

Core Alcohol and Drug Survey

For use by two- and four-year institutions



Please use a number 2 Pencil.

Core Institute
Student Health Programs
Southern Illinois University
Carbondale, IL 62901

For additional use:

A	0	1	2	3	4	5	6	7	8	9
B	0	1	2	3	4	5	6	7	8	9
C	0	1	2	3	4	5	6	7	8	9
D	0	1	2	3	4	5	6	7	8	9
E	0	1	2	3	4	5	6	7	8	9

<p>1. Classification:</p> <p>Freshman <input type="radio"/></p> <p>Sophomore <input type="radio"/></p> <p>Junior <input type="radio"/></p> <p>Senior <input type="radio"/></p> <p>Grad/professional <input type="radio"/></p> <p>Not seeking a degree <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p>2. Age:</p> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table>			0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	<p>3. Ethnic origin:</p> <p>American Indian/Alaskan Native <input type="radio"/></p> <p>Hispanic <input type="radio"/></p> <p>Asian/Pacific Islander <input type="radio"/></p> <p>White (non-Hispanic)..... <input type="radio"/></p> <p>Black (non-Hispanic)..... <input type="radio"/></p> <p>Other <input type="radio"/></p>	<p>4. Marital status:</p> <p>Single <input type="radio"/></p> <p>Married <input type="radio"/></p> <p>Separated <input type="radio"/></p> <p>Divorced <input type="radio"/></p> <p>Widowed <input type="radio"/></p>																																																																																																																																				
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<p>5. Gender:</p> <p>Male <input type="radio"/></p> <p>Female <input type="radio"/></p>	<p>6 6</p> <p>7 7</p> <p>8 8</p> <p>9 9</p>	<p>6. Is your current residence as a student:</p> <p>On-campus <input type="radio"/></p> <p>Off-campus <input type="radio"/></p>																																																																																																																																																											
<p>9. Approximate cumulative grade point average: (choose one)</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/></p> <p>A+ A A- B+ B B- C+ C C- D+ D D- F</p>				<p>7. Are you working?</p> <p>Yes, full-time <input type="radio"/></p> <p>Yes, part-time <input type="radio"/></p> <p>No <input type="radio"/></p>																																																																																																																																																									
<p>10. Some students have indicated that alcohol or drug use at parties they attend in and around campus reduces their enjoyment, often leads to negative situations, and therefore, they would rather not have alcohol and drugs available and used. Other students have indicated that alcohol and drug use at parties increases their enjoyment, often leads to positive situations, and therefore, they would rather have alcohol and drugs available and used. Which of these is closest to your own view?</p> <p style="text-align: center;">Have available Not have available</p> <p>With regard to drugs? <input type="radio"/> <input type="radio"/></p> <p>With regard to alcohol? <input type="radio"/> <input type="radio"/></p>				<p>8. Living arrangements:</p> <p>A. Where: (mark best answer)</p> <p>House/apartment/etc. <input type="radio"/></p> <p>Residence hall. <input type="radio"/></p> <p>Approved housing <input type="radio"/></p> <p>Fraternity or sorority <input type="radio"/></p> <p>Other <input type="radio"/></p> <p>B. With whom: (mark all that apply)</p> <p>With roommate(s) <input type="radio"/></p> <p>Alone <input type="radio"/></p> <p>With parent(s) <input type="radio"/></p> <p>With spouse <input type="radio"/></p> <p>With children <input type="radio"/></p> <p>Other <input type="radio"/></p>																																																																																																																																																									
<p>11. Student status:</p> <p>Full-time (12+ credits) . . . <input type="radio"/></p> <p>Part-time (1–11 credits) . . <input type="radio"/></p>	<p>12. Campus situation on alcohol and drugs:</p> <table border="1"> <thead> <tr> <th></th> <th>yes</th> <th>no</th> <th>don't know</th> </tr> </thead> <tbody> <tr> <td>a. Does your campus have alcohol and drug policies?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>b. If so, are they enforced?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>c. Does your campus have a drug and alcohol prevention program?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>d. Do you believe your campus is concerned about the prevention of drug and alcohol use?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>						yes	no	don't know	a. Does your campus have alcohol and drug policies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. If so, are they enforced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Does your campus have a drug and alcohol prevention program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. Do you believe your campus is concerned about the prevention of drug and alcohol use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e. Are you actively involved in efforts to prevent drug and alcohol use problems on your campus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																																																
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<p>13. Place of permanent residence:</p> <p>In-state <input type="radio"/></p> <p>USA, but out of state . . . <input type="radio"/></p> <p>Country other than USA . . <input type="radio"/></p>	<p>14. Think back over the last two weeks. How many times have you had five or more drinks* at a sitting?</p> <p>None <input type="radio"/></p> <p>Once <input type="radio"/></p> <p>Twice <input type="radio"/></p> <p>3 to 5 times <input type="radio"/></p> <p>6 to 9 times <input type="radio"/></p> <p>10 or more times <input type="radio"/></p> <p>15. Average # of drinks* you consume a week:</p> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p>(If less than 10, code answers as 00, 01, 02, etc.)</p> <p>16. At what age did you first use... (mark one for each line)</p> <table border="1"> <thead> <tr> <th></th> <th>Did not use</th> <th>Under 10</th> <th>10–11</th> <th>12–13</th> <th>14–15</th> <th>16–17</th> <th>18–20</th> <th>21–25</th> <th>26+</th> </tr> </thead> <tbody> <tr> <td>a. Tobacco (smoke, chew, snuff)</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>b. Alcohol (beer, wine, liquor)*</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>c. Marijuana (pot, hash, hash oil)</td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> <tr> <td>d. 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17. Within the last year about how often have you used...
(mark one for each line)

	Did not use	Once/year	6 times/year	Once/month	Twice/month	Once/week	3 times/week	5 times/week	Every day
a. Tobacco (smoke, chew, snuff) . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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i. Inhalants (glue, solvents, gas) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. During the past 30 days on how many days did you have:
(mark one for each line)

	0 days	1-2 days	3-5 days	6-8 days	10-19 days	20-29 days	All 30 days
a. Tobacco (smoke, chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (diet pills, speed) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How often do you think the average student on your campus uses...
(mark one for each line)

	Never	Once/year	6 times/year	Once/month	Twice/month	Once/week	3 times/week	5 times/week	Every day
a. Tobacco (smoke, chew, snuff) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol (beer, wine, liquor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Marijuana (pot, hash, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines (diet pills, speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sedatives (downers, ludes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hallucinogens (LSD, PCP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Opiates (heroin, smack, horse)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Inhalants (glue, solvents, gas) . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Designer drugs (ecstasy, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Please indicate how often you have experienced the following due to your drinking or drug use during the last year...
(mark one for each line)

	Never	Once	Twice	3-5 times	6-9 times	10 or more times
a. Had a hangover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Performed poorly on a test or important project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Been in trouble with police, residence hall, or other college authorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Damaged property, pulled fire alarm, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Got into an argument or fight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Got nauseated or vomited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Driven a car while under the influence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Missed a class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Been criticized by someone I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Thought I might have a drinking or other drug problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Had a memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Done something I later regretted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Been arrested for DWI/DUI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Have been taken advantage of sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Have taken advantage of another sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Tried unsuccessfully to stop using . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Seriously thought about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Seriously tried to commit suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Been hurt or injured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Where have you used...
(mark all that apply)

	Never used	On campus events	Residence hall	Fraternity	Bar/restaurant	Where you live	In a car	Private parties	Other
a. Tobacco (smoke, chew, snuff) . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Marijuana (pot, hash, hash oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (crack, rock, freebase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Amphetamines (diet pills, speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sedatives (downers, ludes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Hallucinogens (LSD, PCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Opiates (heroin, smack, horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Inhalants (glue, solvents, gas) . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Designer drugs (ecstasy, MDMA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Have any of your family had alcohol or other drug problems: (mark all that apply)

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Brothers/sisters | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother's parents | <input type="checkbox"/> Children |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Father's parents | <input type="checkbox"/> None |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Aunts/uncles | |

23. If you volunteer any of your time on or off campus to help others, please indicate the approximate number of hours per month and principal activity:

- | | |
|---|---|
| <input type="checkbox"/> Don't volunteer, or less than 1 hour | <input type="checkbox"/> 10-15 hours |
| <input type="checkbox"/> 1-4 hours | <input type="checkbox"/> 16 or more hours |
| <input type="checkbox"/> 5-9 hours | Principal volunteer activity is: _____ |

2025 Core Survey – Mandatory Louisiana Additional Questions Added to Both the Short & Long Versions of the Core Survey

1. Have you ever served on active duty in the U.S. Armed Forces?

- (0) Yes, on active duty in the past, but not now
- (1) Yes, on active duty
- (2) No, never on active duty except for initial/basic training
- (3) No, never served in the U.S. Armed Forces

2. Which of the following describes your active duty service, if applicable?

- (0) Army
- (1) Navy
- (2) Air Force
- (3) Marine Corps
- (4) Coast Guard
- (5) Other (e.g., the Public Health Service, the Environmental Services Administration, the National Oceanic and Atmospheric Administration, U.S. Merchant Marine)
- (6) I served in more than one branch on active duty.
- (7) I did not serve on active duty in the U.S. Armed Forces.

3. Have you ever been diagnosed with a psychiatric condition (e.g., anxiety disorder, depression, bipolar disorder, ADHD, etc.)?

- (0) Yes, and currently taking prescription medication
- (1) Yes, and not currently taking prescription medication
- (2) No, never been diagnosed

4. Are you in recovery from substance use?

- (0) Yes, currently engaged in recovery support system
- (1) Yes, **not** currently engaged in recovery support system
- (2) No

5. What is the nearest metropolitan area to your hometown in Louisiana

- (0) New Orleans
- (1) Baton Rouge
- (2) Thibodeaux/Houma
- (3) Lafayette
- (4) Lake Charles
- (5) Alexandria
- (6) Shreveport
- (7) Monroe
- (8) Hammond
- (9) I'm not from Louisiana