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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 First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research.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

To obtain citation format and information for this document go to:
<http://hdl.handle.net/2022/17337>

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

ALCOHOL AND DRUG STUDY
STRICTLY CONFIDENTIAL

We are doing a study of tertiary students drinking and drug taking patterns. Do not write your name on this questionnaire because we wish to retain your anonymity.

INDIANA UNIVERSITY



SCHOOL OF HEALTH
PHYSICAL EDUCATION
AND RECREATION

(Office Use)

1	2	3	4
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In the following questions select from a number of choices and place the corresponding number in the box.

EXAMPLE: Your favourite colour.

1. Red
2. Blue
3. Yellow
4. Brown
5. Pink

3

If your favourite colour is yellow you would place the number '3' in the box.

Informed Consent Statement

Dear Student:

I would like to thank you for your participation in this study.

All data are kept strictly confidential and will be collated and analyzed in the aggregate. No one person or institution will ever be identified. In order to retain your anonymity DO NOT PLACE YOUR NAME ON THE QUESTIONNAIRE.

Taking part in this study is strictly voluntary and if you do not wish to take part, it will not affect your grade, class standing or academic career. Filling out the questionnaire will be considered "informed consent", however, you may decide at any time not to complete it.

Then results of this study will give insight into alcohol consumption and other lifestyle patterns of students attending universities or colleges in Scotland. This information in turn can be useful for planning professional and other educational programmes, as baseline data, or for testing theories. From this study, a comparison between your lifestyle patterns to students in the USA of Scottish descent will be explored along with differences due to demographic variables. Articles resulting from this study will be co-authored by Scottish researchers.

I would be happy to answer any questions concerning this or other research I have accomplished. Prof. Ruth Engs, HPER 116, Indiana University, Bloomington, IN 47405, FAX: 1-812-855-3936 and while in the UK: % Professor Martin Plant, Alcohol Research Group, Dept. of Psychiatry, University of Edinburgh, Morningside Park, EH10 5HF. Phone: 031-447-2011, ext. 4508. Fax: 031-447-6860.

BEGIN QUESTIONNAIRE OVERLEAF

PERSONAL DETAILS:

1. DATE OF BIRTH

Your day and month of birth
(e.g. day and month of birth)

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2. YOUR GENDER 1. Male 2. Female

3. ETHNIC BACKGROUND

- 1. Scottish
- 2. Irish
- 3. English
- 4. Welsh
- 5. Other

(Write in)

4. AGE: (Write in)

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5. COURSE OF STUDY:

- 1. Medicine
- 2. Nursing
- 3. Law
- 4. Teaching
- 5. Pharmacy
- 6. Social Work
- 7. Psychology
- 8. Seminary
- 9. Commerce
- 10. Physiotherapy
- 11. Occupational Therapy
- 12. Radiography
- 13. Arts
- 14. Biology and Science
- 15. Other

(write in)

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6. YEAR IN FURTHER/HIGHER EDUCATION:

- | | | |
|-----------|-------------------|--------------------------|
| 1. First | 4. Fourth | |
| 2. Second | 5. Fifth | <input type="checkbox"/> |
| 3. Third | 6. Sixth or above | " |

7. IN WHICH RELIGION WERE YOU BROUGHT UP?

1. Church of Scotland
2. Church of England
3. Other Protestant (religion allows drinking alcoholic beverages)
4. Other Protestant (religion does not allow drinking alcoholic beverages)
5. Roman Catholic
6. Others or none _____
(write in)

8. HOW IMPORTANT IS RELIGION TO YOU?

1. Very important
2. Moderately important
3. Mildly important
4. Not important

9. WHERE DO YOU LIVE?

1. With my parents
2. In a university/college
Hall of residence flat
3. In a flat
4. Other _____
(write in)

INFORMATION CONCERNING THE FREQUENCY OF USE OF VARIOUS SUBSTANCES

How often do you use the following substances without a doctor's prescription?

Use the following code when answering questions 10 through 26.

- 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
- 6. not during the past year
- 7. Never

- 10. BEER/LAGER/CIDER/STOUT
- 11. WINE
- 12. SPIRITS
- 13. TOBACCO
- 14. PAINKILLERS: Aspirin, etc.
- 15. COFFEE
- 16. TEA
- 17. COCAINE (Coke, Crack)
- 18. STIMULANTS: Amphetamines, (speed, pep pills)
- 19. SEDATIVES: Barbiturates, (Sleeping pills, barbs, downers)
- 20. CANNABIS (Pot, Marijuana)
- 21. TRANQUILLIZERS: Valium, Ativan, Librium, etc.
- 22. HEROIN (Smack)
- 23. ANTIHISTAMINES: Benadryl, etc.
- 24. HALLUCINOGENS: LSD, Mushrooms, etc.
- 25. ECSTASY: (MDMA)
- 26. OPIATE: Pain Killers (Morphine, Demerol)

27. On those days when you drink beer, lager, cider or stout, how many pints do you usually have?

e.g.

1	4
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(write-in)

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28. On those days when you drink wine, how many glasses do you usually have?

(write-in)

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29. On those days when you drink spirits, how many standard pub measures would you usually have?

(write-in)

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30. On those days when you drink coffee, how many cups would you usually have?

(write-in)

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31. On those days when you drink tea, how many cups would you usually have?

(write-in)

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32. On those days when you would use painkillers, how many tablets or equivalent in powder would you use?

(write in)

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33. On those days when you smoke cannabis or use hashish how many joints or the equivalent would you normally use?

(write in)

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34. On those days when you would smoke cigarettes, how many would you normally smoke?

(write in)

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35. Fill in the number of drinks you consumed during this past week.

Pints of Beer/Ale/Lager/Cider/Stout

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Glasses of Wine

--	--

Nips of Spirits

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The following are common results of drinking that other students have reported. If you have never consumed an alcoholic beverage you may skip the rest of the questions. Put the number corresponding to the frequency and the occurrence in the box.

1. At least once during the past year
2. At least one within the past two months.
3. Has happened at least once in my life but not during the past year.
4. Has not happened to me.

- | | | |
|-----|---------------------------------------------------------------------------------------------------------------|--------------------------|
| 36. | had a hangover | <input type="checkbox"/> |
| 37. | gotten nauseated and vomited from drinking | <input type="checkbox"/> |
| 38. | driven a car <i>after</i> having several drinks | <input type="checkbox"/> |
| 39. | driven a car when you knew you had too much to drink | <input type="checkbox"/> |
| 40. | driven a car while drinking | <input type="checkbox"/> |
| 41. | come to class after having several drinks | <input type="checkbox"/> |
| 42. | "cut a class" after having several drinks | <input type="checkbox"/> |
| 43. | missed a class because of hangover | <input type="checkbox"/> |
| 44. | arrested for DWI (Driving While Intoxicated) | <input type="checkbox"/> |
| 45. | been criticized by someone you were dating | <input type="checkbox"/> |
| 46. | had trouble with the law because of drinking | <input type="checkbox"/> |
| 47. | lost a job because of drinking | <input type="checkbox"/> |
| 48. | got a lower grade because of drinking too much | <input type="checkbox"/> |
| 49. | gotten in trouble with college/university administration because of behavior resulting from drinking too much | <input type="checkbox"/> |
| 50. | gotten into a fight after drinking | <input type="checkbox"/> |
| 51. | thought you might have a problem with your drinking | <input type="checkbox"/> |
| 52. | damaged property, pulled a false alarm, or other such behavior after drinking | <input type="checkbox"/> |
| 53. | participated in a drinking game | <input type="checkbox"/> |
| 54. | forced someone or were forced to have sex | <input type="checkbox"/> |

THANK YOU FOR YOUR HELP!