

ABSTRACT

BRUESS, C. A. An assessment of self-reported alcohol use and the general well-being of college students. MPH in Community Health Education, 1992, 54pp. (R. D. Duquette)

Surveys, including estimates of typical weekly alcohol use and Dupuy's General Well-Being Schedule (GWBS), were randomly mailed to undergraduate, degree-seeking students at the University of Wisconsin-La Crosse during the spring semester of 1990. Of the 860 students who received surveys, 41.5% were returned ($N = 357$). There were 119 males and 238 females, primarily between the ages of 19 and 24 ($n = 288$). Surveys were analyzed to assess whether any inverse correlation existed between self-reported alcohol use and the GWBS total score or its subscales. Results showed that none of the null hypotheses were rejected, indicating there were no significant inverse relationships between alcohol use and the GWBS total score ($p < .05$) or between alcohol use and the GWBS subscales ($p < .0083$). However, a weak but statistically significant positive relationship was detected between alcohol use and the Emotional-Behavioral Control Subscale.

AN ASSESSMENT OF SELF-REPORTED ALCOHOL USE AND
THE GENERAL WELL-BEING OF COLLEGE STUDENTS

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Courage

Courage is the price that life exacts for granting peace.
The soul that knows it not, knows no release
From little things;

Knows not the livid loneliness of fear
Nor mountain heights, where bitter joy can hear
The sound of wings.

How can life grant us boon of living, compensate
For dull gray ugliness and pregnant hate
Unless we dare

The soul's dominion? Each time we make a choice, we pay
With courage to behold resistless day
And count it fair.

- Amelia Earhart

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CHAPTER I

INTRODUCTION

Background

In the past 20 years, educators have been very concerned about providing students with positive messages regarding health. As part of this movement, many textbook authors are stressing that health should no longer be considered merely the absence of disease, but rather a "dynamic, life-long process" (Donatelle, Davis, & Hoover, 1991, p. 4). Along with this concept of health, educators are also addressing the idea of wellness, which refers to "an ever-changing movement toward optimal well-being" (Donatelle et al., 1991, p. 4). Though many programs are being set up to enhance the well-being of college students, there have been few studies dealing with actual measurements of their general well-being. Also, there has been little research done regarding alcohol as a factor that might influence the well-being of this population.

College students, especially, are at a level where many factors influence their rapidly changing lives (Lall & Schandler, 1991). Oftentimes they are away from home for the first time, and many are dealing with new scholastic demands, new extracurricular activities, and new social situations. Often, such changes and pressures encourage

experimentation with alcohol and other drugs (Gisske & Adams, 1988).

Alcohol is definitely the drug of choice for college students. It is easy to obtain, provides the foundation for many social gatherings, and carries none of the negative connotations associated with the use of other drugs (Engwall & Goldstein, 1990). Studies have shown that the majority of college students use alcohol. Researchers have stated that 80% of college students drink, and sometimes this figure is reported as being as high as 95% (Gisske & Adams, 1988; Kraft, 1988; O'Hare, 1990b).

Because alcohol has such a pronounced effect on the lives of college students, it is quite possible that there is a relationship between its use and their well-being. Since alcohol use and well-being are such important components in the lives of college students, they need to be examined in much greater detail than has been done to date.

Statement of the Problem

This study examined the relationship between self-reported alcohol use and the general well-being of college students.

Purpose of the Study

This study's purpose was to assess the relationship between self-reported alcohol use and the general well-being of undergraduate, degree-seeking students at the University of Wisconsin-La Crosse during the spring semester of 1990.

Hypotheses

This study had the following hypotheses:

1. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Schedule (GWBS).
2. There is no significant relationship between lower self-reported alcohol use and higher scores on the GWBS for male subjects.
3. There is no significant relationship between lower self-reported alcohol use and higher scores on the GWBS for female subjects.
4. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Freedom from Health Concern, Worry, or Distress Subscale.
5. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Energy Level Subscale.
6. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Satisfying, Interesting Life Subscale.
7. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Cheerful versus Depressed Mood Subscale.

8. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Emotional-Behavioral Control Subscale.
9. There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Relaxed versus Tense, Anxious Subscale.

Assumptions

This study had the following assumptions:

1. It is assumed that all subjects responded honestly to the self-report assessment instrument dealing with alcohol and general well-being.
2. It is assumed that all subjects understood the assessment instrument questions and, therefore, responded accurately.

Delimitations

This study had the following delimitations:

1. This study was delimited to undergraduate, degree-seeking students attending the University of Wisconsin-La Crosse during the spring semester of 1990.
2. Only those randomly selected students who received surveys and voluntarily returned them were involved in this study.
3. This study only considered the effect of alcohol use on general well-being, as measured by the General Well-Being Schedule. No other drugs or other factors were taken into account.

Limitations

This study had the following limitations:

1. Self-reporting measures for the quantity and frequency of alcohol use were utilized for this study.
2. The self-report method reflected students' perceptions of their drinking patterns during a "typical" week.

Definition of Terms

The following terms were used in this study:

Emotional Health - "the ability to control emotions and express them comfortably and appropriately" (Bruess & Richardson, 1989, p. 6).

General Well-Being - "the 'net impact of the many sources which affect an individual's emotional or feeling states'" (Redmond, 1988, p. 61).

Health - "a multifaceted concept consisting of at least mental health, emotional health, social health, physical health, occupational health, and spiritual health in no order of priority" (Bruess & Richardson, 1989, p. 6).

Mental Health - "the capacity to cope with life situations, grow emotionally through them, develop to our fullest potential, and grow in awareness and consciousness" (Bruess & Richardson, 1989, p. 6).

Occupational Health - "feelings of comfort and accomplishment related to one's daily tasks" (Bruess & Richardson, 1989, p. 6).

Physical Health - "efficient bodily functioning, resistance to disease, and the physical capacity to respond to varied events" (Bruess & Richardson, 1989, p. 6).

Social Health - "good relations with others, a supportive culture, and successful adaptation to the environment" (Bruess & Richardson, 1989, p. 6).

Spiritual Health - "the ability to discover and articulate a personal purpose in life, learn how to experience love, joy, peace, and fulfillment, and how to help self and others achieve full potential" (Bruess & Richardson, 1989, p. 6).

Well-Being - an individualistic, subjective view of all six components of health (Bruess & Richardson, 1989).

Wellness - "activities, behaviors, and attitudes that improve the quality of life and expand on that potential" (Donatelle et al., 1991, p. 4).

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

This chapter will summarize literature related to health, wellness, and well-being, the General Well-Being Schedule (GWBS), research using the GWBS, and alcohol and general well-being.

Health, Wellness, and Well-Being

According to Seedhouse, "health has not always been viewed as a medical specialty. Historically health was associated with 'wholeness'. The etymology of health is that it is derived from the word 'whole'" (1986, p. 14). This idea of health, as wholeness of mind and body, prevailed until about 200 years ago. At this time, the medical profession began undergoing rapid growth which influenced the way health was defined. It became seen as "a state of biological normality which could be achieved by external intervention" (Seedhouse, 1986, p. 15).

Since this time, health has been influenced by the medical model. This model "focused on the physical symptoms of disease and defined health as the absence of disease" (Donatelle et al., 1991, p. 4). In 1947, however, the World Health Organization produced a definition of health that included more than just the absence of disease. This

definition incorporated the aspects of physical, mental, and social well-being (Read & Stoll, 1973). Then, in the late 1970's, the wellness movement began receiving attention. Wellness refers to constantly changing motion in the direction of optimal well-being (Donatelle et al., 1991).

According to Ardell (1984), the wellness movement created a climate which helped spread ideas directly opposed to those of the medical model. Through his research, which drew on the knowledge of experts in the wellness field, Ardell found this climate attributable to 10 factors. The first of these factors was referred to as breakthrough works, which included six important reports and publications distributed by various agencies from 1974 through 1979. The document most deserving of recognition was entitled "A New Perspective on the Health of Canadians," and was released by the Canadian Ministry of Health and Welfare. It provided "epidemiological evidence for the significance of lifestyle and environmental factors on health or sickness" (Ardell, 1984, p. 6). The second factor dealt with the increase in health care costs. These included total costs incurred by the country for health care, as well as individual costs. Thirdly, the wellness movement was attributed to a new willingness by consumers to utilize self-treatment methods. This was apparent in consumers' increased knowledge of health information as well as in their choice to be more active decision-makers. The fourth factor involved a new

awareness of the mind/body connection. According to Ardell's study, "the best known example of this factor might be the book Anatomy Of An Illness by Norman Cousins" (1984, p. 9). The fifth factor encompassed benefits encouraged by changes in the last decade. Specifically cited examples included "Vietnam, the over-specialization and technologizing of health care, the epidemic levels of coronary disease, the decline of organized religion, the threatened breakup of the American family, and the growing sense of geographic fragmentation" (Ardell, 1984, p. 10). Factor number six dealt with the response of business and industry to increasing health care costs. This response included changes in initiatives directed toward lowering absenteeism and high turnover rates, enhancing the corporate image, and improving the morale of employees. The seventh factor attributing to the wellness movement was the appearance of books throughout the 1970's. These "attracted a large following and influenced the thinking of millions, including nearly everyone who would later play a role in wellness programming" (Ardell, 1984, p. 11). The following five major topical categories were identified: nutritional awareness, self-responsibility, physical fitness, stress awareness and management, and medical self-care. The eighth factor included other movements which have in some way contributed to the advancement of the wellness movement. Major contributors were the women's movement, personal

effectiveness trainings, holistic health, exercise groups, and interests in ecology. Factor number nine dealt with research regarding the effects of personal behavior on health. The five projects selected as most influential were a longitudinal study by Belloc and Breslow on behaviors impacting life expectancy and morbidity, the Paffenbarger reports which showed the rewards of exercise and good health habits, the Framingham studies dealing with risk factors for heart disease, the creation and refinement of Robbins' health hazard appraisal, and the Surgeon General's Report on Smoking and Health. Finally, the tenth factor contributing to the wellness movement was the activity of organizations. The four mentioned as being especially influential were the President's Council on Physical Fitness and Sports, the Society for Prospective Medicine, the Association for Fitness in Business, and YMCA's across the country. Though other factors were mentioned during Ardell's study, these ten encompassed the views of the majority of the experts.

Since the late 1970's, especially in the past few years, the wellness movement has begun receiving widespread acceptance (Bruess & Richardson, 1989). People are realizing that a comprehensive definition of health must encompass a great deal more than merely the absence of illness. The definition must include the facets of mental, emotional, spiritual, occupational, physical, and social well-being (Bruess & Richardson, 1989).

Although well-being encompasses all six facets of health, it is a very subjective term. In actuality, it can be defined differently for each individual (Mattson, 1982). Bruess and Richardson illustrate this point in the following manner:

When health is viewed as well-being, it can be seen how one person's health and health maintenance may differ from another's. The amount of oxygen an inhabitant of the thin-aired high Andes needs to function normally is considerably less than the amount people in the United States need to function as effectively. And while two individuals may vary considerably in blood pressure, weight, and the amount of sleep they get each night, both persons may be meeting their health needs equally. In the same way, one person finds fulfillment in building houses, while another finds the same work boring and prefers caring for disturbed children. What health means, then, is likely to be different for you than for someone in Africa or Canada, or even next door. (1989, p. 7)

The General Well-Being Schedule (GWBS)

Dupuy, who developed the GWBS, defined general well-being in much the same way as did Bruess and Richardson. According to Redmond (1988), Dupuy's general well-being "refers to 'the net impact of the many sources which affect an individual's emotional or feeling states'" (p. 61). Both definitions take into account the impact of many different factors. Also, though Dupuy's definition seems to focus primarily on psychological health, it actually does include all six components addressed by Bruess and Richardson.

Perhaps the best way to expand on this is to provide some background on the GWBS. This assessment was developed in 1970 by Dr. Harold Dupuy, the Psychology Adviser for the Division of Health Examination Statistics (Fazio, 1977). It

was included as one section of the U.S. Health and Nutrition Examination survey, which took place from April of 1971 through October of 1975 (Fazio, 1977; McDowell & Newell, 1987). This exam studied 6,931 noninstitutionalized adults who ranged in age from 25 to 74 years.

The entire schedule was made up of 33 items; the first 18 dealt with general well-being, and the last 15 dealt with behavioral assessment and self-evaluation. The first 18 questions were also broken down into six subscales. These subscales measured "health worry, energy level, satisfying interesting life, depressed-cheerful mood, emotional-behavioral control, and relaxed versus tense-anxious" (Fazio, 1977, p. 4).

This discussion of the subscales ties in with the previous comparison of Dupuy's definition to that of Bruess and Richardson. These subscales and their corresponding questions are listed in Table 1. As is evidenced by these subscales, all six areas of mental, emotional, social, physical, occupational, and spiritual health are covered by Dupuy's definition.

Now that a working definition of general well-being and its six subscales has been established, it is necessary to look at their importance in a college population. General well-being, its components, and factors influencing them need to be introduced to college students. This is especially important for the college population because of

the life changes they are experiencing (Lall & Schandler, 1991). Many are away from home for the first time, many are developing new relationships with their peers, and many are exposed to new experiences--which they might or might not be prepared to handle (Lall & Schandler, 1991). All these factors can play an important role in the general well-being of college students.

Table 1. GWBS subscales

Subscales	Question numbers and topics
Health Worry	18. illness, pain, fear 23. concerned, worried
Energy Level	17. fresh and rested 22. tired, worn out 25. energy, pep, vitality
Satisfying Interest. Life	14. happy, satisfied 19. interesting daily life
Depressed-Cheerful Mood	9. feeling in general 12. sad, discouraged 20. down-hearted and blue 26. depressed or cheerful
Emotional-Behav. Control	11. behavior, thoughts 15. losing mind, control 21. emotionally stable
Relaxed vs Tense-Anxious	10. nervousness or nerves 13. strain, stress, 16. anxious, worried 24. relaxed or tense

Research Using the GWBS

Researchers have examined the relationships between the GWBS and depression (Baron & Matsuyama, 1988), stressful life events (Mueller, Edwards, & Yarvis, 1977), mental illness propensity (Fox, 1984), stress management programs (Nicholson, Belcastro, & Duncan, 1989), mental health (O'Rourke, 1986), racial differences (Redmond, 1988), and quality of life (Costa, McCrae, & Zonderman, 1987). Although these studies look at various facets of general well-being, very little has been done on general well-being and its relationship with alcohol use in the college student population. Maney (1990), however, "theorized that the following factors may promote or inhibit light, moderate, heavier, or heaviest drinking: assertiveness, attitude, demographic characteristics, family background, general well-being, and self-esteem" (p. 23). As part of her study, 443 students volunteered to fill out a 97 item survey, which included part of the GWBS. Maney found that there was a significant inverse relationship between amount of alcohol consumed and general well-being. More specifically, "students exhibiting symptoms of lower general well-being, as compared with those exhibiting symptoms of higher general well-being, were significantly more likely to consume higher quantities of alcohol" (Maney, 1990, p. 29). In addition, as there was a decrease in general well-being, alcohol intake increased.

Alcohol and General Well-Being

Because alcohol use is one of the biggest problems concerning college students today (Eigen, 1991; Kraft, 1988), it is not surprising that it plays a major role in their general well-being (Engwall & Goldstein, 1990). As the drug of choice, studies have shown that often about 80% and sometimes even as high as 95% of college students drink (Gisske & Adams, 1988; Kraft, 1988; O'Hare, 1990b). Lall and Schandler attribute this high consumption rate to "several predisposing and maintenance influences inherent in the college environment. Possessing limited experience in social and general life skills and equally limited coping strategies, college students are exposed to high degrees of academic, peer, and social pressures" (1991, p. 245).

Though studies differ on whether or not equal numbers of men and women drink (Engs & Hanson, 1990; O'Hare, 1990b), most agree that men drink significantly greater amounts of alcohol (Engs & Hanson, 1990; Engwall & Goldstein, 1990; Gross & Billingham, 1990; O'Hare, 1990b).

In addition to research done on consumption patterns, there have been various studies which have looked at the psychological effects of alcohol use on college students. One study, done by Connors, Maisto, and Watson (1988), looked at reasons for drinking and how these reasons correlated with race and gender. They interviewed black and white, male and female undergraduate students at a

southeastern university. Subjects completed the Alcohol Beliefs Scale, which measured their perceptions of the usefulness of different quantities of alcohol. Usefulness referred to alcohol's ability to help them to "relieve depression, to relax, to become more popular, to become disinhibited, [and] to forget worries" (Connors et al., 1988, p. 248). While black females rated alcohol's usefulness higher than black males, white males rated its usefulness higher than white females.

Another study also focused on the previously mentioned issues of relaxation and worry. Werch and Gorman (1988) examined the relationship between self-control and alcohol consumption patterns and problems in college students. Their purpose was to look at "the relationships between internal and external self-control strategies, alcohol-related problems and the quantity and frequency of alcohol use" (Werch & Gorman, 1988, p. 31). The Student Alcohol Questionnaire was used to measure demographics, the frequency and quantity of alcohol use, and the frequency of alcohol-related problems. In addition to this, the Self-Control Questionnaire was used to measure internal and external self-control. Internal self-control, which more appropriately fits the scope of psychological well-being, included 1) impairment--dealing with speech, vision, and motor coordination effects, 2) relaxation--including items concerning relaxation and feelings of euphoria, and

3) anxiousness--dealing with experiencing anxiousness and worry. They concluded that "relaxation and impairment were the specific internal self-control scores most predictive of alcohol-related problems" (Werch & Gorman, 1988, p. 33). Also, the biggest difference in internal self-control scores between problem drinkers and nonproblem drinkers was found on the relaxation scale ($t = -3.48, p \leq .01$). In other words, "awareness of internal sensations was associated with increasing alcohol consumption, particularly the awareness of relaxation-related sensations" (Werch & Gorman, 1988, p. 35).

Sayette, Contrada, and Wilson (1990) also looked at anxiousness. They studied alcohol and its relationship with two variables--self-reported measures and physiological measures of anxiety. Though their results indicated that measures of anxiety were not influenced by alcohol, they believed that using a larger sample size and standardized measures of anxiety might modify these results.

O'Hare (1990a) also examined alcohol's relationship with anxiety, as well as social/physical pleasure, social assertiveness, and tension reduction. His research dealt with whether or not "sex, social anxiety, and alcohol consumption interact to predict alcohol expectancies" (p. 561). Data were collected using The Rutgers Student Alcohol and Drug Survey, 1987. Alcohol consumption was identified by measuring quantity and frequency, and social

anxiety was measured by using the social anxiety subscale of the Self-Consciousness Scale. In addition to these, the Alcohol Expectancy Questionnaire was used to measure social and physical pleasure, increased assertiveness, and tension reduction. O'Hare found that sex, social anxiety, and alcohol consumption did not significantly interact to predict alcohol expectancies, which supports the aforementioned findings of Sayette et al. (1990). However, O'Hare found that alcohol consumption did predict all three of the expectancy scales: social/physical pleasure, social assertiveness, and tension reduction.

Another author also found tension reduction to be a reason for alcohol use. Goodwin believed that "many [college] students are using alcohol to deal with psychological tension and emotional pain" (1990, p. 83). He attempted to find out which goals college students were trying to fulfill by drinking, as well as what factors were affecting drinking habits. Using a questionnaire containing 125 items, data were collected on alcohol consumption, predictor variables (i.e., demographics, grade-point average, and background characteristics), and goals or reasons for drinking. Reasons for drinking were broken down into three clusters--1) drink to escape psychological tension, 2) drink to meet new people, and 3) self-efficacy. The questionnaires were given to students at a northeastern engineering college ($N = 234$). By completing a stepwise

multiple regression, Goodwin discovered the following results:

The single strongest predictor of alcohol consumption was Cluster 1, drink to escape tension. The more that students expected alcohol to relieve tension, the more they drank. Conversely, the less they expected alcohol to relieve tension, the less they drank. This same variable positively predicted alcohol satisfaction. Thus, students found alcohol satisfying their expectation of relieving or not relieving tension. This result is consistent with the literature. (1990, p. 86)

Finally, researchers investigated drinking practices and psychosocial patterns in first-year college students (Canterbury et al., 1990). They measured alcohol consumption by quantity and frequency, and psychosocial patterns by interpersonal relationships, psychological problems, and behavior and performance. Drinking was heavier among men than women in this study, which the authors believe could have been attributable to the women's lower body weight. The psychosocial inventory showed distinct differences in interpersonal relations, psychological problems, and behavior and performance between infrequent and frequent heavy drinkers. Based on what they found and on other existing research, they believe that "such psychosocial patterns antedate using alcohol, and may determine a student's drinking patterns. Thus, psychosocial patterns may lead to alcohol abuse" (Canterbury et al., 1990, p. 8).

Summary

This review of the literature makes it obvious that wellness and well-being are important factors to consider when dealing with a college student population. In order to thoroughly examine general well-being, influential factors must be looked at, and alcohol use as a factor must be emphasized. Due to the fact that little research has been done concerning alcohol use and the general well-being of college students, more research needs to be completed in this area. This is important because a relationship between alcohol use and general well-being could redirect alcohol abuse prevention efforts as well as efforts geared toward minimizing the extent of alcohol-related problems. According to Lo, "functions of drinking may be an important consideration when seeking to provide alternatives for solving students' personal and interpersonal problems" (1991, pp. 147-148). Also, Maney (1990) believes that successful prevention efforts need to include a general well-being component.

CHAPTER III

METHODS AND PROCEDURES

Introduction

This chapter details the methodology used in the study. It covers the areas of subject selection, methods and procedures, and statistical treatment.

Subject Selection

The population for this study was comprised of degree-seeking, undergraduate students who attended the University of Wisconsin-La Crosse during the spring semester of 1990. Ten percent of this population was randomly selected by computer to receive a survey. Of the 860 students who received surveys, 357 (41.5%) returned them fully completed. This group was made up of 119 males and 238 females. Most of the subjects reported being between the ages of 19 and 24 ($n = 288$), however some were younger ($n = 36$) and some were older ($n = 33$).

Methods and Procedures

This study was part of a larger alcohol and other drug research grant funded by the U.S. Department of Education (Duquette, 1989). This Funding for the Improvement of Post-Secondary Education grant entailed the development of an Alcohol and Other Drug Use Survey, created to collect baseline data for all 13 of the University of Wisconsin

System schools. In addition to demographics, the survey included questions concerning the frequency and amount of alcohol and other drugs used and reasons for their use. It also included questions about problems often related to alcohol and other drug use such as missing classes or work, having hangovers, and driving under the influence.

For the purpose of this study, only one portion of the Alcohol and Other Drug Use Survey was utilized. This portion consisted of a timetable which dealt exclusively with the quantity of alcohol students estimated that they consumed during a "typical" week. Because this instrument was created and carefully examined by a consortium of experts in the field of alcohol and other drug abuse, it had content validity (R. D. Duquette, personal communication, February 22, 1990). For a list of the consortium members, please refer to Appendix A. In addition to this, the survey was also pretested on two classes of undergraduate students at UW-La Crosse. This ensured that it was readable and understandable (R. D. Duquette, personal communication, February 22, 1990).

Though this survey was not tested for reliability, the timetable method for recording alcohol use is a standard measure. In fact, researchers have found that while it may not be the best measurement of drinking patterns, it is fairly accurate and is conservative as well (O'Hare, 1991; Sobell, Bogardis, Schuller, Leo, & Sobell, 1989).

Although the Alcohol and Other Drug Use Survey was the sole instrument used for 12 of the 13 UW-System schools, UW-La Crosse also added the 18 question modified version of the GWBS to its survey (see Appendix B). The GWBS was developed by Dr. Harold Dupuy in 1970 as part of the U.S. Health and Nutrition Examination Survey done by the National Center for Health Statistics (Fazio, 1977; McDowell & Newell, 1987). While the original schedule contained 33 items, this modified version used only the first 18. Items 1-14 offered six response choices based on frequency or intensity, and items 15-18 provided a continuum ranging from 0-10 (McDowell & Newell, 1987). For this study, scores from the assessment could range from 0-110, with a higher score representing a more positive level of general well-being. There are also six subscales covering areas of "health worry, energy level, satisfying interesting life, depressed-cheerful mood, emotional-behavioral control, and relaxed versus tense-anxious" (Fazio, 1977, p. 4).

Concurrent validity of the GWBS was measured against other scales of depression and anxiety. The GWBS, in its entirety, had a high correlation of .69 with six independent depression scales and of .64 with three independent anxiety scales. Many of the six subscales also showed high correlation coefficients with other instruments. For example, the depressed-cheerful mood subscale had an average correlation of .63 with six other depression scales and of

.54 with four other anxiety scales. Also, the relaxed versus tense-anxious subscale had an average correlation of .59 with seven depression scales and of .63 with three anxiety scales, while the emotional-behavioral control subscale averaged a .60 correlation with the depression scales and a .57 correlation with the anxiety scales (Fazio, 1977). In addition to this, the GWBS has also been found to be very reliable. For the total scale, its test-retest correlation was .851. Also, "the mean values of 74.6 for the first test and 73.0 for the second and standard deviations of 16.6 for the first test and 16.7 for the second were virtually identical" (Fazio, 1977, p. 10). Internal consistency was also computed for the GWBS. The internal consistency coefficients were .912 for males and .945 for females (Fazio, 1977).

This questionnaire (see Appendix B), consisting of both the Alcohol and Other Drug Use Survey and the modified GWBS, was mailed to 10% (860) of the undergraduate, degree-seeking students at UW-La Crosse. These students were randomly selected by computer to receive the questionnaire on or near April 10, 1990. All questionnaires included a cover letter (see Appendix C) asking that they be returned by April 23, 1990. The sole method of improving the response rate was the inclusion of a postage-paid return envelope. After discarding three surveys with incomplete information on the general well-being section, 357 were used for analysis.

Statistical Treatment

Before a statistical analysis could be performed, some of the questions needed to be reversed so that higher scores always represented more positive levels of general well-being. Once this was accomplished, equations were formulated for each of the subscales, so that they corresponded with those identified by Fazio (1977). These subscales and their equations are detailed in Table 2.

Table 2. GWBS subscales and equations

Subscale	Equation
Health Worry	= #18 - #23 + 9
Energy Level	= #22 + #25 - #17 + 5
Satisfying Interest. Life	= 12 - #14 - #19
Depressed-Cheerful Mood	= #12 + #20 + #26 - #9 + 4
Emotional-Behav. Control	= #10 + #13 + #16 - #24 + 7
Relaxed vs Tense-Anxious	= 18 - #11 - #15 - #21

Pearson product-moment correlations were performed to test all of the hypotheses. This technique was selected because the independent variable, alcohol use, generated ratio level data and because the dependent variables, the GWBS total scale and the six subscales, generated interval level data.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

This chapter presents the results of the hypotheses presented in Chapter I. Each hypothesis will be discussed separately, with a comprehensive table at the end to clarify the data presented.

Results

Hypothesis 1 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the GWBS. A Pearson correlation between these variables showed a correlation coefficient of .075. Each of the first three hypotheses were tested at the .05 level of significance. Because the significance probability was .159, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 2 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the GWBS for male subjects. A Pearson correlation between these variables showed a correlation coefficient of .097. Because the significance probability was .292, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 3 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the GWBS for female subjects. A Pearson correlation between these variables showed a correlation coefficient of $-.011$. Because the significance probability was $.868$, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 4 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Freedom from Health Concern, Worry, or Distress Subscale (Health Worry). A Pearson correlation between these variables showed a correlation coefficient of $-.042$. For this, as well as the other five subscales, the significance level of $.05$ was divided by six (the number of subscales) to lower the chance of error. Therefore, the level of significance for the remainder of the hypotheses was $.0083$. Because the significance probability for Hypothesis 4 was $.430$, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 5 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Energy Level Subscale (Energy Level). A Pearson correlation between these variables showed a correlation coefficient of $.048$. Because the significance probability was $.369$, the null

hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 6 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Satisfying, Interesting Life Subscale (Satisfying Interesting Life). A Pearson correlation between these variables showed a correlation coefficient of $-.036$. Because the significance probability was $.502$, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 7 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Cheerful versus Depressed Mood Subscale (Depressed-Cheerful Mood). A Pearson correlation between these variables showed a correlation coefficient of $.086$. Because the significance probability was $.103$, the null hypothesis was not rejected. These results can be found in Table 3.

Hypothesis 8 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Emotional-Behavioral Control Subscale (Emotional-Behavioral Control). A Pearson correlation between these variables showed a correlation coefficient of $.152$. Though the significance probability was $.004$, the null hypothesis was not rejected. This is because there was a significant positive correlation, but no

inverse correlation as predicted by the hypothesis. These results can be found in Table 3.

Hypothesis 9 stated: There is no significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Relaxed versus Tense, Anxious Subscale (Relaxed versus Tense-Anxious). A Pearson correlation between these variables showed a correlation coefficient of .058. Because the significance probability was .273, the null hypothesis was not rejected. These results can be found in Table 3.

Table 3. Results of Pearson correlations ($N = 357$)

Variable	Correlation Coefficient	Prob > R
GWBS Total Scale	.075	.159
GWBS Total Scale--Males ($n = 119$)	.097	.292
GWBS Total Scale--Females ($n = 238$)	-.011	.868
Health Worry	-.042	.430
Energy Level	.048	.369
Satisfying Interesting Life	-.036	.502
Depressed-Cheerful Mood	.086	.103
Emotional-Behavioral Control	.152	.004
Relaxed versus Tense-Anxious	.058	.273

Discussion

These results show that none of the nine hypotheses were rejected--because none showed a significant inverse relationship between the variables, as was hypothesized. However, Hypothesis 8, which looked at the relationship between alcohol use and the Emotional-Behavioral Control Subscale, was found to have a significant positive correlation. It must be noted that though there was a significant positive correlation, the relationship found between alcohol use and emotional-behavioral control was very weak. In fact, the predictable variance was just .023. This means that only about 2.3% of the variance in emotional-behavioral control could be explained by alcohol use. The remaining 97.7% would be attributable to other factors not studied.

These results mean that there was a slight relationship between an increase in alcohol use and an increase in emotional-behavioral control. This supports what was cited previously in the literature review. Goodwin (1990) believed that college students use alcohol to handle emotional pain and psychological tension. He found that "the more that students expected alcohol to relieve tension, the more they drank. Conversely, the less they expected alcohol to relieve tension, the less they drank" (Goodwin, 1990, p. 86). Perhaps as psychological tension diminishes, emotional-behavioral control increases. This would explain

the positive relationship between increased alcohol use and an increase in emotional-behavioral control.

Another possible explanation for these results might be the methods of data collection. First of all, this study used the short form of the GWBS. Perhaps, if the questionnaire was used in its entirety, the correlations would have been stronger. Also, this study relied on students' perceptions and reportings of alcohol use during a "typical" week. Because this type of recall is a conservative estimate of drinking habits (Sobell et al., 1989), it is possible that results were skewed so that the relationships appeared weaker than they actually were.

Results might also have been due to the return rate of 41.5% ($N = 357$). If a larger sample had been used, or a higher return rate achieved, the relationships also might have been stronger than they were. In addition to these possibilities, results could be attributable to the fact that students were asked how they were feeling (the GWBS) at the time they received the survey. They were not asked how they felt while drinking, or even during a time period where their actual alcohol use was measured. The only measure of their drinking habits was their portrayal of a "typical" week. Therefore, though a weak relationship between alcohol use and general well-being (specifically emotional-behavioral control) exists, it might have been stronger if the two variables had been measured simultaneously.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Because alcohol is definitely the drug of choice for college students, and because it has such a pronounced effect on their lives, it is quite possible that there is a relationship between its use and their well-being. This study examined the relationship between self-reported alcohol use and the GWBS and its subscales. Results from this study show that there were no significant inverse relationships. However, Hypothesis 8, dealing with alcohol use and the Emotional-Behavioral Control Subscale, was found to have a significant, though weak, positive correlation. This means that as alcohol use increased, emotional-behavioral control increased as well.

Conclusions

Based on the results of this study, the following conclusions are presented:

1. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the GWBS.
2. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the GWBS for male subjects.

3. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the GWBS for female subjects.
4. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Freedom from Health Concern, Worry, or Distress Subscale.
5. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Energy Level Subscale.
6. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Satisfying, Interesting Life Subscale.
7. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Cheerful versus Depressed Mood Subscale.
8. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Emotional-Behavioral Control Subscale.
9. There was a statistically significant relationship between higher self-reported alcohol use and higher scores on the General Well-Being Emotional-Behavioral Control Subscale.

10. There was no statistically significant relationship between lower self-reported alcohol use and higher scores on the General Well-Being Relaxed versus Tense, Anxious Subscale.

11. Based on the data gathered, using the short form of the GWBS and the recall method for self-reported alcohol use, there appears to be no significant inverse relationships between these two variables in a college population.

Recommendations

Based on the review of literature and the findings of this study, the following recommendations are made for further investigation:

1. It would be important to replicate this study using a larger population of college students to see whether the lack of significance could be attributed to the sample size.
2. It would be necessary to test the survey for reliability before using it for further studies.
3. This study should be conducted at other colleges and universities in other parts of the country to discover whether results would be similar.
4. It would be interesting to replicate this study using the original, longer version of the GWBS to see if this would show stronger relationships between alcohol use and the GWBS and its subscales.
5. It would be useful to study other measures of well-being to examine whether or not there is variation in the results.

6. This study could be replicated using the diary method to record alcohol use. This method, which is less conservative, might show stronger relationships between alcohol use and the GWBS and its subscales.

7. It would be useful to study other drugs, in addition to alcohol, that might influence general well-being.

8. More research needs to be done on larger, more diverse populations to examine the impact of racial differences on the relationship between alcohol use and general well-being.

9. Long-term investigations might be useful to study groups of students (e.g., Freshmen, Sophomores, Juniors, and Seniors) over time.

10. More research needs to be done concerning alcohol use and its immediate effects on general well-being. Perhaps by administering the GWBS to students who were or had just been drinking a more accurate relationship would be identified.

Based on these conclusions and recommendations, the need for further study is apparent. Though there were no significant inverse relationships between self-reported alcohol use and the GWBS and its subscales, these results could be attributable to many factors. This indicates the need to replicate this study on larger, more diverse populations. In further studies, it would also be useful to vary the measurement methods of general well-being and alcohol use, as well as the time frame of the assessments.

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APPENDIX A

LIST OF UW-SYSTEM CONSORTIUM MEMBERS

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Cheryl Bruess
UW-La Crosse

R. Daniel Duquette, Ed.D., CHES (Project Director)
UW-La Crosse

Allen Ebel (Assistant Director)
UW-Stout

Nancy Gentry
UW-Parkside

Richard Jansen, Ph.D.
UW-Green Bay

Patrick J. Kennedy, Ph.D.
UW-Eau Claire

Lloyd J. Linden
UW-Platteville

Evan Norris, Ph.D.
UW-Madison

Lee Rexroat, Ph.D.
UW-Whitewater

Pamela Roper
UW-Milwaukee

Felix Savino, Ph.D.
UW-Madison

Mary Torstveit
UW-La Crosse

Renee Waterman
UW-Oshkosh

APPENDIX B

UW-SYSTEM STUDENT HEALTH, ALCOHOL, AND OTHER DRUG USE SURVEY

UW-SYSTEM STUDENT HEALTH, ALCOHOL AND OTHER DRUG USE SURVEY
PLEASE FILL IN THE ANSWER TO EACH QUESTION ON THE UNDERLINED
SPACE PROVIDED.

1. SEX _____

- 1. male
- 2. female

2. AGE _____

- 1. 18 or younger
- 2. 19 - 20
- 3. 21 - 22
- 4. 23 - 24
- 5. 25 - 26
- 6. 27 or older

3. YEAR IN SCHOOL _____

- 1. Freshman
- 2. Sophomore
- 3. Junior
- 4. Senior
- 5. Other

4. RACE _____

- 1. Caucasian
- 2. African-American
- 3. American Indian
- 4. Latino-Chicano
- 5. Asian
- 6. Other, specify

5. RESIDENCE _____

- 1. on-campus housing
- 2. off-campus housing w/friends
- 3. off-campus alone
- 4. living with family
- 5. fraternity/sorority housing

6. LAST SEMESTER/QUARTER GRADE POINT AVERAGE
(on a 4.0 scale) _____

7. HOW MUCH DO YOU WEIGH? _____

8. WHAT IS YOUR HEIGHT IN FEET & INCHES? . . . ___ft ___in

9. HOW HAVE YOU BEEN FEELING IN GENERAL? _____

- 1. In excellent spirits
- 2. In very good spirits
- 3. In good spirits mostly
- 4. I've been up & down in spirits alot
- 5. In low spirits mostly
- 6. In very low spirits

10. HAVE YOU BEEN BOTHERED BY NERVOUSNESS OR YOUR "NERVES"? _____

1. Extremely so, to the point where I could not work or take care of things
2. Very much so
3. Quite a bit
4. Some, enough to bother me
5. A little
6. Not at all

11. HAVE YOU BEEN IN FIRM CONTROL OF YOUR BEHAVIOR, THOUGHTS, EMOTIONS, OR FEELINGS? _____

- | | |
|---------------------------|------------------------------------|
| 1. Yes, definitely so | 5. No, and I am somewhat disturbed |
| 2. Yes, for the most part | 6. No, and I am very disturbed |
| 3. Generally so | |
| 4. Not too well | |

12. HAVE YOU FELT SO SAD, DISCOURAGED, HOPELESS, OR HAD SO MANY PROBLEMS THAT YOU WONDERED IF ANYTHING WAS WORTHWHILE? _____

1. Extremely so, to the point I have just about given up
2. Very much so
3. Quite a bit
4. Some, enough to bother me
5. A little bit
6. Not at all

13. HAVE YOU BEEN UNDER OR FELT YOU WERE UNDER ANY STRAIN, OR PRESSURE? _____

1. Yes, almost more than I could bear
2. Yes, quite a bit of pressure
3. Yes some, more than normal
4. Yes some, but about usual
5. Yes, a little
6. Not at all

14. HOW HAPPY, SATISFIED, OR PLEASED HAVE YOU BEEN WITH YOUR PERSONAL LIFE? _____

1. Extremely happy, couldn't have been more satisfied or pleased
2. Very happy
3. Fairly happy
4. Satisfied, pleased
5. Somewhat dissatisfied
6. Very dissatisfied

15. HAVE YOU HAD REASON TO WONDER IF YOU WERE LOSING YOUR MIND, OR LOSING CONTROL OVER THE WAY YOU ACT, TALK, THINK, FEEL, OR OF YOUR MEMORY? . . . _____
1. Not at all
 2. Only a little
 3. Some, but not enough to be concerned
 4. Some, and I've been a little concerned
 5. Some, and I'm quite concerned
 6. Much, and I'm very concerned
16. HAVE YOU BEEN ANXIOUS, WORRIED, OR UPSET? _____
1. Extremely so, to the point of being sick, or almost sick
 2. Very much so
 3. Quite a bit
 4. Some, enough to bother me
 5. A little bit
 6. Not at all
17. HAVE YOU BEEN WAKING UP FRESH AND RESTED? _____
- | | |
|-------------------|----------------------------|
| 1. Every day | 4. Less than half the time |
| 2. Most every day | 5. Rarely |
| 3. Fairly often | 6. None of the time |
18. HAVE YOU BEEN BOTHERED BY ANY ILLNESS, BODILY DISORDER, PAIN OR FEARS ABOUT YOUR HEALTH? . . . _____
- | | |
|---------------------------|-------------------------|
| 1. All the time | 4. Some of the time |
| 2. Most of the time | 5. A little of the time |
| 3. A good bit of the time | 6. None of the time |
19. HAS YOUR DAILY LIFE BEEN FULL OF THINGS THAT ARE INTERESTING TO YOU? _____
- | | |
|---------------------------|-------------------------|
| 1. All the time | 4. Some of the time |
| 2. Most of the time | 5. A little of the time |
| 3. A good bit of the time | 6. None of the time |
20. HAVE YOU FELT DOWN-HEARTED AND BLUE? _____
- | | |
|---------------------------|-------------------------|
| 1. All the time | 4. Some of the time |
| 2. Most of the time | 5. A little of the time |
| 3. A good bit of the time | 6. None of the time |

29. DO YOU DRINK ALCOHOL? _____

- 1. yes
- 2. no (If no, please go to question #49)

30. WHERE DO YOU DRINK? Check all that apply.

- | | |
|-------------------------|--------------------------------------|
| _____ on-campus housing | _____ friends' houses/
apartments |
| _____ house parties | _____ home |
| _____ bars | _____ other, specify |
| _____ car | |

31. WHERE DO YOU DO MOST OF YOUR DRINKING?

Answer only one _____

- | | |
|-----------------------------------|----------|
| 1. on-campus housing | 4. home |
| 2. friends' houses/
apartments | 5. bars |
| 3. house parties | 6. cars |
| | 7. other |

32. WHAT IS YOUR TYPICAL DRINKING PATTERN? PLEASE INDICATE HOW MANY DRINKS YOU CONSUME ON THE FOLLOWING DAYS DURING A TYPICAL WEEK AND HOW MANY HOURS YOU SPEND CONSUMING THESE DRINKS. A DRINK EQUALS 12 OUNCES OF BEER, 5 OUNCES OF WINE, OR 1 OUNCE OF LIQUOR (a typical drink or shot).

	Number of Drinks Consumed	Number of Hours of Drinking
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

33. HOW HAVE YOUR DRINKING HABITS CHANGED SINCE ATTENDING THE UNIVERSITY? _____

- 1. I started drinking.
- 2. I am drinking more.
- 3. I am drinking less.
- 4. There is no change.

PLEASE ANSWER QUESTIONS 34-48 ACCORDING TO THE FOLLOWING KEY. PUT THE NUMBER IN THE SPACE PROVIDED AT THE RIGHT SIDE OF THE PAPER.

- 1) This is not a reason I drink.
- 2) When I drink, it is occasionally for this reason.
- 3) When I drink, it is frequently for this reason.

- 34. To relax or relieve tension/stress _____
- 35. To forget disappointments or escape problems . . _____
- 36. Because my friends do/peer pressure _____
- 37. To improve performance or study habits _____
- 38. Enjoy the taste _____
- 39. For pleasure - get buzzed _____
- 40. Because of habit _____
- 41. To deepen self-understanding or insight _____
- 42. Nothing else to do/boredom _____
- 43. To become more outgoing, sociable _____
- 44. To impress others _____
- 45. To stimulate or heighten sexual experience . . . _____
- 46. To rebel _____
- 47. For fun and excitement _____
- 48. To get drunk _____

QUESTIONS 49-63 ASK YOU ABOUT YOUR USE OF DRUGS OTHER THAN ALCOHOL. USE THE FOLLOWING TO INDICATE YOUR USE OF THE IDENTIFIED DRUGS. PLACE THE APPROPRIATE NUMBER IN THE SPACE PROVIDED AT THE RIGHT.

- 1 - Never used
- 2 - In the past, but not currently
- 3 - Currently, once a month or less
- 4 - Currently, 2-3 days a month
- 5 - Currently, 1-2 days a week
- 6 - Currently, 3-5 days a week
- 7 - Currently, 6-7 days a week

- 49. Marijuana (grass, reefer, pot) _____
- 50. Hashish _____
- 51. LSD (acid) _____
- 52. Other psychedelics (psilocybin, mushrooms,
peyote, mescaline, DMT, STP, PCP) _____
- 53. Cocaine (coke) _____
- 54. Crack _____
- 55. Uppers--amphetamines, (pep pills, bennies,
dexies, dexedrine, benzedrine, dexamyl,
methedrine) _____
- 56. Downers--barbiturate (yellows, red,
seconal, nembutal, tuinal) _____
- 57. Downers--non-barbiturates (quaaludes) _____
- 58. Tranquilizers (equanil, miltown, librium,
valium) _____
- 59. Narcotics (opiates, heroin, morphine,
opium, dolophine, methadone, demerol,
darvon, codeine) _____
- 60. Steroids - non-medically prescribed _____
- 61. Designer drugs - MDA, MDMA, Ecstasy _____
- 62. Ice - smoked amphetamine _____
- 63. Inhalants - (glue, locker room, etc.) _____

PLEASE ANSWER QUESTIONS 64-76 ACCORDING TO THE FOLLOWING KEY. PLACE THE APPROPRIATE NUMBER IN THE SPACE PROVIDED AT THE RIGHT. IF YOU DO NOT USE OTHER DRUGS, GO TO QUESTION #77.

- 1) This is not a reason I use drugs other than alcohol.
- 2) When I use drugs (other than alcohol), it is occasionally for this reason.
- 3) When I use drugs (other than alcohol), it is frequently for this reason.

64. To relax or relieve tension/stress _____
65. To forget disappointments or escape problems . . _____
66. Because my friends do/peer pressure _____
67. To improve performance or study habits _____
68. For pleasure - get high _____
69. Because of habit _____
70. To deepen self-understanding or insight _____
71. Nothing else to do/boredom _____
72. To become more outgoing, sociable _____
73. To impress others _____
74. To stimulate or heighten sexual experience . . . _____
75. To rebel _____
76. For fun and excitement _____

USING THE KEY BELOW, PLEASE ANSWER THE FOLLOWING QUESTIONS INDICATING THE NUMBER OF TIMES THAT ANY OF THE FOLLOWING HAS HAPPENED TO YOU FOR ANY REASON SINCE THE START OF THIS ACADEMIC YEAR.

1. Never
2. 1-2 times
3. 3-4 times
4. 5-6 times
5. 7+ times

77. Have missed classes or work _____
78. Have gotten a lower grade in a course _____
79. Have been disciplined by university _____
80. Have had conflict at job, or lost job _____
81. Have had conflict with family or friends _____
82. Have had a hangover _____
83. Have become sick/vomited _____
84. Have passed out _____
85. Have had memory loss or blackouts _____
86. Have physically harmed self/become injured _____
87. Have ridden with someone under the influence _____
88. Have driven while under the influence _____
89. Have had problems paying bills. _____
90. Have stolen money to pay for alcohol/drugs _____
91. Have caused a disturbance (noisy, etc.) _____
92. Have damaged property _____
93. Have been in a traffic accident _____
94. Have received a citation or been arrested _____
95. Have had unprotected sex _____
96. Have had unwanted sexual intercourse _____

97. HOW HAS YOUR USE OF DRUGS OTHER THAN ALCOHOL, CHANGED SINCE YOU BEGAN ATTENDING THE UNIVERSITY _____

- 1. I started using
- 2. I am using more
- 3. I have stopped using
- 4. I am using less
- 5. There is no change

98. HAVE YOU EVER RECEIVED PROFESSIONAL HELP FOR AN ALCOHOL OR OTHER DRUG PROBLEM? _____

- 1. yes
- 2. no

99. PLEASE IDENTIFY HOW MANY TIMES YOU HAVE BEEN IN SITUATIONS WHERE YOU WERE ENCOURAGED TO DRINK/USE DRUGS SINCE THE BEGINNING OF THIS ACADEMIC YEAR _____

100. PLEASE IDENTIFY HOW MANY TIMES YOU HAVE BEEN INCONVENIENCED BY THE INTOXICATED BEHAVIOR OF ANOTHER PERSON SINCE THE BEGINNING OF THIS ACADEMIC YEAR _____

101. PLEASE IDENTIFY HOW MANY TIMES SOMEONE HAS TAKEN ADVANTAGE OF YOU SEXUALLY WHILE YOU WERE UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS SINCE THE BEGINNING OF THIS ACADEMIC YEAR _____

102. PLEASE IDENTIFY HOW MANY TIMES YOU HAVE TAKEN ADVANTAGE OF ANOTHER PERSON SEXUALLY WHILE UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS SINCE THE BEGINNING OF THIS ACADEMIC YEAR _____

103. DO YOU SMOKE TOBACCO? _____

- 1. yes
- 2. no

104. DO YOU USE SMOKELESS TOBACCO? _____

- 1. yes
- 2. no

APPENDIX C
COVER LETTER

April 10, 1990

Dear University of Wisconsin-La Crosse Student:

The University of Wisconsin System Alcohol and Other Drug Consortium, with the assistance of a grant from the Fund for the Improvement of Postsecondary Education (FIPSE), is conducting an anonymous, random survey of students currently enrolled in UW-System Institutions. We are interested in gathering current information regarding alcohol and other drug use among students enrolled in the UW-System.

The information produced by this survey will be used by numerous groups. UW-La Crosse will find the information important for programming. The UW-System may find the information important for position and resource allocation. Your completion of the survey will provide data necessary for a better understanding of alcohol and other drug use by college students.

The questionnaire has been designed so that all questions can be answered by filling in the appropriate response in the space provided. Completion of the survey should take only a few minutes of your time and will provide us with valuable information.

Enclosed you will find a return envelope to the University of Wisconsin at La Crosse. The University of Wisconsin-La Crosse will process and analyze the information provided. The data collected will not be used to compare campuses and will be held in strict confidence.

We thank you for taking the time to complete this questionnaire and hope that you will respond by April 23, 1990.

Sincerely,

R. Daniel Duquette, Ed.D., CHES
UW-System Consortium Project Director

RDD/jj
enclosure