stimulant pills 6 to 9 times with a prescription
6. I used stimulant pills 10 to 19 times with a prescription
7. I used stimulant pills 20 to 39 times with a prescription
8. I used stimulant pills 40 or more times with a prescription
63. **IN THE LAST 12 MONTHS, how often did you use TRANQUILLIZERS?**
(such as Valium, Librium, Serax, "Tranqs", "5's" 10's", etc.) WITHOUT a prescription or WITHOUT a doctor telling you to take them?

1. I do not know what tranquillizers are
2. I did not use tranquillizers in the last 12 months without a prescription or without a doctor telling me to
3. I used tranquillizers 1 or 2 times without a prescription
4. I used tranquillizers 3 to 5 times without a prescription
5. I used tranquillizers 6 to 9 times without a prescription
6. I used tranquillizers 10 to 19 times without a prescription
7. I used tranquillizers 20 to 39 times without a prescription
8. I used tranquillizers 40 or more times without a prescription

64. **IN THE LAST 12 MONTHS, how often did you use TRANQUILLIZERS WITH a prescription or because a doctor told you to take them?**

1. I do not know what tranquillizers are
2. I did not use tranquillizers in the last 12 months with a prescription or with a doctor telling me to
3. I used tranquillizers 1 or 2 times with a prescription
4. I used tranquillizers 3 to 5 times with a prescription
5. I used tranquillizers 6 to 9 times with a prescription
6. I used tranquillizers 10 to 19 times with a prescription
7. I used tranquillizers 20 to 39 times with a prescription
8. I used tranquillizers 40 or more times with a prescription

65. **IN THE LAST 12 MONTHS, how often did you use LSD or ACID?**

1. I do not know what LSD is
2. I did not use LSD in the last 12 months
3. I used LSD 1 or 2 times
4. I used LSD 3 to 5 times
5. I used LSD 6 to 9 times
6. I used LSD 10 to 19 times
7. I used LSD 20 to 39 times
8. I used LSD 40 or more times

66. **IN THE LAST 12 MONTHS, how often did you use the drug PCP?**
(also known as "Angel Dust", "Dust", "Horse Tranquillizer", etc.)

1. I do not know what PCP is
2. I did not use PCP in the last 12 months
3. I used PCP 1 or 2 times
4. I used PCP 3 to 5 times
5. I used PCP 6 to 9 times
6. I used PCP 10 to 19 times
7. I used PCP 20 to 39 times
8. I used PCP 40 or more times
67. **IN THE LAST 12 MONTHS, how often did you use HALLUCINOGENS, other than LSD or PCP?**
   (e.g., Mescaline and Psilocybin, "Magic Mushrooms", "Mesc", etc.)
   
   1. I do not know what hallucinogens are
   2. I did not use hallucinogens in the last 12 months
   3. I used hallucinogens 1 or 2 times
   4. I used hallucinogens 3 to 5 times
   5. I used hallucinogens 6 to 9 times
   6. I used hallucinogens 10 to 19 times
   7. I used hallucinogens 20 to 39 times
   8. I used hallucinogens 40 or more times

68. **IN THE LAST 12 MONTHS, how often did you use COCAINE?**
   (also known as "Coke", "Snow", "Snort", "Blow", "Crack", etc.)
   
   1. I do not know what cocaine is
   2. I did not use cocaine in the last 12 months
   3. I used cocaine 1 or 2 times
   4. I used cocaine 3 to 5 times
   5. I used cocaine 6 to 9 times
   6. I used cocaine 10 to 19 times
   7. I used cocaine 20 to 39 times
   8. I used cocaine 40 or more times

Behavior questions 26-51 from R. Engs, **Student Alcohol Questionnaire**. Behavior questions 13-25 and 52-68 developed by L. Glicksman, C. Smyth 1987-1988