

Demographic Items:

The following questions ask about your demographic information.

1. Age:

- Under 18
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26 years old or older

2. Ethnicity:

- Hispanic, Latino, or Spanish Origin
- Not of Hispanic, Latino or Spanish Origin

3. Race:

- White
- Black / African American
- Asian
- Native American / Alaskan Native
- Hawaiian/Pacific Islander
- More than one race
- Other

4. How would you describe your gender? (check all that apply):

- Prefer not to answer
- Man
- Woman
- Trans man
- Trans woman
- Non-binary / gender non-conforming
- Not sure / Questioning
- Prefer to self-describe: *[text box]*

5. Do you identify as a member of the LGBTQ+ community?

- Prefer not to answer
- Yes
- No
- Not Sure / Questioning

[QUESTIONS #6 FOR STUDENTS WHO ANSWERED "YES" TO #5]

6. If you identify as a member of the LGBTQ+ community, how would you describe your sexual orientation? (check all that apply)

- Prefer not to answer
- Gay
- Lesbian
- Bisexual
- Asexual
- Pansexual
- Not Sure/Questioning
- Prefer to self-describe: *[text box]*

7. Student status:

- Full-time
- Part-time

8. What is your year in school (based on years in school, NOT your credit hour standing)?

- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year or more undergraduate
- Graduate or professional student
- Not seeking a degree
- Other

9. Where do you currently live?

- Fraternity, sorority, or cooperative house
- Campus residence hall
- Other on-campus housing
- Off campus – university affiliated
- Off campus- no university affiliation
- Unhoused or no current permanent residence
- Not living near campus – taking all classes remotely and not physically interacting with the campus community

10. Are you a member of a social fraternity, sorority, or cooperative?

- Yes
- No

11. What is your student residency status?

- In-state student
- Out-of-state student
- International student

12. Are you a student athlete?

- Yes
- No

13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard.

- Yes
- No

[QUESTIONS #15-16 FOR STUDENTS WHO REPORTED EVER USING MARIJUANA/THC IN #14]

15. How many times have you used marijuana/THC in the following ways in the past 30 days?

	Never used in lifetime	Have use, but not in past 30 days	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40+ occasions
Smoked it (in a joint, bong, blunt, pipe, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaped it (in an e-cigarette-like vaporizer or another vaporizing device)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ate it (in brownies, cakes, cookies, candies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank it (in tea, cola, alcohol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dabbed it (using waxes, concentrates, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. In the past 12 months, how often have you obtained marijuana/THC in the following ways?

	Never	1-2 times	3-5 times	6-9 times	10+ times
In-state retailers (in Indiana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out-of-state retailers (not in Indiana)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free/from a friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bought from someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family member provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordered online (received in the mail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[#17 DISPLAYED FOR STUDENTS WHO REPORTED PURCHASING MARIJUANA/THC FROM AN OUT-OF-STATE RETAILER IN #16]

17. Please indicate the state(s) in which you purchased marijuana from a retailer in the past 30 days. Select all that apply.

[Drop down list of all U.S. states]

[#18 SHOWS ONLY SUBSTANCES STUDENTS REPORTED EVER USING IN #14]

18. When did you first use...?

	Before starting college	After starting college
Cigarettes	<input type="radio"/>	<input type="radio"/>
Cigars	<input type="radio"/>	<input type="radio"/>
Chewing/smokeless tobacco (chew, snuff, etc.)	<input type="radio"/>	<input type="radio"/>
Smoking tobacco with hookah/water pipe	<input type="radio"/>	<input type="radio"/>
Electronic vapor products (e-cigarettes, vaping pens, etc.)	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, liquor, wine coolers)	<input type="radio"/>	<input type="radio"/>
Marijuana/THC	<input type="radio"/>	<input type="radio"/>
Cocaine/crack (coke, blow, snow, rock, girl)	<input type="radio"/>	<input type="radio"/>
Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>	<input type="radio"/>
Heroin (dope, smack, H, boy)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (meth, crystal, speed, ice, crank)	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, etc.)	<input type="radio"/>	<input type="radio"/>
Prescription stimulants not prescribed to you (like Adderall, Ritalin, etc.)	<input type="radio"/>	<input type="radio"/>
Prescription painkillers not prescribed to you (like OxyContin, Vicodin, Codeine, etc.)	<input type="radio"/>	<input type="radio"/>
Prescription sedatives not prescribed to you (like Xanax, Valium, etc.)	<input type="radio"/>	<input type="radio"/>
Other illegal drugs	<input type="radio"/>	<input type="radio"/>

Alcohol Use Questions:

[#19- #27 DISPLAYED FOR STUDENTS WHO REPORTED EVER HAVING USED ALCOHOL IN #14]

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

19. Think back over the last two weeks. How many times have you had:

[FOR FEMALES] 4 or more alcoholic drinks in a two-hour timeframe? *[textbox]*

[FOR MALES] 5 or more alcoholic drinks in a two-hour timeframe? *[textbox]*

20. On those occasions when you do drink alcohol, how many drinks do you typically have?

[textbox]

21. In the past 12 months, how often did you drink alcohol at the following locations?

	Never	Rarely	Sometimes	Often	Always
Residence hall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fraternity/sorority/cooperative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other on-campus location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-campus house or apartment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bar/restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sporting/athletic event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. In the past 12 months, did you drink alcoholic beverages for any of the following reasons?

	Yes	No	Unsure
To experiment (to see what it's like)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To relax or relieve tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To have a good time with my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of boredom, nothing else to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of anger or frustration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because I can't get through the day if I don't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get away from my problems or troubles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. In the past 12 months, have you experienced any of the following as a result of your drinking alcohol?

	Never	Once	Twice	3-5 times	6-9 times	10+ times
Had friends or family members worry or complain about your drinking	O	O	O	O	O	O
Had a hangover	O	O	O	O	O	O
Felt bad or guilty about your drinking	O	O	O	O	O	O
Created problems between you and your friends or family members	O	O	O	O	O	O
Gotten into trouble at work or school because of drinking	O	O	O	O	O	O
Been hurt or injured because of drinking	O	O	O	O	O	O
Been ticketed or arrested because of your drinking	O	O	O	O	O	O
Been arrested for drunk driving	O	O	O	O	O	O
Driven a car while under the influence	O	O	O	O	O	O
Gotten into physical fights when drinking	O	O	O	O	O	O
Engaged in unprotected sexual intercourse (i.e., without a condom)	O	O	O	O	O	O
Missed class or an assignment	O	O	O	O	O	O
Forgot where you were or what you did (blacked out)	O	O	O	O	O	O
Did something I later regretted	O	O	O	O	O	O
Been in trouble with police, residence hall, or other college authorities	O	O	O	O	O	O
Received medical treatment (e.g., taken to a hospital or needed acute medical attention)	O	O	O	O	O	O

*** Trigger warning for Q24 (if they answer "Yes...", they will skip to Q25 without seeing Q24):*

The next two questions pertain to the topic of sexual assault. We understand that this may be a sensitive topic to some people. Would you like to skip these questions?

- Yes, please skip over the two sexual assault questions and continue with the survey
- No, I would like to proceed with answering these two questions

24. In the past 12 months, have you experienced any of the following while under the influence of alcohol?

	Never	Once	Twice	3-5 times	6-9 times	10+ times
Experienced completed nonconsensual sexual penetration (someone sexually penetrated you by inserting their penis, fingers, or other objects into your vagina or anus even though you didn't want to)	O	O	O	O	O	O
Took advantage of someone sexually, including oral sex, anal sex, and/or intercourse	O	O	O	O	O	O

25. In the past 12 months, on the occasions when you drank alcohol, how often did you drink...?

	Never	Rarely	Sometimes	Often	Always
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flavored malt beverages (e.g., hard seltzer, hard lemonade, Smirnoff Ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor (e.g., vodka, rum, whiskey)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High alcohol drinks (e.g., Everclear, Bacardi 151)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. In the past 12 months, did you consume alcohol during happy hour or order a cocktail-to-go (carry out)?

- Yes
- No

27. In the past 12 months, have you purchased alcohol online or through delivery services?

- Yes
- No

[#28- #29 DISPLAYED FOR STUDENTS UNDER 21 AND REPORTED EVER HAVING USED ALCOHOL IN #14]

28. In the past 12 months, how often have you obtained alcohol in the following ways?

	Never	Rarely	Sometimes	Often	Always
From friends over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From siblings over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From other adults over 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At on-campus parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At fraternity or sorority houses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At off-campus parties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From someone under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Some other way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Have you bought alcohol from a retailer (bar, restaurant, store, etc.) in the past 12 months?

- Yes
- No

[#30-31 DISPLAYED FOR STUDENTS UNDER 21 WHO REPORTED EVER HAVING USED ALCOHOL IN #14 AND RESPONDED "YES" TO #27]

30. What methods have you used to buy alcohol from a retailer in the past 12 months? Mark all that apply.

- Used a fake ID to buy alcohol
- Bought alcohol without using an ID
- Used someone else's ID to buy alcohol

31. How often have you purchased alcohol from the following retailers?

	Never	1-2 times	3-5 times	6-10 times	11+ times
Bar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grocery store (e.g., Kroger, Marsh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discount store (e.g., Wal-Mart, Target)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convenience store (e.g., Village Pantry, Circle K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug store (e.g., CVS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Winery, brewery, or distillery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Peer Perceptions Questions:

The following questions ask about your thoughts on aspects of the campus climate.

[#32 DISPLAYED FOR STUDENTS UNDER 21]

32. How likely is it that a student under 21 years of age who drinks alcohol in the following locations will be ticketed or arrested?

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Don't Know
On-campus housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-campus housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-campus party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Off-campus party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other places in the community (e.g., bars, community events, parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. How many alcoholic drinks do you think the typical student at your school had the last time they partied/socialized?" (If you think the typical student at your school does not drink alcohol, please enter 0.)

[textbox]

34. Within the last 30 days, what percentage of students at your school used alcohol? State your best estimate.

[textbox]

35. In the past 12 months, how often have you experienced any of the following because of other students' drinking?

	Not at all	Once	2 or 3 times	4 or more times
Had your belongings or property damaged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to take care of another student who drank too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found vomit in the halls or other areas of your residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had your studying or sleep interrupted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to act as a designated driver for another student because he or she drank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to take care of a peer who had a negative experience as a result of someone else's drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?

- Yes
- No

37. How do you think your close friends would feel about you...?

	Strongly Disapprove	Somewhat Disapprove	Neither Approve nor Disapprove	Somewhat Approve	Strongly Approve
Having five or more alcoholic drinks in a two-hour timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using prescription medication not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using marijuana/THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using electronic vapor products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mental Health Questions:

The following questions ask about how you feel.

38. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- [textbox]
- Don't know/Not sure

39. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- Yes
- No

40. During the past 12 months, did you ever seriously consider attempting suicide?

- Yes
- No

41. Do you identify as someone that is sober and in recovery from an alcohol or substance use disorder?

- Yes
- No

Gambling Questions:

The following questions ask about your gambling, either for money or something of value. You could gamble on a game or an event.

42. In the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Pools (e.g., March Madness Brackets, Super Bowl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fantasy sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Video game in app purchases (e.g., loot boxes, mystery boxes, Loot Crates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online sports betting (e.g., FanDuel, DraftKings, BetMGM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sports betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online gambling games (e.g., poker, casino-style games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive video gaming (Esports)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Horse track betting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Card games (not at a casino)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lottery, including scratch-off tickets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casino	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Charitable gambling (raffle tickets, bingo, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. When you gamble, what is your most common reason for gambling?

- I do not gamble
- A source of entertainment or fun
- A source of excitement or challenge
- A way to socialize with friends
- A way to get rich
- A source of money to use for paying bills
- A source of money to support charities
- A hobby
- An escape or distraction from everyday problems
- Other

[#44 & #45 DISPLAYED FOR STUDENTS who reported gambling in the past 12 months in Q42]

44. How often have you experienced the following consequences due to your gambling?

	Never	Occasionally	Frequently
Not sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/parent issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt guilty or bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. In the past 12 months, on how many occasions (if any) have you used the following sources to pay for gambling activities?

	Never	1-2 times	3-5 times	6-9 times	10+ times
Personal credit card	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal bank account or cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent's credit card or bank account/cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Someone else's credit card or bank account/cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student loans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scholarships or stipends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. In the past 12 months, on how many occasions (if any) did you engage in gambling of any kind while under the influence of the following substances?

	Never	1-2 times	3-5 times	6-9 times	10+ times
Alcohol (beer, wine, liquor, hard seltzer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/THC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic Vaping Products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>