

**U.S. Department of Education  
Alcohol, Other Drug, and Violence Prevention  
Survey of American College Campuses**

The U.S. Department of Education is conducting a survey of randomly selected colleges and universities to learn more about alcohol and other drug prevention efforts taking place on college campuses. Your institution was one of the randomly selected schools. Your responses will help the Department of Education better meet the prevention needs of colleges and universities across the nation. *Responding to the questions in this survey is voluntary and you can stop taking the survey at any time.*

The Department's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is assisting in conducting the survey. The Center is the Department's primary provider of services in alcohol and other drug abuse and violence prevention in higher education founded upon state-of-the-art knowledge and research-based strategies.

All responses will be kept confidential. The Higher Education Center will analyze survey responses in the aggregate and will not identify specific information with any particular school.

Please provide your Institution ID and password to complete the survey:

Institution ID:  
Password:  
\*\*LOGIN\*\*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average **50 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4700. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Safe and Drug-Free Schools, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202-6450.

For technical assistance, please contact [HECSAS\\_TA@orcmacro.com](mailto:HECSAS_TA@orcmacro.com) and explain the nature of the problem.

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## Demographic Information

1. Please provide us with some characteristics of your school.
  - a. Primarily two-year or four-year?  
 Two-year  
 Four-year
  - b. Public or private?  
 Public  
 Private
  - c. Primarily commuter or residential?  
 Commuter campus  
 Residential campus
2. Number of undergraduate students enrolled:  
 1-500  
 501-1,000  
 1,001-5,000  
 5,001-10,000  
 10,001-20,000  
 20,001 or more
3. State in which your school is located:
4. Location:  
 Urban  
 Suburban  
 Rural
5. Is there a coordinated, multi-campus alcohol and other drug prevention initiative for colleges and universities in your state?  
 Yes  
 No  
 Don't know
6. [IF YES] Is your campus a part of this initiative?  
 Yes  
 No  
 Don't know

7. Does your campus have on-campus housing (residence halls) for students?

- Yes
- No
- Don't know

8. Does your campus have a Greek system (fraternity or sororities)?

- Yes
- No
- Don't know

9. Does your campus have an intercollegiate athletics program?

- Yes
- No
- Don't know

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### Alcohol and Other Drug-Related (AOD) Policy and Enforcement

10. The following questions ask about your school's *current* policies.

Do your school's policies:				
a. Prohibit all alcohol use on campus for STUDENTS UNDER AGE 21?	Yes	No	Don't Know	
b. Prohibit all alcohol use on campus for ALL STUDENTS?	Yes	No	Don't Know	
c. Prohibit all alcohol use on campus for EVERYONE (students, faculty, staff, and administrators)?	Yes	No	Don't Know	
d. Prohibit alcohol use in public places?	Yes	No	Don't Know	
e. Prohibit kegs in residence halls?	Yes	No	Don't Know	Campus Does not Have Residence Halls
f. Prohibit kegs in fraternities and	Yes	No	Don't Know	Campus Does not

Do your school's policies:			
sororities?			Have Fraternities/Sororities
g. Prohibit alcohol sales at all campus sports arenas?	Yes	No	Don't Know
h. Prohibit all campus alcohol marketing?	Yes	No	Don't Know

11. Does your school have on-campus events where alcohol is served to students?

- Yes
- No
- Don't know

11a. <b>[IF YES]</b> Does your campus do any of the following for the purposes of AOD prevention?			
a. Require on-campus functions to be registered	Yes	No	Don't Know
b. Require use of registered and trained alcohol servers for on-campus events	Yes	No	Don't Know
c. Disseminate guidelines for on-campus events	Yes	No	Don't Know
d. Require servers to check for IDs at on-campus events	Yes	No	Don't Know
e. Prohibit kegs for all on-campus events	Yes	No	Don't Know

12. Is alcohol prohibited at tailgating functions?

- Yes
- No
- Campus does not offer tailgating functions
- Don't know

13. Has your campus implemented any of the following strategies for purposes of AOD prevention?			
a. Increased patrols near ON-CAMPUS PARTIES	Yes	No	Don't Know
b. Increased patrols near OFF-CAMPUS PARTIES	Yes	No	Don't Know
c. Increased ID checks at on-campus functions	Yes	No	Don't Know
d. Increase ID checks at off-campus functions	Yes	No	Don't Know
e. Increased disciplinary sanctions for violation of campus AOD policies	Yes	No	Don't Know
f. Increased criminal prosecution of students for AOD-related offenses	Yes	No	Don't Know
g. Decoy operations at campus pubs and on-campus functions	Yes	No	Don't Know
h. Parental notification for AOD violations	Yes	No	Don't Know
i. Educated alcohol sellers/servers about potential legal liability	Yes	No	Don't Know
j. Have a responsible beverage service training program	Yes	No	Don't Know
k. Disseminate guidelines for on-campus parties	Yes	No	Don't Know

14. How often does your campus review and revise its AOD policy?

- Yearly
- Biennially
- On an ad hoc basis
- Not applicable

15. How does your campus disseminate its written AOD policy to students? *(Please check all that apply.)*

- Posted on the web
  - Mailed to all students annually
  - Published in student handbook
  - Handed out during orientation
  - Handed out during classes or workshops required of all students
  - Other, please specify:
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### **AOD Prevention Programs and Activities**

16. Does your campus have an AOD prevention plan?      Yes                  No                  Don't Know

[IF YES] Does your campus AOD prevention plan—

- |  |     |    |            |
|--|-----|----|------------|
| Address priorities identified through data?        | Yes | No | Don't Know |
| Include measurable goals and objectives?           | Yes | No | Don't Know |
| Include strategies based on scientific literature? | Yes | No | Don't Know |
| Include an evaluation plan?                        | Yes | No | Don't Know |
| Have senior administrator support?                 | Yes | No | Don't Know |

17. Does your school have AOD prevention programming that focuses specifically on the following groups?

- |                                    | Yes                      | No                       | Don't Know               |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Student athletes                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fraternity and sorority members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. First-year students             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Women                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Minorities                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. HAS YOUR CAMPUS IMPLEMENTED THE FOLLOWING EARLY INTERVENTIONS WITH INDIVIDUAL STUDENTS WHO ARE AT RISK FOR OR EXPERIENCING AOD-RELATED PROBLEMS?

a. Formal screening for problem drinking or alcohol-related problems	Yes	No	Don't Know
b. Formal screening for all incoming first year students	Yes	No	Don't Know
c. Brief motivational interviews (e.g., BASICS, or other program) for intervening with problem drinkers	Yes	No	Don't Know
d. Interventions that focus on challenging alcohol expectancies	Yes	No	Don't Know
e. Provide individualized normative feedback on	Yes	No	Don't Know

problem drinking/alcohol-related problems to individual students in personal interviews			
f. Provide individualized normative feedback on problem drinking/alcohol-related problems to individual students via the Web	Yes	No	Don't Know
g. Provide normative feedback on problem drinking/alcohol-related problems to students in small groups	Yes	No	Don't Know
h. On-campus counseling programs for students with alcohol-related problems	Yes	No	Don't Know
i. On-campus self-help/recovery groups	Yes	No	Don't Know
j. Intervention program for policy violators	Yes	No	Don't Know
k. Faculty or staff training in student identification and referral of AOD problems	Yes	No	Don't Know
l. Other (please specify)	Yes	No	Don't Know

19. Has your school implemented any of the following for the purpose of AOD prevention?			
a. Peer education programs	Yes	No	Don't Know
b. Programs to correct student misperceptions of drinking norms (i.e., social norms marketing campaigns)	Yes	No	Don't Know
c. Alcohol-awareness week events	Yes	No	Don't Know
d. Student orientation session on prevention programs and policies	Yes	No	Don't Know
e. Curriculum infusion (i.e., the inclusion of topics addressing alcohol- and other drug-related issues into general academic courses)	Yes	No	Don't Know
f. Provide "safe rides" program	Yes	No	Don't Know
g. Scheduled early morning classes	Yes	No	Don't Know
h. Regularly scheduled exams on Fridays	Yes	No	Don't Know
i. Shortened the period between final exams and graduation	Yes	No	Don't Know
j. Eliminated Spring Break	Yes	No	Don't Know
k. Changed college admission procedures	Yes	No	Don't Know
l. Increased academic standards	Yes	No	Don't Know
m. Expanded hours for student center, library, gym, or other alcohol-free settings	Yes	No	Don't Know
n. Opened a student center, coffeehouse, or other alcohol-free setting	Yes	No	Don't Know
o. Promoted consumption of non-alcoholic beverages at events	Yes	No	Don't Know

19. Has your school implemented any of the following for the purpose of AOD prevention?			
p. Increased opportunities for greater faculty-student contact	Yes	No	Don't Know
q. Expanded community service learning opportunities for students	Yes	No	Don't Know
r. Expanded volunteer opportunities for students	Yes	No	Don't Know
s. Expanded community service requirements as part of the academic curriculum	Yes	No	Don't Know

20. Does your school provide AOD information through mailings to:

- |  | Yes                   | No                    | Don't Know            |
|--|-----------------------|-----------------------|-----------------------|
| a. Prospective students?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Parents of prospective students?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Incoming students (before their arrival)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Parents of current students?              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. Are events that serve alcohol (on or off-campus) advertised on campus through bulletin boards, posters, flyers, or other means?

- Yes
- No
- Don't know

22. Does your school provide substance-free housing in which alcohol is prohibited at all times?

- Yes
- No
- Don't know
- Campus does not have residence halls for students

20a. [IF YES] What percentage of students housed on campus live in substance free residence halls? \_\_\_\_\_%

20b. Does available substance-free housing meet current demand for it?

- Yes
- No
- Don't know

23. Please indicate other types of substance-free environments your campus offers to students.  
 (Please check all that apply.)

- Selected residence hall floors
- All public areas
- Dining areas
- Academic buildings
- Sports arenas

24. Does your school sponsor substance-free social events for students?

- Yes
- No
- Don't know

24a. [IF YES] How often are substance-free social events for students sponsored by your school?

- All are substance-free
- More than once per week
- Weekly
- Every two weeks
- Monthly
- Less than once per month
- Less than once per semester

25. What other major AOD prevention activities are taking place at your school that have not already been asked about on this survey?

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26. Has your campus participated in efforts to implement the following strategies to limit alcohol availability on or near your campus?			
a. Limit the number and concentration of alcohol outlets near campus	Yes	No	Don't Know
b. Limit days or hours of alcohol sales	Yes	No	Don't Know
c. Limit container size for alcohol sales	Yes	No	Don't Know
d. Require keg registration	Yes	No	Don't Know
e. Increase state alcohol tax	Yes	No	Don't Know

27. Has your school taken any of the following steps FOR THE PURPOSES OF AOD PREVENTION?			
a. Prohibit alcohol advertising on campus	Yes	No	Don't Know
b. Restrict alcohol advertising on campus	Yes	No	Don't Know
c. Prohibit on-campus advertising of low-price drink specials	Yes	No	Don't Know
d. Prohibit or restrict alcohol industry sponsorship of on-campus events	Yes	No	Don't Know
e. Prohibit alcohol industry signs at major facilities (e.g. scoreboards at stadiums)	Yes	No	Don't Know
f. Prohibit mention of alcohol in event or party announcements on-campus	Yes	No	Don't Know
g. Prohibit alcohol promotions that show drinking in high-risk contexts	Yes	No	Don't Know
h. Require pro-health media messages to counterbalance alcohol advertising	Yes	No	Don't Know
i. Create cooperative agreement with local businesses to institute minimum alcohol pricing	Yes	No	Don't Know
j. Create cooperative agreement with local businesses to limit special drink promotions	Yes	No	Don't Know

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## AOD Task Force and Coalition Programs and Activities

28. Does your campus currently have a campus task force or committee overseeing AOD prevention efforts?

- Yes, there is a task force in place but it has not met for over a year
- Yes, the task force has met in the last year but not on a regular basis
- Yes, the task force has had regular meetings in the past year
- No, used to have a task force in place but it no longer exists
- No, have never had a task force in place
- Don't know

28a. [IF YES] Does the president or a president's designee participate in this task force or committee?

- Yes
- No
- Don't know

28b. On a scale of 1-5, please rate the activity level of your task force.

Very Inactive						Very Active
1	2	3	4	5		

29. Does your campus currently have a coalition formed with members of the local community?

- Yes, there is a campus-community coalition in place but it has not met for over a year
- Yes, the campus-community coalition has met in the last year but not on a regular basis
- Yes, the campus-community coalition has had regular meetings in the past year
- No, used to have a campus-community coalition in place but it no longer exists
- No, have never had a campus-community coalition in place
- Don't know

29a. [IF YES] Does your campus and community coalition have a designated leader?

- Yes
- No
- Don't know

29b. On a scale of 1-5, please rate the activity level of your coalition.

Very Inactive						Very Active
1	2	3	4	5		

30. In the last three years, how has hard-money (non-grant) funding for your school's AOD abuse prevention program changed?

- Decreased
- Remained the same
- Increased

31. How many staff members at your school are employed to develop and implement AOD prevention programs and policies? Please state the number of full-time equivalent (FTE) units (1 full-time staff member = 1 FTE):

\_\_\_ FTEs

32. What information or resources (other than additional funding) would help strengthen your school's AOD prevention program?

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## **Violence Prevention**

### **Campus Safety Programs**

33. Does your institution currently offer any of the following services or programs concerning campus safety?			
a. Foot or bicycle patrols by security personnel	Yes	No	Don't Know
b. Night-time escort services	Yes	No	Don't Know
c. Night-time shuttle bus or van services	Yes	No	Don't Know
d. Limited access to residence halls	Yes	No	Don't Know
e. Limited access during nights and weekends to academic buildings	Yes	No	Don't Know
f. Emergency phone systems	Yes	No	Don't Know
g. Program of publishing or posting safety reminders	Yes	No	Don't Know
h. Safety/crime prevention presentations to campus groups	Yes	No	Don't Know
i. Victim's assistance programs	Yes	No	Don't Know
j. Self-defense training	Yes	No	Don't Know
k. Other _____	Yes	No	Don't Know

### **Student Conduct Policies**

34. Please indicate whether each of the following behaviors are specifically prohibited in your student conduct policies (either by the code of student conduct OR by a stand-alone student policy):

	Yes, specifically listed in policies as prohibited	Not specifically listed in policies, but prohibited under another listed offense	Not prohibited
a. Dating / relationship violence			
b. Stalking			
c. Sexual harassment			
d. Hate / bias-related violence			
e. Hazing			
f. Rioting or other public disturbance			
g. Vandalism			
h. Suicidal behavior			
i. Rape / sexual assault			
j. Possession of a weapon			
k. Threat of violence			
l. Failure to comply with campus police or security			
m. Other: _____			

35. How does your campus disseminate its student conduct policies to students? *(Please check all that apply.)*

- Posted on the web
  - Mailed to all students annually
  - Published in student handbook
  - Handed out during orientation
  - Handed out during classes or workshops required of all students
  - Other, please specify:
- 

**Violence Prevention Efforts**

36. In this section on violence prevention efforts, we would like you to indicate whether your campus provides educational sessions for different student populations regarding a range of types of violence. Over the next several pages, for any “yes” response, you will be asked to also indicate whether the sessions are mandatory, and how long the sessions are.

Sexual Assault/Rape

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

Relationship/Dating Violence

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

Sexual Harassment

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

Hate or Bias-related Violence

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

Hazing

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

Suicidal Behavior

	Yes	No	Don't Know
First-year women			
First-year men			
Student athletes			
Fraternity/ sorority members			
Other: _____			

**Box 1: Sessions**

- a. Sexual Assault/Rape
- b. Relationship/Dating Violence
- c. Sexual Harassment
- d. Hate or Bias-related Violence
- e. Hazing
- f. Suicidal Behavior

**Box 2: Populations**

- i. First-year woman
- ii. First-year men
- iii. Student athletes
- iv. Fraternity/sorority members
- v. General student body
- vi. Other

**g. For each “yes” response in questions 35a through 36f, please indicate whether the sessions are mandatory and the duration of the program. Use the codes in Box 1 to**

indicate the type of violence, use the codes in Box 2 to indicate the population. For example, if your campus held sessions on hazing for the general student body that was mandatory and 30 minutes long, see the example below:

Type of Violence (Code in Box 1)	Population (Code in Box 2)	Is this program mandatory?		What is the program's duration?		
		Yes	No	< 1 hour	1-2 hours	> 2 hours
e	v					

36a. Please provide any additional information you think is important for us to know about the educational programming regarding violence on your campus.

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37. Below we have provided a list of strategies campuses use for violence prevention. Please indicate whether your campus has used any of these strategies in the past year to address the types of violence listed across the top.

	Sexual assault/ rape	Relationship /dating violence	Sexual Harassment	Hate or bias-related violence	Hazing	Suicidal behavior
Distribute printed materials						
Educational Web site						
Posters/ media campaign						
Campuswide guest speaker						
Awareness week						
Revised policy						
Other (please specify)						

**Riots, Event-Related Problems, or Other Campus Disturbances**

Note: this question refers to rioting or disorder related to sporting events and campus events or celebrations, as well as spontaneous student disturbances.

**38. In the past year,** please indicate whether your campus has conducted any of the following activities for the purpose of **preventing** riots or other campus disturbances:

- Event/situation management planning with multiple campus departments
- Planning with local community
- Collaboration between campus security and local law enforcement
- Flyers/letters or other communication to students
- Flyers/letters or other communication to parents
- Campuswide media campaign
- Increased enforcement of campus policies or community laws
- Alcohol-free events
- Other, please specify: \_\_\_\_\_

**Vandalism**

**39. In the past year,** please indicate whether your campus has conducted any of the following activities for the purpose of **preventing** vandalism:

- Increased patrol of campus areas at high risk for vandalism
- Increased enforcement of penalties for vandalism
- Publicize the costs of vandalism
- Bill students for damages
- Conduct video surveillance of high-risk areas
- Increase access control to frequently vandalized areas
- Prohibit alcohol in residence halls
- Redesign the physical environment (e.g., buy stronger furniture, fence in parking lots)
- Encourage reporting by students who witness vandalism
- Other, please specify: \_\_\_\_\_

**Crisis Response and Emergency Planning**

40. Does your campus have a written crisis response or emergency management plan in place?	Yes	No	Don't Know
41. Have you or any of your staff received training in critical incident management?	Yes	No	Don't Know
42. Have you or any of your staff participated in “table-top” exercises, in which groups practice responding to emergencies by talking through the steps together?	Yes	No	Don't Know
43. Have you or any of your staff participated in drills or practical simulations to rehearse emergency responses?	Yes	No	Don't Know

**Sexual Assault Response Training**

44. Do any of the following groups receive specialized training to respond to reports of sexual assault?

a. Campus law enforcement/security officers	Yes	No	Don't Know
b. Judicial/disciplinary board members	Yes	No	Don't Know
c. Resident assistants	Yes	No	Don't Know
d. Other: _____	Yes	No	Don't Know

**Interdepartmental Groups Addressing Violence**

45. Is there a standing institutional group (e.g., interdepartmental task force, council, or committee) that meets regularly to address the following topics?

a. General campus crime/safety	Yes	No	Don't Know
b. Sexual assault	Yes	No	Don't Know
c. Crisis management	Yes	No	Don't Know
d. Emergency preparedness	Yes	No	Don't Know

45a. Are there other topics on violence that this group addresses that we missed in the list above?

- Yes
- No

45a\_1. [IF YES] What are these specific topics?

- a. Topic A:
- b. Topic B:
- c. Topic C:

45b. General campus crime/safety

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol	Never, Seldom, Occasionally, Frequently

and other drug issues?	
f. Other comments about this group	_____

Sexual Assault

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____

### Crisis Management

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____ _____

### Emergency Preparedness

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____ _____

Topic A (Respond to these questions only if you completed Topic A on page 17)

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____ _____

Topic B (Respond to these questions only if you completed Topic B on page 17)

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____ _____

Topic C (Respond to these questions only if you completed Topic C on page 17)

a. Does this group include members of the surrounding community?	Always Sometimes No Don't Know
b. Does this group include students?	Always Sometimes No Don't Know
c. How would you describe the group's focus?	Prevention, Response, Both prevention and response
d. Please indicate whether the group performs the following tasks:	<input type="checkbox"/> Review data about the problem <input type="checkbox"/> Create or revise policies <input type="checkbox"/> Plan prevention programming <input type="checkbox"/> Create response systems <input type="checkbox"/> Respond when crises occur <input type="checkbox"/> Share information about potential problem students or situations <input type="checkbox"/> Coordinate/integrate prevention programming <input type="checkbox"/> Coordinate/integrate student services <input type="checkbox"/> Other: _____
e. How often does this group address alcohol and other drug issues?	Never, Seldom, Occasionally, Frequently
f. Other comments about this group	_____ _____

46. Other comments about your campuses' interdepartmental task forces:

\_\_\_\_\_

47. Please indicate which types of violence are addressed under the following infrastructure at your campus.

	Sexual assault/ rape	Relationship /dating violence	Sexual Harassment	Hate or bias-related violence	Hazing	Suicidal behavior
Peer leadership/ education group						
Student advocacy organization						
Included in a staff person's job description						
Other (please specify):						

48. Other comments on infrastructure: \_\_\_\_\_

49. Is there a written strategic plan (or plans) to address issues of violence on your campus?

- Yes
- No
- Don't know

b. [IF YES] Please describe the plan:

- Comprehensive plan addressing multiple forms of violence
- One or more separate plans, each of which cover a specific area (e.g., sexual violence prevention, crisis response)
- Other (please specify): \_\_\_\_\_

c. Which specific areas are covered in your plan?

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50. What do you see as the top three barriers to implementing a comprehensive violence *prevention* initiative on your campus?

- Lack of funding for prevention efforts generally
- Violence prevention is not a high priority compared to other prevention issues (e.g., AOD issues, eating disorders, mental health)
- Available resources devoted to response rather than prevention
- Prevention efforts focus narrowly on one or two violence topics, rather than a comprehensive approach addressing multiple areas of violence
- Lack of staff time assigned to violence prevention
- Trouble getting the police to collaborate on prevention
- Lack of knowledge about effective violence prevention strategies
- Fear that proactive efforts will increase potential legal liability
- Other (please specify): \_\_\_\_\_

51. Which of the following victim advocacy services are made available to your students?

Service	Available on-campus	Available through formal agreement with off-campus provider	Services available in community, but no formal agreement	Not available	Don't know
a) 24-hour Help Line					
b) Accompaniment to the hospital and police station for reporting					
c) Case management					
d) Assistance with student judicial and/or mediation procedures					
e) Legal assistance / referrals					
f) Medical referrals					
g) Individual counseling					
h) Group counseling/ support groups					
i) Counseling referrals					
j) Requests for on-campus housing relocation or transfer of classes					
k) Academic support services					

52. Does your campus have staff members whose job descriptions include both violence and AOD-related tasks?

- Yes
- No

52a. [IF YES] How many?

- 1 staff member
- 2 staff members
- 3 staff members
- 4 or more staff members
- Don't know

53. Overall, how well integrated are your campus' violence prevention and AOD prevention efforts?

- Not at all well
- Poorly
- Somewhat well
- Well
- Very well

54. What information or resources (other than additional funding) would help strengthen your school's violence prevention efforts?

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## Evaluation and Assessment

55. Do you use CAMPUS-WIDE surveys of student behavior and attitudes related to alcohol and other drugs?

- Yes
- No
- Don't Know

55a. [IF YES] Which assessment instruments have you used?

Core Alcohol and Drug Survey	Yes	No	Don't Know
National College Health Assessment	Yes	No	Don't Know
Self-designed instrument	Yes	No	Don't Know
Other (please specify): _____	Yes	No	Don't Know

55b. [FOR EACH OF THE ABOVE YES] Do you currently use the [ASSESSMENT INSTRUMENT]?

- Yes
- No

56. When was the last time your institution conducted a CAMPUS-WIDE survey of student behavior and attitudes related to alcohol and other drugs?

- Spring 2007
- Fall 2006
- Spring 2006
- Fall 2005
- Spring 2005
- Fall 2004
- Spring 2004
- Fall 2003
- Spring 2003
- Fall 2002
- Prior to Fall 2002
- Do Not Conduct Campus-wide Surveys
- Don't Know

57. Does your campus collect or compile any of the following types of data?

	Yes	No	Don't Know
Survey data regarding students' AOD-related knowledge, attitudes, and behaviors			
Survey data regarding students' knowledge, attitudes, and behaviors regarding violence			
Disciplinary/judicial data			
Vandalism/property damage records			
AOD-related incidents in residence halls			
Annual Clery Report			
Biennial Report			
Summary statistics from student health services			
Summary health statistics from student counseling services			
Results from environmental scans			
Results from focus groups			
Records from community hospital emergency rooms			
Community crime statistics			
Records from community hospital emergency rooms			
Other campus data _____			

58. [FOR EACH YES TYPES OF DATA WILL APPEAR] How are the data from the following collection efforts used?

	AOD prevention program development	AOD program evaluation	Violence prevention program development	Violence program evaluation
Survey data regarding students' AOD-related knowledge, attitudes, and behaviors				
Survey data regarding students' knowledge, attitudes, and behaviors regarding violence				
Disciplinary/judicial data				
Vandalism/property damage records				
AOD-related incidents in residence halls				
Annual Clergy Report				
Biennial Report				
Summary statistics from student health services				
Summary health statistics from student counseling services				
Results from environmental scans				
Results from focus groups				
Records from community hospital emergency rooms				
Community crime statistics				
Records from community hospital emergency rooms				
Other campus data _____				

**Conclusion**

I am or I have been authorized by the senior administrator responsible for coordinating this college's institutional response to problems related to alcohol and other drug use. I hereby certify the accuracy of the responses indicated in this questionnaire.

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Institution \_\_\_\_\_ Job Title \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Thank you!**