

Date _____

Campus Health Service SHADE Survey

1) Gender

- Male
- Female

2) Living Arrangements

- With Parents/Relatives
- Residence Hall
- Fraternity/Sorority
- House/Apartment

3) Classification

- Freshman
- Sophomore
- Junior
- Senior
- Graduate

4) Ethnic Origin

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American/Alaska Native
- Interracial
- Other

5) Age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

6) Weight

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

lbs.

7) Please indicate if you have any of the following: (mark all that apply)

- Learning Disability
- Attention Deficit Disorder
- Deaf or Hard of Hearing
- Blind or Low Vision
- Mobility Problems
- Chronic Health Condition
- Psychiatric Problems
- Other

8) Please mark which of the following extracurricular activities you are involved in: (mark all that apply)

- Social Fraternity/Sorority Member
- Sports Club Participant
- Intercollegiate Athlete
- Intramural Athlete

The following questions all refer to the current semester:

9) What is your current GPA?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

10) How many credits/units are you taking?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

11) How many hours per week do you spend studying outside of class?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

12) How many hours per week do you spend working at a job?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

13) How many hours per week do you spend on volunteer work?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

14) Average number of drinks* you consume in a week?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

15) When you party, how many drinks* do you usually have?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

16) How many nights a week do you usually party?

	0	1	2	3	4	5	6	7
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17) Have you ever used a fake ID while attending UA?

- Yes
- No

18) Does the social atmosphere on this campus promote alcohol use?

- Yes
- No

*NOTE: One drink = 12 oz. Beer OR 4-5 oz. Wine OR 1 oz. Liquor

24) When I drink, I tend to....

Always				
Usually				
Rarely				
Never				

- Stop drinking at least 1 to 2 hours before I go home.....
- Alternate with non-alcoholic beverages.....
- Have a designated driver when I know I will be drinking.....
- Set a limit on the amount of drinks I will have.....
- Make my own drinks to control the amount of alcohol I will have.....
- Limit the amount of money that I bring or the amount that I spend on alcohol.....
- Only drink in environments where I know I will be safe.....
- Keep track of the number of drinks that I have.....
- (Women only) pace myself to one or fewer per hour when I drink.....
- (Men only) pace myself to two or fewer per hour when I drink.....

***NOTE: One drink = 12 oz. Beer OR 4-5 oz. Wine OR 1oz. Liquor**

25a) How many nights a week do you think most UA students usually party?

0 1 2 3 4 5 6 7

25b) How many drinks* do you think most UA students have when they party?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

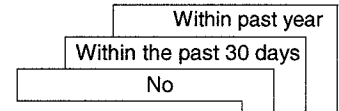
26) The following questions are designed to identify how you personally feel about your drinking right now. Please think about your current situation and drinking habits, even if you have given up drinking completely. Read each question and decide if you agree or disagree with the statements, then check one of the response boxes for each statement.

Strongly Agree				
Agree				
Unsure				
Disagree				
Strongly Disagree				

- I don't think I drink too much.....
- I am trying to drink less than I used to.....
- I enjoy my drinking but sometimes I drink too much.....
- Sometimes I think I should cut down on my drinking.....
- It's a waste of time thinking about my drinking.....
- I have just recently changed my drinking habits.....
- Anyone can talk about wanting to do something about drinking, but I am actually doing something about it.....
- I am at a stage where I should think about drinking less alcohol.....
- My drinking is a problem sometimes.....
- There is no need for me to think about changing my drinking.....
- I am actually changing my drinking habits right now.....
- Drinking less alcohol would be pointless for me.....

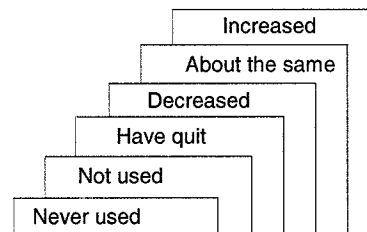
27) Please answer the next set of questions regarding problems you may have experienced with alcohol use. For each, indicate the most recent timeframe you experienced it.

Please mark only one for each item



Have you driven a car when you knew you had too much to drink to drive safely?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had a headache/hangover the morning after you had been drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt very sick to your stomach or thrown up after drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you showed up late for work or school because of drinking, a hangover, or an illness caused by drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you not gone to work or missed classes at school because of drinking, a hangover, or an illness caused by drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you gotten into physical fights when drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you gotten into trouble at work or school because of drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been fired from a job or suspended or expelled from school because of your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you damaged property, set off a false alarm or other things like that after you had been drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your boyfriend/girlfriend, parent(s) or other relative ever complained or discussed concern to you about your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has your drinking ever created problems between you and your boyfriend/girlfriend or your family?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever lost friends (including boyfriend/girlfriend) because of your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has drinking ever gotten you into sexual situations which you later regretted?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever received a lower grade on an exam or paper than you should have because of your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been cited/arrested for drunken driving, driving while intoxicated or driving under the influence of alcohol?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever been arrested or detained, even for a few hours, because of other alcohol-related behaviors?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever awakened in the morning after a night of drinking and found you could not remember a part of the evening before?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt that you needed alcohol or were dependent on alcohol?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt guilty about your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a health care professional ever told you that your drinking was harming your health?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever gone to anyone for help to control your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever attended a meeting of Alcoholics Anonymous because of concern about your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever felt like you needed a drink just after you'd gotten up (that is, before breakfast)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever neglected your obligations, your family, your work, your school work for two or more days in a row because of your drinking?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever had the "shakes" after stopping or cutting down on drinking (for example, your hands shake so that your coffee cup rattles in the saucer or you have trouble holding your hand steady)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever found you needed larger amounts of alcohol to feel any effect, or that you could no longer get the same effect or drunk on the same amount that used to get you buzzed or drunk?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever sought professional help for your drinking (for example, spoken to a physician, counselor, clergyman about your drinking)?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28) To what extent has your alcohol or other drug use changed within the last year?



tobacco (smoke, chew, snuff).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alcohol (beer, wine, liquor).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
marijuana (pot, hash, hash oil).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other illegal drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for completing this survey.