

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 First, it is a digital archive for a sampling of unpublished documents, presentations, questionnaires and limited publications resulting from over forty years of research.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

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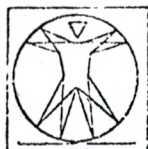
Paper manuscripts and material for Dr. Engs can be found in the IUArchives

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QUEENSLAND ALCOHOL AND DRUG STUDY

DEPARTMENT OF HUMAN MOVEMENT  
STUDIES

UNIVERSITY OF QUEENSLAND



We are doing a study of tertiary students attitudes and behaviour concerning alcohol and other substances. Do not write your name on this questionnaire because we wish to retain your anonymity.

Office Use

1	2	3	4

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

EXAMPLE: Your favourite colour.

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

3
---

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

PERSONAL DETAILS:

1. SAMPLE NUMBER:

Your mother's day and month of birth (write in)  
(e.g. 9th Dec.

0	9	1	2
---	---	---	---

5	6	7	8

2. YOUR SEX:

1. Male                      2. Female

9

3. AGE:

(Write in)

10	11

Questions 1-31 from the Student Alcohol Questionnaire(c) copyright Ruth Engs, Bloomington IN , 1975

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4. COURSE OF STUDY:

- |             |                |
|-------------|----------------|
| 1. Medicine | 6. Social Work |
| 2. Nursing  | 7. Seminary    |
| 3. Law      | 8. Police      |
| 4. Teaching | 9. Other       |
| 5. Pharmacy |                |

<input type="checkbox"/>	<input type="checkbox"/>
12	13

5. YEAR IN TERTIARY EDUCATION:

- |           |                   |
|-----------|-------------------|
| 1. First  | 4. Fourth         |
| 2. Second | 5. Fifth          |
| 3. Third  | 6. Sixth or above |

<input type="checkbox"/>
14

6. WHAT RELIGION WERE YOU BROUGHT UP IN?

- |                     |                  |
|---------------------|------------------|
| 1. Anglican (CE)    | 4. Jewish        |
| 2. Other Protestant | 5. Other or none |
| 3. Roman Catholic   |                  |

<input type="checkbox"/>
15

7. HOW IMPORTANT IS RELIGION TO YOU?

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

<input type="checkbox"/>
16

8. OCCUPATION OF HEAD OF HOUSEHOLD

.....  
(write in their occupation)

<input type="checkbox"/>
17

INFORMATION CONCERNING THE FREQUENCY OF USE OF VARIOUS SUBSTANCES

During the past year how often have you used the following substances?  
Use the following code when answering questions 9 through 23.

1. Every day
2. 3 or 4 times a week
3. 1 or 2 times a week
4. 2 or 3 times a month
5. 2 or 3 times a year
6. About once a year
7. Have used or experimented with
8. Never used
9. Recovered Alcoholic

- |   |                          |    |
|---|--------------------------|----|
| 9. BEER                                     | <input type="checkbox"/> | 18 |
| 10. WINE                                    | <input type="checkbox"/> | 19 |
| 11. SPIRITS                                 | <input type="checkbox"/> | 20 |
| 12. TOBACCO                                 | <input type="checkbox"/> | 21 |
| 13. PAINKILLERS: Aspirin, Bex, etc          | <input type="checkbox"/> | 22 |
| 14. COFFEE                                  | <input type="checkbox"/> | 23 |
| 15. TEA                                     | <input type="checkbox"/> | 24 |
| 16. COCAINE                                 | <input type="checkbox"/> | 25 |
| 17. STIMULANTS: Amphetamines, speed, etc.   | <input type="checkbox"/> | 26 |
| 18. SEDATIVES: Barbiturates, Sleeping pills | <input type="checkbox"/> | 27 |
| 19. MARIHUANA OR HASHISH                    | <input type="checkbox"/> | 28 |
| 20. TRANQUILIZERS: Valium, Serepax, etc.    | <input type="checkbox"/> | 29 |
| 21. OPIATES: Heroin, Morphine, etc.         | <input type="checkbox"/> | 30 |
| 22. ANTIHISTAMINES: Benadryl, etc.          | <input type="checkbox"/> | 31 |
| 23. HALLUCINOGENS: LSD, Mushrooms, etc.     | <input type="checkbox"/> | 32 |

INFORMATION CONCERNING THE AMOUNT OF VARIOUS SUBSTANCES USED

24. On those days when you drink beer, how many drinks (equivalent 10 oz. glasses) would you usually have?

e.g. 

1	4
---	---

(write in)

33	34

25. On those days when you drink wine, how many glasses would you usually have?

(write in)

35	36

26. On those days when you drink spirits, how many nips would you usually have?

(write in)

37	38

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

(write in)

39	40

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

(write in)

41	42

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

(write in)

43	44

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

(write in)

45	46

31. On those days when you would smoke cigarettes, how many would you usually smoke?

(write in)

47	48

