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### A Baseline Measurement of Alcohol Use and Its Relating Factors as It Pertains to Abilene Christian University

Emily Glaze  
ebg15a@acu.edu

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## ABSTRACT

Many studies show correlation in the understanding of social norms relating to drugs and alcohol use on college campuses and the effectiveness of campus alcohol education and prevention programs (Borsari & Carey, 2003; Dvorak et al., 2018; LaChance et al., 2009). Interest in alcohol education programs is increasing across the U.S. due to universities being asked to take more accountability for their students' actions and the consequences of those actions, both on and off campus (*Knoll v. Board of Regents of University of Nebraska*, 1999). However, managing student drinking patterns is a daunting task for universities, as research indicates that the belief of peer use is the most telling marker of a student's potential to use, and alcohol consumption is being marketed as central to the college experience by mass media outlets and social media platforms (Cleveland, Turrisi, Reavy, Ackerman, & Buxton, 2018). While there is research available regarding the effectiveness of university alcohol policies and education programs, and the importance of university specific social norming data in effectively implementing both of those things, there has not been any research conducted in the Abilene Christian University (ACU) population to establish a baseline measurement of social norm data and begin the conversation of how these variables affect students' choices relating to alcohol consumption in their time as students of the university.

The purpose of this study was to gather a baseline measurement of the culture of alcohol use and education as it exists on ACU's campus. This includes, but is not limited to, analyzing baseline social norm data, measuring the effectiveness of the currently

utilized alcohol education curriculum, and analyzing correlations between student characteristics and their reported patterns of use. This thesis will include a review of literature, an explanation of methodology, and an exploration of potential implications for policy, practice, and research that may come as a result of the findings of this study.

A Baseline Measurement of Alcohol Use and Its Relating Factors as It Pertains to  
Students at Abilene Christian University

A Thesis

Presented to

The Faculty of the School of Social Work

Abilene Christian University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science in Social Work

By

Emily Glaze

May 2020

This thesis, directed and approved by the committee for the thesis candidate Emily Glaze, has been accepted by the Office of Graduate Programs of Abilene Christian University in partial fulfillment of the requirements for the degree

Master of Science in Social Work

*Donnie Snider*

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Assistant Provost for Graduate Programs

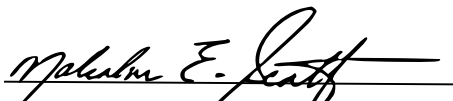
Date

May 15, 2020

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Thesis Committee

  
Alan Lipps, Ph.D., Chair

  
Malcolm E. Scott, Ph.D.



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Tyson Alexander, M.MFT

This thesis is dedicated to my family, who has inspired me and motivated me to continue writing, even when the going gets tough. I can never repay you for your unending support in all that I do.

You are my sun, my moon, and all of my stars.

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## CHAPTER I

### INTRODUCTION

Ideas of what college culture entails are being shaped in the minds of young students in mass media productions, such as the song “I Love College” by Asher Roth and the movie *Neighbors* starring Zac Efron. Both of these examples portray college as a party culture, particularly when linked to student sub-populations, such as Greek life. These easily accessible media depictions of college culture, as well as the presence of social media where students are able to see into the lives of current college students, lends itself to the social normalization of drinking in college culture (Cleveland, Turrisi, Reavy, Ackerman, & Buxton, 2018). This widespread normalization is in spite of all of the medical advances and research that have been conducted relating to alcohol consumption and its succeeding dangers.

Alcohol is still one of the most frequently abused substances available for legal distribution. In 2011, the Centers for Disease Control and Prevention (CDC) named excessive alcohol use the leading cause of preventable death among college students in the U.S. This is a difficult situation for administrators at any institution to combat, as there is no fail-safe plan to ensure that students will consume alcohol moderately and responsibly. The difficulty of this situation is compounded at faith-based institutions such as Abilene Christian University (ACU) that are grappling with both the legal aspects of assuming responsibility for student safety and putting forth an effort to uphold the student

code of conduct and university mission of preparing students for Christian service (ACU Student Code of Conduct, 2019).

The primary goal of this study is to evaluate the efficacy of the Brief Alcohol Screening and Intervention for College Students (BASICS) as it is used on ACU's campus. This study hopes to evaluate the program's efficacy in reducing the average alcohol consumption as measured by self-reported amount and frequency of students who have participated in BASICS as compared to the general student population. There is a significant amount of research relating to the implementation of brief alcohol interventions at institutions of higher education. The literature shows a theme of modes of intervention being chosen by assessing social norms in student populations; however, there is currently no social norm data available surrounding the drinking patterns of ACU students. That said, the research in this review will discuss how social norms, college culture, and familial relationships generally affect personal expectations and decisions regarding alcohol consumption. This study is a step in starting the conversation to ensure that ACU policies regarding alcohol not only reflect the university's mission and values, but are also sensitive to the needs of their students based on their perceptions of alcohol use and their varied experiences and relationships with alcohol.

## CHAPTER II

### LITERATURE REVIEW

#### **College Drinking Culture**

Drinking on college campuses by young students, particularly those still under the age of 21, is often perceived as practicing a new level of independence in a new season of life. This newfound freedom sometimes leads students to participate in risky behaviors involving sex, drugs, and alcohol, as many students report struggling with identity, autonomy, and intimacy (Matthews & Oaks, 1990). Furthermore, many students attend college with the preconceived notion that drinking alcohol is “normal” or a “rite of passage” and choose to participate because they find themselves in newly opportunistic environments. In these environments, there is an ease of access to alcohol as compared to many home environments, and students believe participation to be reflective of college culture (Matthews & Oaks, 1990). This belief is ingrained in the minds of young students more than ever due to media depictions of the university experience. While there are many factors relating to the personal consumption of alcohol, the overarching assumption is that college students drink to excess (Borsari & Carey, 2003).

#### **Alcohol Misuse in the College Setting**

Alcohol misuse in the college setting can refer to two things: misuse as a result of drinking underage or misuse as a result of binge drinking. It is worth noting that while each type of alcohol misuse can exist independently, they often go hand in hand. This assumption is made following a series of studies showing a reduction in alcohol

consumption with increase in maturity and age (Kulesza, Apperson McVay, Larimer, & Copeland, 2013). While there are downsides and legal ramifications related to underage drinking, more concerning is the prevalence of binge drinking and the present and future health concerns that go along with it.

Binge drinking is defined by the CDC as four or more drinks for women or five or more drinks for men per two-hour drinking occasion (2018). Binge drinking is a serious concern on college campuses due to its link to risky behaviors and safety risks involved with immediate consumption as well as the health risks involved with participating in binge drinking behaviors over time. Immediate risks include, but are not limited to, alcohol poisoning, car crashes, and increased incidence of sexual violence while long-term risks may include alcohol dependence, memory problems, chronic health conditions, and cancers (CDC, 2018).

### **Factors Linked to Personal Consumption**

While there are many factors relating to personal consumption choices in undergraduate students, they can be broken into three categories: 1) beliefs regarding social norms; 2) toolbox of cognitive behavioral coping skills; and 3) drink refusal self-efficacy (Dvorak et al., 2018).

**Norms and positive alcohol expectancies.** Many students come to college with a distorted perception of the level to which alcohol is actually present in the university setting (Borsari & Carey, 2003). These misconstrued beliefs are often the strongest predictor of a student's personal alcohol consumption. (Neighbors et al., 2007; Perkins, Haines, & Rice, 2005). This phenomenon is due to deviance regulation (DR), which means that students will participate in behaviors they perceive to be normal in order to

prevent drawing negative attention to themselves (Dvorak et al., 2018). Norms can also be shaped by parents' use of alcohol. It is thought that parental use of alcohol influences student use via shared cognition of the messages about how alcohol might make the student feel during and after use (Glanton & Wulfert, 2013). This is true in the event of both adult children of alcoholics (ACOAs) and non-ACOAs, although ACOAs are at higher risk of participating in alcohol misuse compared to their peers (Matthews & Oaks, 1990).

**Cognitive behavioral coping skills.** Cognitive behavioral coping skills (CBCS) are referred to throughout the literature under names such as *protective behavioral strategies (PBS)* and *alcohol skills training programs*. Essentially, CBCS are any protective skill designed around the concept of creating a safe and self-aware drinking community. These skills are thought to reduce overall consumption and consequences, promote healthy choices, and provide information and coping skills for reduction of drinking related risks (Barry, 2002). Education utilizing these skills is present in risk reduction programs and proactive education curriculums at schools utilizing the social ecological model (Walter & Kowalczyk, 2012).

**Drink refusal self-efficacy.** Lastly, research shows that college students struggle with the personal belief in their ability to say no when presented with the opportunity to drink alcohol (LaChance, Feldstein Ewing, Bryan, & Hutchison, 2009). This has links to both the DR model and the parental influence of alcohol consumption. Relationship to the DR model is shown in that students do not want to bring negative attention to themselves by saying no when offered something that is seemingly normal and good (Dvorak et al., 2018). Adding to this normalization of alcohol use, research shows that parental alcohol

use does not make the students more likely to say yes when presented with the opportunity to drink but it does make students less sure of their ability to say no (Glanton & Wulfert, 2013).

### **Prevention and Intervention Styles**

Styles of prevention and intervention vary greatly depending upon the management structure of the university. Some universities—typically larger, public universities—recognize that students are likely to drink regardless of preventative intervention and focus efforts on teaching safe drinking practices and discussing university-specific drinking norms. However, some universities—often smaller and religiously affiliated—focus efforts on providing students an environment where alcohol is seemingly unnecessary, inappropriate, and to some degree, less readily available than on other college campuses (Walter & Kowalczyk, 2012).

This section will cover a variety of screening practices and interventions that are widely used dependent upon institutional makeup and pre-existing administrative obligations. All screening practices, methods of intervention, and successful intervention practices are in regard to the successful implementation of brief alcohol interventions for non-dependent college-age students. Some interventions listed will include screening and education while others will only include blanket education when entering the university culture.

#### **Screening Practices**

Screenings can take place in many care settings with varying populations and are not always formal. Screenings do not always include intervention, but always involve referral to intervention when appropriate. Screenings can either be delivered proactively



or reactively; however, the literature shows a trend of moving toward more proactive screening practices to prevent long-term drinking related health issues (Dvorak et al., 2018; Kulesza et al., 2013; Terlecki, Buckner, Larimer, & Copeland, 2015). This idea is consistent with BASICS being considered a harm reduction approach.

**Screening sites.** Screening sites can include anywhere there is a trained professional to complete either a formal or informal alcohol use screening. This can be a proactive site where those administering the screening are doing so in an effort to maintain client/employee health, or in a reactive setting where there has been a precursor to trigger screening, such as some type of violation involving alcohol consumption or possession. Because students are unlikely to self-identify, being identified through proactive screening sites can be beneficial for the safety of both the client and those in the surrounding areas (Monti, Tevyaw, & Borsari, 2004, Epler Sher, Loomis, & O'Malley, 2009). Research has shown proactive alcohol misuse screening to be the gold standard in lowering overall alcohol consumption and occurrence of long-term alcohol-related effects on health and safety (Monti et al., 2004).

Proactive screening sites can include places of employment and clinical settings where students are likely seeking treatment for symptoms related to alcohol consumption. Studies have shown that proactive screening in the workplace has been effective in identifying up to one-third of workers at risk for alcohol abuse or misuse, whereas intervention in a medical setting, such as the emergency room (ER), has been effective at identifying 80% of college-age patients experiencing alcohol dependence criteria as defined by the DSM-5 (Helmkamp, Hungerford, & Williams, 2003; Monti et al., 2004).

While neither of these sites were offering on-site intervention, both sites were able to refer to treatment and education.

Commonly used brief screening tools are the Alcohol Use Disorders Identification Test (AUDIT), the Fast Alcohol Screening Test (FAST), and the Concern, Apparent, Grave, Evidence (CAGE) questionnaire (Larimer, Crouce, Lee, & Kilmer, 2004). Oftentimes, these brief questionnaires are used as precursors to more invasive questioning regarding alcohol use patterns.

**Mandated participation.** A notable difference in screening practices is dependent upon the nature of the referral for the student involved. For those who are mandated to participate, either from flagged screening in the workplace or an on-campus alcohol violation, it is important to be aware of the limitations of available screening tools. Also, due to the potential mistrust that may come in the situation of a mandated participant, it would also prove effective to build rapport prior to assessment in an effort to make participants comfortable, establish awareness of confidentiality policies, and encourage truthful answers (Larimer et al., 2004). This referral population is likely to include heavier drinkers than that of the voluntary referral population (Buscemi et al., 2010).

**Voluntary participation.** This population is likely to include higher rates of female participants and those with less severe drinking concerns (Buscemi et al., 2010). In the event of a self-referral to screening, it is important to understand any potential psychosocial issues that preceded self-referral; therefore, it may make sense to use a more holistic tool such as the AUDIT (Buscemi et al., 2010). Voluntary participants are less frequent due to most students preferring informal methods of intervention, such as

friends, family, online information, and pamphlets, as compared to formal intervention (Buscemi et al., 2010).

### **Methods of Intervention Delivery**

Several evidence-based intervention models are available for use with the college-age population; however, effectiveness is dependent upon many factors, and it is up to the administration to decide which intervention to utilize. A theme that will be addressed throughout this section is the cost of implementation for the university and how to make that as effective as possible while still yielding desirable results.

**Group face-to-face.** Group face-to-face intervention can vary in delivery. There are three styles of group face-to-face delivery: (1) mass delivery in an educational assembly, (2) sub-groups of students such as sports teams and clubs, and (3) small groups. Group programs have proven efficacious in two-year client follow-ups and have proven to yield similar short-term results to more invasive programs (Dvorak et al., 2018; Kulesza et al., 2013).

Mass delivery of alcohol education, either online or in an assembly setting, is shown to be an effective preventative intervention in which knowledge is spread about on-campus alcohol norms and use of PBS (Dvorak et al., 2018; Kulesza et al., 2013). This task is dependent upon having the time available for presentation, a venue to accommodate the number of people being educated, and a physical staff member to present the information and answer questions. Mass delivery during student orientation is consistent with the idea of effective intervention taking place during the first two years of college for maximum impact (Strohman et al., 2016).

Research has shown success in providing alcohol education to student subgroups such as sports teams, student organizations, and social clubs. In a study done measuring the success of alcohol interventions in Greek life groups, it was found that group options may be effective in tight-knit campus subgroups due to the comfortability of discussing social norms with familiar peers (Fachini, Aliane, Martinez, & Furtado, 2012). After participating in group alcohol education intervention, students reported increased use of PBS and decreased occurrence of alcohol-related risks (Amaro et al., 2010).

Lastly, small groups of 10 or fewer may be led by a trained peer leader or a professional. Peer-led groups are not as effective as professionally led groups because of peer mistrust due to perceived lack of knowledge of the peer as compared to a professional (Hustad, et. al 2014). This method of intervention is also not as cost effective as one may assume due to the cost of professional supervision required by most programs to keep peer programs running. These drawbacks aside, peer groups are valuable for some people and universities. Some research has cited that peers are as effective in inciting drinking habit change as professionals (Larimer et al., 2004). This idea is consistent with the importance of perception of peer use patterns as a means to predict the likelihood of personal alcohol consumption among college students (Kulesza et al., 2013). While peer groups are not the right fit for everyone seeking intervention for alcohol use, they can be advantageous.

**Individual face-to-face.** Individual face-to-face intervention is the gold standard of alcohol intervention but has several drawbacks that sometimes cause universities to pursue other avenues of treatment. The success of this intervention is due to the counselor's ability to tailor treatment to the individual student's needs (Larimer et al.,

2004). Drawbacks to this type of intervention are the time and money that it takes to implement, given that students will only be seen one at a time. This type of intervention is also purely reactive, whether it be mandated or by self-referral, rather than proactively giving knowledge prior to referral.

**Electronic.** Many schools are opting to use electronic alcohol education interventions such as AlcoholEdu, Check Your Drinking, MyStudentBody, and Unit Check (Cronce, Bittinger, Liu, & Kilmer, 2014). While these curriculums were found to be effective in reducing short-term alcohol consumption, successful intervention was contingent on whether students actually completed the program (Cronce et al., 2014; Voogt, Poelen, Klienjan, Lemmers, & Engels, 2011). Research has shown that one of the biggest drawbacks to online programs is the absence of consequence if the student does not complete the program. Due to this absence of consequence, students are far less likely to complete the program and receive the knowledge that may lead to a reduction in overall consumption (Cronce et al., 2014). Also notable is the factor of personalized feedback. Online programs with personalized feedback, such as comparisons to social norm data, are proven to be more effective in meeting the goals of alcohol education and intervention programs (Donovan et al., 2015). Although not as effective as in person interventions, personalized online interventions are a practical and cost-effective resource to institutions that may not have the resources available to have a staff member in charge of alcohol intervention (Bountress, Metzger, Maples-Keller, & Gilmore, 2017; Cronce et al., 2014; Donovan et al., 2015).

## **Practices of Successful Approaches**

Successful interventions can take many forms depending on a variety of factors serving as precursors to intervention. Regardless of means of communication, literature states that there is enough evidence to conclude that any brief intervention including the following five components is considered appropriate when assessing and intervening in acute alcohol use in college students:

1. Motivational enhancement (e.g., motivational interviewing, increasing self-efficacy of protective skills);
2. Cognitive behavioral intervention (e.g., reframing social norms and expectations of consumption);
3. Expectancy challenge (e.g., countering what the student expects to receive from alcohol consumption);
4. Skills training (e.g., teaching PBS to utilize when drinking or participating in risky behaviors);
5. Highlighting drinking norms and normative discrepancies through personalized feedback (Dvorak et al., 2018; Kulesza et al., 2013; Terlecki, Buckner, et al., 2015).

## **Limitations**

Limitations to this literature review include the lack of available data regarding social norms at ACU or institutions similar to ACU. Having a research backed understanding of perceived social norms, otherwise referred to a *social norming*, is a key point in all methods of intervention reviewed. The lack of this information is detrimental

when assessing for best intervention models for the student body as a whole as well as limiting the professional's ability to personalize intervention to each individual student.

Additionally, much of the literature available regarding alcohol interventions in the college population was dated in the late 1990s and early 2000s. Information created around this time may have been brought about due to interest in the outcome of the *Knoll v. Nebraska* (1999) case and how it would impact campuses. The lack of available information that is up to date with current social and cultural norms may impact any hypotheses derived from the review of literature.

While ACU does utilize the BASICS curriculum, the information above has shown the importance of utilizing social norming data in order to provide students with the most effective alcohol education experience. BASICS is intended to be informed by social norming data, but since there is currently none available, it is unknown whether the current use of BASICS is effective in reducing overall drinking patterns as compared to the general ACU population. This information leads to the evaluation question: "Is the BASICS curriculum effective in reducing overall drinking patterns of students who have participated in the program as compared to the drinking patterns of the general student body at ACU?"

CHAPTER III  
METHODOLOGY

**Design**

This study utilized a secondary data analysis approach to evaluate two data sets. One data set was comprised of responses from a survey administered to the student body at Abilene Christian University during the spring semester of 2020. The second data set consisted of responses to one-month and three-month follow-up surveys administered to former participants of the BASICS program. Two primary goals guide this approach. First, using the first data set, the goal will be to describe ACU students' use and attitudes toward use of alcohol and other drugs. The questionnaire is referred to as a social norming survey to indicate that the goal is to establish base rates for drinking, drug use, and associated behaviors. A second goal will be to compare drinking rates of former BASICS participants to rates reported by the general student body. Hypothetically, former BASICS participants will report less alcohol and drug use than the base rate for the university. From this information, there are three broad research questions to be answered. These include:

1. What patterns of alcohol use, and associated behaviors, emerge from analysis of the social norming survey (shown in Appendix B)?
2. What patterns of drinking and related behaviors emerge from analysis of the BASICS one-month follow-up survey (shown in Appendix D)?



3. Do former participants of the BASICS program report drinking less than students in the general ACU population?

### **Data Collection**

Consistent with the nature of a secondary data collection, all information will be collected from two pre-existing data sets. Data set 1 was provided by the Office of Student Life Social Norming Survey following the Spring 2020 Social Norming Survey. The Office of Student Life provided the deidentified data set for this study, and all students who responded in the mass email were included in the study ( $n = 745$ ). This data set was chosen because it is the most recent data set available in regard to social norming at ACU.

Data set 2 was compiled using information from one-month and three-month follow up surveys in the BASICS office. This information was accessed utilizing the BASICS Google Drive account. Identifying student information cannot be readily ascertained with this data set. All clients who have chosen to participate in the follow-up surveys since their implementation in 2015 were included in the study ( $n = 29$  and  $n = 13$ ). This timeframe was chosen in order to be as inclusive with the data set as possible, thereby promoting the generalizability of its results. Students were not recruited for this study, and no attempts were made to re-identify existing data.

Existing social norms regarding the frequency and amount of use of alcohol at ACU will be measured using the ACU Office of Student Life Social Norming Survey (see Appendix B). This survey is an adaptation of the Lipscomb Social Norming Survey (see Appendix C) that has been modified by the ACU Office of Student Life to better fit ACU's needs as a community. Information will be derived from the same sample and

timeframe as noted above. Client information will be deidentified prior to receipt from the Office of Student Life.

Post-BASICS intervention norms and measures of BASICS success and relevance will be measured using the one-month (see Appendix D) and three-month (see Appendix E) follow up surveys sent to students by past BASICS coordinators. Information will be derived from the aforementioned client sample and time frame. Survey data contains no identifying client information.

### **Instruments**

The ACU Student Life Drug and Alcohol Use Norming Survey was distributed electronically to all full-time ACU students in February. Students were not required to participate in the survey. The purpose of this survey was to better understand drug and alcohol norms and perceptions of use as they currently exist in ACU culture. This survey was modified from an existing survey used by Lipscomb University. There is currently no reliability data available regarding the use of this tool.

The one-month and three-month follow-up surveys were distributed electronically to those who have exited the BASICS program. Surveys are intended to compare progress from before and after the BASICS completion at the one- and three-month marks. Students are asked to quantify the frequency of consumption before and after BASICS, if they feel they have developed any type of drinking problem since program completion, and a series of open-ended questions about what they learned/what they wish they had learned in the BASICS curriculum. Students are not required to participate in follow-up surveys. Only the BASICS coordinator and Dean of Student Life have access to this data set.

## **Data Analysis**

Following data collection, quantitative data from the ACU Social Norming Survey and one- and three-month BASICS follow-up surveys were analyzed using the Statistics Package for Social Sciences (SPSS). Demographic data from the ACU Social Norming Survey was organized, coded, and analyzed for themes regarding the aforementioned evaluation question. Frequencies, descriptive statistics, and crosstabulation statistical analyses were used to determine significance in the data set. Additional statistical analyses were utilized to test associations between variables. Lastly, narrative data from the BASICS follow-up surveys regarding the effectiveness and relevance were organized and analyzed for themes related to the continued use of BASICS in the ACU population.

## CHAPTER IV

### FINDINGS

#### **Description of Sample**

A total of 734 social norming surveys were analyzed in this survey. While not all surveys were complete in their entirety, the maximum number of responses was utilized when running statistics in order to reach the most representative answer for each research question.

#### **Gender**

Of the 719 students who responded to the question of gender identity, 530 (73.7%) students identified as female, while 189 (26.3%) students identified as male.

#### **Classification**

Respondents reported their classification. Freshmen responded at the highest rate, followed in order by the remaining grade level classifications. The sample was comprised of freshmen ( $n = 224$ , 31.5%), sophomores ( $n = 177$ , 24.6%), juniors ( $n = 148$ , 20.6%), seniors ( $n = 139$ , 18.9%), and ( $n = 31$ , 4.3%) graduate students.

#### **Research Question and Hypotheses**

The aim of this data analysis was to answer the following research questions:

1. What patterns of alcohol use, and associated behaviors, emerge from analysis of the social norming survey?
2. What patterns of drinking and related behaviors emerge from analysis of the BASICS one-month follow-up survey?

3. Do former participants of the BASICS program report drinking less than students in the general ACU population?

Based on the review of the literature, it was hypothesized that perception of rates of alcohol use by peers would prove to be higher than the reported rate of use. It was also hypothesized that participation in BASICS may prove to reduce the amount of overall reported consumption when paired with personalized feedback.

### **Review of Findings**

The following results are delivered as a series of crosstabulations and paired-*t* tests that have been analyzed for relationships between varying factors relating to consumption and descriptive data of the sample. These crosstabulations may lead to trends in analyzing self-reported levels of consumption and intoxication among ACU students. Additionally, the results can be analyzed for the following related themes and patterns of use:

1. No reported use;
2. Underage use;
3. Misuse/binge drinking;
4. Differences in use by gender;
5. Differences in consumption patterns by markers of maturation (i.e., marital status, off-campus living, classification).

Table 1 shows a crosstabulation of reported frequency of consumption by place of residence. For place of residence, 397 (55.4%) students reported living on campus while 320 (44.6%) students reported living off campus. Results show a continually elevated level of reported consumption among students living off campus as compared to those

who live in on-campus residences. It is also notable that 71.5% of students living on campus report never drinking, whereas this number decreases by 30% with only 40.9% of students living off campus reporting never drinking.

Table 1

*Crosstabulation of Frequency of Alcohol Consumption by Place of Residence\**

Residence	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day	Total
On	71.5%	7.8%	13.6%	5.0%	1.8%	0.0%	0.3%	397
Off	40.9%	19.1%	24.1%	11.3%	3.1%	0.9%	0.6%	320
Total	57.9%	12.8%	18.3%	7.8%	2.4%	0.4%	0.4%	100%

\* $\chi^2(6) = 71.21$ ; Likelihood Ratio (6) = 73.17,  $p = .000$ ; Linear by Linear Association (1) = 9.44,  $p = .002$

Table 2 shows a crosstabulation of the reported number of drinks consumed per drinking occasion by gender. Of the 719 students who responded to the question of gender identity, 530 (73.7%) students identified as female while 189 (26.3%) students identified as male. When looking at results of those who reported drinking, women were more likely to consume in moderation (i.e., having one to two drinks and stopping) than their male counterparts. It was also shown that males are more likely than females to participate in binge drinking (i.e., 4 or more drinks for women or 5 or more drinks for men, per drinking occasion), with 8.5% of females reporting drinking to binge drinking capacity as compared to 19% of males. Continuing with this trend, Table 3 shows us that males are also more likely to experience consuming to the point of intoxication than their

female peers with only 40.4% of females having reported experiencing drinking to the point of intoxication as compared to 46.6% of males.

Table 2

*Crosstabulation of Number of Drinks Consumed in a Typical Sitting by Gender\**

	None	1	2	3	4	5	6 or More	Total
Female	42.9%	18.5%	17.5%	12.6%	5.5%	1.1%	1.9%	530
Male	43.4%	11.1%	9.0%	17.5%	9.0%	5.8%	4.2%	189
Total	43.0%	16.6%	15.3%	13.9%	6.4%	2.4%	2.5%	719

\* $\chi^2(6) = 32.30$ ; Likelihood Ratio (6) = 30.90,  $p = .000$ ; Linear by Linear Association (1) = 34.29,  $p = .000$

Table 3

*Crosstabulation of Frequency of Intoxication by Gender\**

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day	Total
Female	59.6%	12.6%	17.9%	7.2%	2.3%	0.2%	0.2%	530
Male	53.4%	13.2%	19%	9.5%	2.6%	1.1%	1.1%	189
Total	58%	12.8%	18.2%	7.8%	2.4%	0.4%	0.4%	719

\* $\chi^2(6) = 7.18$ ,  $p = .305$ ; Likelihood Ratio (6) = 6.37,  $p = .383$ ; Linear by Linear Association (1) = 4.25,  $p = .039$

Table 4 shows a crosstabulation of average number of drinks consumed in one setting by marital status. In this table, it is notable that in all except for in the 5 drinks per session category, married students were more likely to drink than their unmarried counterparts and two times as likely to participate in binge drinking behaviors with 10.9% of unmarried students reporting potential binge drinking behavior as compared to 22.7% of married students. Furthermore, if we look to Table 5 we can see this trend continue with married students reporting higher levels of intoxication up to one time per week. However, this changes when analyzing data from the reported occurrence of

intoxication multiple times per week with 3.2% of unmarried students reporting multiple occurrences of intoxication and married students reporting 0%.

Table 4

*Crosstabulation of Number of Drinks Consumed in a Typical Sitting by Marital Status\**

	None	1	2	3	4	5	6 or More	Total
Unmarried	43.7%	16.6%	15.3%	13.5%	6.1%	2.4%	2.4%	694
Married	18.2%	18.2%	18.2%	22.7%	18.2%	0%	4.5%	22
Total	42.9%	16.6%	15.4%	13.8%	6.4%	2.4%	2.5%	716

\* $\chi^2(6) = 10.48, p = .106$ ; Likelihood Ratio (6) = 10.00,  $p = .124$ ; Linear by Linear Association (1) = 5.87,  $p = .015$

Table 5

*Crosstabulation of Frequency of Intoxication by Marital Status\**

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day	Total
Unmarried	58.5%	12.4%	18.0%	7.8%	2.4%	0.4%	0.4%	694
Married	36.4%	27.3%	27.3%	9.1%	0.0%	0.0%	0.0%	22
Total	57.8%	12.8%	18.3%	.8%	2.4%	0.4%	0.4%	716

\* $\chi^2(6) = 7.26, p = .298$ ; Likelihood Ratio (6) = 7.23,  $p = .300$ ; Linear by Linear Association (1) = .766,  $p = .381$

Table 6 shows a crosstabulation of frequency of intoxication by classification.

This table shows us that the least likely classification to consume to the point of intoxication is freshman with 81.3% reporting no incidences of intoxication, while the most likely classification to consume to the point of intoxication is junior with only 37.8% of juniors reporting no incidences of intoxication. This trend extends into weekly use with 3.1% of freshmen reporting weekly intoxication as compared to 14.9% of their junior aged counterparts.



Table 6

*Crosstabulation of Frequency of Intoxication by Classification\**

	Never	1x/Year	1x/ Month	1x/ Week	2-3x/ Week	4-5x/ Week	Every Day	Total
Freshman	81.3%	7.6%	7.1%	3.1%	0.9%	0.0%	0.0%	224
Sophomore	61.0%	11.3%	18.6%	6.2%	2.3%	0.0%	0.6%	177
Junior	37.8%	16.2%	27.0%	14.9%	3.4%	0.7%	0.0%	148
Senior	41.0%	19.4%	22.3%	10.8%	4.3%	0.7%	1.4%	139
Graduate	45.2%	12.9%	35.5%	3.2%	0.0%	3.2%	0.0%	31
Total	58.0%	12.8%	18.2%	7.8%	2.4%	0.4%	0.4%	719

\* $\chi^2(24) = 116.03, p = .000$ ; Likelihood Ratio (24) = 117.827,  $p = .000$ ; Linear by Linear Association (1) = 62.73,  $p = .000$

Table 7 is a crosstabulation of frequency of drinking to the point of intoxication by reported frequency of attending organized church services. Students who reported attending church services weekly were the least likely to report a pattern of intoxication, with 65% of students in this group reporting never drinking to the point of intoxication. Students who reported attending church services two times a month were the most likely to report a pattern of drinking to intoxication, with only 36.5% of students reporting that they had never drunk to the point of intoxication.

Table 7

*Crosstabulation of Frequency of Intoxication by Frequency of Going to Church\**

Go to Church	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times / Week	4-5 Times / Week	Every Day	Total
Weekly	65%	13.2%	15.0%	5.1%	1.3%	0.3%	0.3%	394
3x/mo	54.9%	15.9%	23.2%	4.9%	1.2%	0.0%	0.0%	82
2x/mo	36.5%	11.5%	30.8%	15.4%	3.8%	0.0%	1.9%	52
1x/mo	42.4%	15.2%	27.3%	12.1%	3.0%	0.0%	0.0%	33
1-2x/semester	44.4%	13.3%	26.7%	11.1%	4.4%	0.0%	0.0%	45
Rarely/never	55.4%	8.9%	14.3%	13.4%	5.4%	1.8%	0.9%	112
Total	57.9%	12.8%	18.2%	7.8%	2.4%	0.4%	0.4%	718

\* $\chi^2(30) = 57.70, p = .002$ ; Likelihood Ratio (30) = 53.38,  $p = .005$ ; Linear by Linear Association (1) = 22.60,  $p = .000$

Table 8 provides reasoning behind the drinking patterns of students in relation to social interaction, varying stressors, peer pressures, and habitual drinking. Of the students surveyed, 53.93% self-reported reasons for drinking. Of the surveyed sample, 47.15% of students report their reason for drinking as drinking is viewed as a social activity or event. Other reasons for consuming are stress (4.88%), habit (1.08%), and peer pressure (0.81%).

Table 8

*Self-Reported Reason for Drinking*

	Frequency	Percent	Cumulative Percent
Never	340	46.07%	46.07%
Social	348	47.15%	93.22%
Stress	36	4.88%	98.10%
Peer Pressure	6	0.81%	98.92%
Habit	8	1.08%	100.00%
Total	738	100.00%	

Table 9 is a frequency table showing perceptions of frequencies with which individuals become intoxicated. Important to note from this table is that the perception of

intoxication is far greater than the self-reported rates. This is shown throughout the table, but can be highlighted on line one with 57.22% of students reporting never having reached the point of intoxication while also reporting that they believed only 6% of their peers had never drunk to the point of intoxication.

Table 9

*Self-reported and Perception of Peer Frequency of Consumption*

	Yourself	ACU Students
Never Drink	57.55%	6.27%
1 Time a Year	12.67%	11.72%
1 Time a Month	18.33%	33.79%
1 Time a Week	8.09%	33.65%
2-3 Times a Week	2.56%	11.99%
4-5 Times a Week	0.40%	1.50%
Every Day	0.40%	1.09%
Total	100.00%	100.00%

Lastly, Table 10 shows the results for the paired-samples *t*-test used to test the hypothesis that BASICS participants would report decreased alcohol consumption following completion of the BASICS program. Results indicate there was a statistically significant difference in reported alcohol consumption between the two time periods. In support of the hypothesis, the mean number of drinks reported after completion of BASICS (i.e., 1.86) was significantly lower than the mean number of drinks reported before completion of the BASICS program (i.e., 3.17)

Table 10

*Paired-Samples t-Test Results: Typical Number of Drinks Before and After BASICS*

	Mean	<i>N</i>	SD	SEM	<i>t</i>	<i>p</i>
Typical Drinks Before BASICS	3.17	29	2.97	0.55	2.71	0.011
Typical Drinks After BASICS	1.86	29	1.27	0.24		

## CHAPTER V

### DISCUSSION

There are many factors that can lead to and exacerbate alcohol consumption amongst college students, whether that consumption be responsible or in a pattern of alcohol misuse. While this study was exploratory in that the goal was to gather a baseline measure for use in the ACU population, we were able to ascertain that there are certain sets of characteristics and outside forces that may lead to increased likelihood to consume during a student's time in college. The most outstanding factors relating to increased consumption and intoxication were gender, place of residence, classification, and perception of others' use.

Running crosstabulations with gender continually showed an elevated level of intoxication and consumption for males as compared to their female counterparts. This disparity, in part, could be due to the varying social pressures to participate in consumption experienced by different gender expressions. Additionally, this could be linked to the societal pressure placed on females to consume responsibly beyond that of males.

The higher chance proportion of consumption and intoxication for both place of residence, classification, and marital status could be subject to several interpretations. Some of the plausible explanations include:

1. Drinking off campus is arguably safer in that a student is attempting to manage their risks when consuming.

2. As students reach these milestones (marriage, living off campus, becoming upper-classmen), many students are coming of age in ways that make their reported drinking patterns in full accordance of state drinking laws.
3. As students reach these milestones (marriage, living off campus, becoming upper-classmen), students are reaching a level of maturity that may lend itself to more frequent consumption.

Additionally, results indicate that by and large individual students are overestimating the rates of consumption by their peers. This is shown in Table 10 in which students report drinking at one-third of the rate they believe their peers to be consuming. This could be rooted in several things, such as social media or mass media publications of what is believed to be the college experience. However, this maintains that understanding perceived social norms is one of our most reliable tools to predict the likelihood of personal alcohol consumption among college students (Kulesza, Apperson McVay, Larimer, & Copeland et al., 2013).

Lastly, the question of the efficacy of the BASICS program was answered. BASICS, when implemented in full using personalized feedback, is effective at reducing overall drinking patterns by half (from 3.17 pre-program to 1.8 post-program). However, it is notable that BASICS participation is not an independently occurring event in the clients' lives, and this reduction may be in part to other factors prior to participating in the BASICS program. These factors may include any potential citations issued or concerns with the probationary contract through the Office of Student Life as a result of incurred alcohol related violations.

## **Limitations**

Several limitations are present within this study. Because all surveys utilized self-reporting, there is no way to confirm the answers that were given by students. Particularly when dealing with an issue that is generally against community standards of ACU, it is reasonable to believe that the data may have been somewhat compromised for fear of releasing personal information. Additionally, due to the means by which these surveys were distributed, there was not a random sample. This is reason to believe that the sample may have not been fully valid or representative of the students of ACU.

Furthermore, a limitation to this study is the lack of baseline information to compare the results to. While many universities participate in social norming surveys, ACU is a community driven by values varying from other universities and it would not be reasonable to compare results of this study to others.

Lastly, a limitation is that there is no means of causation present in this social norming survey. While students reported many things about themselves in addition to their consumption patterns, there is no way to tell which came first or if there was any means of causation between one and the other.

## **Implications**

### **Implications for Practice**

As mentioned in Chapter I, one of the most telling markers of a student's likelihood to drink is their perception of peer drinking patterns (Kulesza et al., 2013). As shown in Table 10, ACU students have an altered perception of the drinking patterns of their peers, assuming that peers consume much more than individual students self-report. It is important that students understand this disparity and are able to make decisions

based upon evidence that is transparent about the true drinking patterns of ACU students. It is the responsibility of the social worker in the ACU BASICS position as well as the responsibility of the Office of Student Life to disseminate the results of their survey to the greater ACU population.

Additionally, it is important for staff and faculty to recognize that they are working with a high-risk population. Because of this increased risk, both faculty and students may benefit from additional prevention programming. Included in this programming could be an aspect of intervention in which faculty and students are educated on any signs of alcohol misuse that might lead someone to believe that a student might benefit from additional services including the Office of Student Opportunities Advocacy and Resources (SOAR), the Office of Student Life, and BASICS.

### **Implications for Policy**

The results of this study have potential to affect campus policy. As stated in the literature review, awareness of peer drinking patterns is likely to affect the choices a student personally makes surrounding consumption. It is also known that alcohol education provides maximum impact when implemented during the first two years of college education (Strohman et al, 2016). This knowledge leads a researcher to believe that the overall student population would potentially benefit from the implementation of an alcohol education curriculum that is personalized to include ACU specific social norming data, holistic in scope, and implemented in the first two years of the college experience. It also may prove to benefit ACU students if policies were created that mandated the release of social norming data annually or bi-annually.



## **Implications for Research**

This being the first study of its kind regarding ACU's students and their patterns of consumption, intoxication, and education, it may prove to be beneficial to repeat this study in coming years to measure if anything has changed in the ACU community. Given that there is now baseline information establishing social norms of the ACU community, it can be determined if there is any correlation between the release of social norm data and changes in student's reported perceptions and behaviors in future studies. Further, as mentioned in the limitations section of this study, this study had no means to determine causation; therefore, variables and the relationships between them may be better understood with additional research.

## **Conclusion**

This study was intended to explore the relationships among varying factors in students' lives, alcohol education, perception of peers' consumption patterns, and their likelihood of consuming/misusing alcohol. The researchers gathered data through secondary data analysis of the 2020 ACU Social Norming Survey and the one- and three-month follow up surveys distributed by the ACU BASICS program. Analyzing this data, it was found that there were several variables that showed to be prevalent when researching levels of consumption and frequency of intoxication. These included, but are not limited to, gender, classification, place of residence, and marital status. A significant finding was the underestimation of alcohol consumption of peers also in the ACU population. These results should be approached with the understanding that there is no means to assume causation of the order in which consumption or intoxication patterns present themselves. Further, it is notable that alcohol consumption and misuse can have

many precursors, both biological and social, and it is important to educate and care for students in such a way that all parts of their being are nurtured.

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## APPENDIX A

### IRB Approval Letter

#### ABILENE CHRISTIAN UNIVERSITY

*Educating Students for Christian Service and Leadership Throughout the World*

Office of Research and Sponsored Programs  
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885

January 24, 2020



Emily Glaze  
Department of Social Work  
Box 27866  
Abilene Christian University

Dear Emily,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Efficacy of Brief Alcohol Survey and Intervention for College Students (BASICS) as it Pertains to Abilene Christian University",

(IRB# 19-157 ) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs



## APPENDIX B

### ACU Social Norming Survey

1. In your opinion, how often do the following groups drink alcohol?

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In your opinion, how many alcoholic beverages are generally consumed by individuals in a typical sitting?

	None	1	2	3	4	5	6 or More
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In your opinion, how often do students in the following groups typically get intoxicated?

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In your opinion, RANK in order of 1 (most frequent) to 5 (least frequent) where students most often drink alcohol.

- Bar
- Dorm Room
- Restaurant
- Off-Campus Party
- At Home

5. In your opinion, how do underage students most often get alcohol?

- Friend who is 21
- Fake ID
- Parent

6. In your opinion, which responses best describes why the following students drink?

	Never Drink	Social	Stress	Peer Pressure	Habit
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the last week, did you drink enough in one sitting to become intoxicated?

- Yes
- No

8. What would you most likely do if you witnessed a student drinking in their room on campus?

- I wouldn't say anything to the student or anyone else
- I would approach the student and ask them to stop and get rid of the alcohol
- I would contact an RA and allow them to handle the situation
- I would contact ACU PD

9. Have you attended a party this semester where alcohol was available?

- Yes
- No

10. When in an environment where alcohol is available do you feel social pressure to drink?

- Yes
- No
- I'm never in an environment where alcohol is available

11. In your opinion, how often do the following groups typically use marijuana?

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In your opinion, which responses best describes why the following students use marijuana?

	Never Drink	Social	Stress	Peer Pressure	Habit
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In the last week, did you use marijuana?

- Yes
- No

14. What would you most likely do if you witnessed a student using marijuana in their room on campus?

- I wouldn't say anything to the student or anyone else
- I would approach the student and ask them to stop and get rid of the alcohol
- I would contact an RA and allow them to handle the situation
- I would contact ACU PD

15. 1. In your opinion, how often do the following groups typically use illicit drugs (not including marijuana)?

	Never	1 Time a Year	1 Time a Month	1 Time a Week	2-3 Times a Week	4-5 Times a Week	Every Day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at ACU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACU Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Select all illicit drugs you used in the last week:

- All
- Most
- Some
- A few
- None
- Cocain
- Opiods
- LSD
- Mushrooms
- Heroin
- Molly
- Synthetic Marijuana
- Prescription (not yours or you took more than the allotted dosage)
- Steroids

## APPENDIX C

### Lipscomb University Social Norming Survey

1. In your opinion, how often do the following groups drink alcohol?

	Never	1 time a year	1 time a month	1 time a week	2-3 times a week	4-5 times a week	Every day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In your opinion, how many alcoholic beverages are generally consumed by individuals in a typical sitting?

	None	1	2	3	4	5	6	7 or more
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In your opinion, how often do students in the following groups typically get intoxicated?

	Never	1 time a month	2 times a month	3 times a month	4 times a month	5 times a month	6 times a month	7 or more times a month
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. In your opinion, RANK in order of 1 (most frequent) to 6 (least frequent) where students most often drink alcohol?

⋮	Bar
⋮	Night Club
⋮	Dorm Room
⋮	Off Campus Party
⋮	Sporting Events (Titans, Preds, ...)
⋮	At Home

5. In your opinion, how do underage students most often get alcohol?

- Friend who is 21
- Fake ID
- Parent

6. In your opinion, which response best describes why the following students drink?

	Never Drink	Social	Stress	Peer Pressure	Habit
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. In the last week, did you drink enough in one sitting to be intoxicated?

- No
- Yes

8. What would you most likely do if you witnessed a student drinking in their room on campus?

- I wouldn't say anything to the student or anyone else
- I would approach the student and ask them to stop and get rid of the alcohol
- I would contact an RA and allow them to handle the situation
- I would contact Lipscomb Security

9. Have you attended a party/s this semester where alcohol was available?

- No
- Yes

10. When in an environment where alcohol is available do you feel social pressure to drink?

- No
- Yes
- I'm never in an environment where alcohol is available

Copy of LU Alcohol, Drug, and Sex: Social Norming Survey Fall 2017

### Marijuana

11. In your opinion, how often do the following groups typically use marijuana?

	Never	1 time a year	1 time a month	1 time a week	2-3 times a week	4-5 times a week	Every day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In your opinion, which response best describes why the following students use marijuana?

	Never Use	Social	Stress	Peer Pressure	Habit
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. In the last week, did you use marijuana?

- NO  
 YES

Copy of LU Alcohol, Drug, and Sex: Social Norming Survey Fall 2017

Illicit Drugs

14. In your opinion, how often do students typically use illicit drugs (not including marijuana)?

	Never	1 time a year	1 time a month	1 time a week	2-3 times a week	4-5 times a week	Every day
Yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends at Lipscomb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lipscomb Students in General	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



15. Select all illicit drugs you used in the last week:

- None
- Cocaine
- Opioids
- LSD
- Mushrooms
- Heroin
- Molly
- Synthetic Marijuana (K2)
- Prescription (not yours or you took more than the allotted dosage)
- Steroids

16. What would you most likely do if you witnessed a student with marijuana in their room?

- I wouldn't say anything to the student or anyone else
- I would approach the student and ask them to get rid of the marijuana
- I would contact an RA and allow them to handle the situation
- I would contact Lipscomb Security or Police Department

Copy of LU Alcohol, Drug, and Sex: Social Norming Survey Fall 2017

Sex

17. Did you have sexual intercourse last week?

- No
- Yes

18. Have you ever had sexual intercourse?

- No
- Yes

19. In your opinion, mark ALL of the actions which are inappropriate outside of a marriage relationship. Mark all that apply:

- Sexting
- Kissing
- Petting
- Fondling
- Mutual Masturbation
- Oral Sex
- Penetration
- Nothing is inappropriate outside of a marriage relationship

20. What would you most likely do if you witnessed a sexual assault on campus?

- I wouldn't say anything to the student or anyone else
- I would immediately approach the individuals and put an end to the assault
- I would contact an RA and allow them to handle the situation
- I would contact Lipscomb Security or the Police Department
- I would file a report with one of Lipscomb's Title IX deputies

21. What would you most likely do if you witnessed a sexual assault off campus?

- I wouldn't say anything to the student or anyone else
- I would immediately approach the individuals and put an end to the assault
- I would contact an RA and ask them for help
- I would contact Lipscomb Security to file a report
- I would call the police
- I would file a report with one of Lipscomb's Title IX office

22. Which of the following most accurately describes Lipscomb's alcohol policy?

- Undergraduate student are not allowed to drink regardless of age, on or off campus, at any time.
- Undergraduate students who are not 21 are not allowed to drink. All other students may drink as long as they are off campus.
- Students may drink as long as they are 21.

## Impacts

23. In your opinion, what impact does using alcohol have on the following areas?

	Positive	Negative	Neutral
Academic Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. In your opinion, what impact does marijuana use have on the following areas?

	Positive	Negative	Neutral
Academic Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Have you ever engaged in unwanted sexual activity as a result of drug and/or alcohol use?

- No  
 Yes

26. Which of the following best describes your sexuality?

- Heterosexual (opposite sex attraction)  
 Homosexual (same sex attraction)  
 Bi-Sexual (attracted to both genders)

Copy of LU Alcohol, Drug, and Sex: Social Norming Survey Fall 2017

Demographic Information

27. What is your gender:

- Female
- Male

28. How old are you?

- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25 or older

29. What is your current classification:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student

30. Where do you live?

- On Campus
- Off Campus

31. What is your current cumulative GPA range?

- 0.0 - 1.0
- 1.0 - 1.5
- 1.5 - 2.0
- 2.0 - 2.5
- 2.5 - 3.0
- 3.0 - 3.5
- 3.5 - 4.0

32. What is your marital status?

- Married
- Not Married

33. MARK ALL activities you are involved in this semester:

- Intramural Sports
- Division I Athletics
- SGA
- Social Club
- Service Club
- Business Club
- Professional Club
- Group Fitness
- LU Mission Trip

Other (please specify)

34. In your opinion, does Lipscomb University provide sufficient activities and events for students who are not interested in partying?

- Yes
- No

Other (please specify)

## APPENDIX D

### One-Month BASICS Follow-Up Survey

BASICS: Alcohol 1-month Survey

<https://docs.google.com/forms/d/1WCyNUsJLPXLKJ4Kxkg...>

#### **BASICS: Alcohol 1-month Survey**

\* Required

1. **Do you believe that you are developing a drinking problem? \***

*Mark only one oval.*

- True  
 False

2. **Do you believe that you are developing a drug problem? \***

*Mark only one oval.*

- True  
 False

3. **Before BASICS, how many drinks did you consume on a typical occasion? \***

*Mark only one oval.*

- 0-1  
 1-2  
 2-3  
 3-4  
 4-5  
 5-6  
 6-7  
 7-8  
 8-9  
 9-10  
 10+

**4. Pertaining to the previous question, over how many hours? \****Mark only one oval.*

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7+

**5. Have you consumed alcohol in the past 30 days? \****Mark only one oval.*

- Yes
- No

**6. Has your drinking pattern changed since completing BASICS? \****Mark only one oval.*

- Yes, I no longer drink.
- Yes, I drink significantly less.
- I drink about the same.
- No, I drink more.

**7. Since completing BASICS, when you party/socialize, how many drinks do you have on average? \****Mark only one oval.*

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10+

8. **Pertaining to the previous question, over how many hours? \***

*Mark only one oval.*

- 0-1  
 1-2  
 2-3  
 3-4  
 4-5  
 5-6  
 6-7  
 7+

9. **Since completing BASICS, have you missed class or been unable to finish an assignment because of a hangover? \***

*Mark only one oval.*

- Yes  
 No

10. **Since completing BASICS, have you driven after drinking? \***

*Mark only one oval.*

- True  
 False

11. **Since completing BASICS, have you experienced a blackout? \***

*Mark only one oval.*

- Yes  
 No

12. **Since completing BASICS, have you found that when you start drinking, you drink more than you planned? \***

*Mark only one oval.*

- Yes  
 No



**13. Please choose the answer for each statement that best describes your experience.**

\*

*Mark only one oval per row.*

	Not At All	Somewhat Likely	Likely	Very Likely
If you choose to drink, how likely are you to apply something you learned in BASICS?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How likely are you to used a blood alcohol calculator tool?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. Please choose the answer that best describes your experience.**

\*

*Mark only one oval per row.*

	Strongly Agree	Agree	Disagree	Strongly Disagree
I find it difficult to socialize and only have 1-2 drinks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to socialize and not use drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I drink, I generally have 4+ drinks at a time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. What is the most important thing that was discussed in BASICS that you are using now?**

\*

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---

**16. One thing I wish we had discussed in BASICS is...**

\*

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## APPENDIX E

### Three-Month BASICS Follow-Up Survey

BASICS: Alcohol 3-month Survey

<https://docs.google.com/forms/d/111scq5AVe9jOHfxKCF-hQ1...>

#### **BASICS: Alcohol 3-month Survey**

\* Required

1. **Do you believe that you are developing a drinking problem? \***

*Mark only one oval.*

- True  
 False

2. **Do you believe that you are developing a drug problem? \***

*Mark only one oval.*

- True  
 False

3. **Before BASICS, how many drinks did you consume on a typical occasion? \***

*Mark only one oval.*

- 0-1  
 1-2  
 2-3  
 3-4  
 4-5  
 5-6  
 6-7  
 7-8  
 8-9  
 9-10  
 10+

**4. Pertaining to the previous question, over how many hours? \***

*Mark only one oval.*

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7+

**5. Have you consumed alcohol in the past 30 days? \***

*Mark only one oval.*

- Yes
- No

**6. Has your drinking pattern changed since completing BASICS? \***

*Mark only one oval.*

- Yes, I no longer drink.
- Yes, I drink significantly less.
- I drink about the same.
- No, I drink more.

**7. Since completing BASICS, when you party/socialize, how many drinks do you have on average? \***

*Mark only one oval.*

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10+

8. **Pertaining to the previous question, over how many hours? \***

*Mark only one oval.*

- 0-1
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7+

9. **Since completing BASICS, have you missed class or been unable to finish an assignment because of a hangover? \***

*Mark only one oval.*

- Yes
- No

10. **Since completing BASICS, have you driven after drinking? \***

*Mark only one oval.*

- True
- False

11. **Since completing BASICS, have you experienced a blackout? \***

*Mark only one oval.*

- Yes
- No

12. **Since completing BASICS, have you found that when you start drinking, you drink more than you planned? \***

*Mark only one oval.*

- Yes
- No