

## 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. Student status:

- Full-time
- Part-time

### 6. 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

### 7. 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

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

- Yes
- No



Hallucinogens/Ecstasy (Molly, X, E, LSD, MDMA, acid, rc's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (dope, smack, H, boy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (meth, crystal, speed, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (whip-its, huffing, aerosol spray can, 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"/>
Prescription stimulants not prescribed to you (like Adderall, Ritalin, 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"/>
Prescription painkillers not prescribed to you (like OxyContin, Vicodin, Codeine, 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"/>
Prescription sedatives not prescribed to you (like Xanax, Valium, 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"/>
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"/>

*[QUESTIONS #13-14 FOR STUDENTS WHO REPORTED EVER USING MARIJUANA/THC IN #12]*

**13. 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"/>

**14. 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"/>

*[#15 DISPLAYED FOR STUDENTS WHO REPORTED PURCHASING MARIJUANA/THC FROM AN OUT-OF-STATE RETAILER IN #14]*

**15. 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]*

*[#16 SHOWS ONLY SUBSTANCES STUDENTS REPORTED EVER USING IN #12]*

**16. 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:

[#17- #25 DISPLAYED FOR STUDENTS WHO REPORTED EVER HAVING USED ALCOHOL IN #12]

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

**17. 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]*

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

*[textbox]*

**19. 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"/>

**20. 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"/>

**21. 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

*\*\* Sensitive Content Warning for #22 (if they answer “Yes...”, they will skip to #23 without seeing #22):*

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

**22. 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

**23. 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"/>

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

- Yes
- No

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

- Yes
- No

*[#26- #27 DISPLAYED FOR STUDENTS UNDER 21 AND REPORTED EVER HAVING USED ALCOHOL IN #12]*

**26. 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"/>

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

- Yes
- No

[#28-29 DISPLAYED FOR STUDENTS UNDER 21 WHO REPORTED EVER HAVING USED ALCOHOL IN #14 AND RESPONDED "YES" TO #27]

**28. 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

**29. 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.

*[#30 DISPLAYED FOR STUDENTS UNDER 21]*

**30. 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"/>

**31. 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]*

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

*[textbox]*

**33. 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"/>

- 34. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?**
- Yes
  - No

**35. 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.

- 36. 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
- 37. 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
- 38. During the past 12 months, did you ever seriously consider attempting suicide?**
- Yes
  - No
- 39. 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.

**40. 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"/>

**41. 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

*[#42 & #43 DISPLAYED FOR STUDENTS WHO REPORTED GAMBLING IN THE PAST 12 MONTHS IN #40]*

**42. 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"/>

**43. 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"/>

**44. 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"/>