



*2016 - 2017*  
*NCAA*  
*NATIONAL*  
*STUDY OF*  
*SUBSTANCE*  
*USE HABITS OF*  
*COLLEGE*  
*STUDENT-*  
*ATHLETES*

*Sponsored by:*

*The National Collegiate*  
*Athletic Association*  
*Indianapolis, Indiana*

Dear Student:

This survey of college students is part of the 2016-2017 NCAA National Study of Substance Use Habits of College Student-Athletes. This nationwide study of college student-athletes seeks to assess your opinions and experiences with alcohol and other drugs. The results of this study will be used to develop programming and educational initiatives that will assist all of us associated with college athletics.

If this study is to be helpful, it is important that you answer each question thoughtfully and honestly. If you find a question that you feel you cannot answer honestly, we would prefer that you leave it blank. This information is being collected anonymously. We will not ask you to identify yourself or your school. That means nobody, including the NCAA or the researchers, will know your identity or be able to match your responses to your team or your school.

Results that are reported will be in terms of sport trends or national averages; an individual's response will never be reported in isolation.

Your participation in this study is voluntary. You can omit answers to any question or discontinue your participation in the study at any time without penalty. Your voluntary completion of this questionnaire constitutes your informed consent to participate in the study.

If you have questions regarding the study or survey, or questions or concerns about how the study was carried out at your school, please contact Michael Miranda, NCAA Associate Director of Research, at 317/917-6304 or [mmiranda@ncaa.org](mailto:mmiranda@ncaa.org).

Thank you very much for your participation in this important national study!

## ***DRUG SECTION DEFINITIONS***

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**Anabolic steroids** – synthetic derivatives of **testosterone** that promote muscle growth. Examples are andro or norandro products, bodenone, DHEA, dianabol, epi-trenbolone, methasterone, stanozolol.

**Dietary Supplements** – an over-the counter **product** (not food) intended to supplement the diet, that contains herbs, botanicals or other dietary ingredient marketed as a means to improve nutrition, health or performance.

**Marijuana** – **THC**, tetrahydrocannabinol, the primary psychoactive agent in marijuana. Marijuana may be ingested in various forms, including smoked, or via “edibles”, or vaporized through THC oil or wax.

**Narcotics** – Pain relievers derived from **opium** and its synthetic substitutes. Examples are codeine, morphine, oxycodone, percocet, Vicodin.

**Stimulants** – Drugs that stimulate the central nervous system. Examples are amphetamine, benzedrine, cocaine, dexadrine, ecstasy,ephedrine, methamphetamine, methylphenidate.

**Synthetic cannabis**, also inaccurately called “synthetic marijuana” – plant-based products that have been treated with **artificial psychoactive compounds**. Examples are K2, Spice.

## INSTRUCTIONS

Read each question carefully. For most questions, you are asked to mark only one answer. If more than one answer is required, you will be asked to “mark all that apply” or be given other instructions. Please reference the “DRUG SECTION DEFINITIONS” on page 1 for definitions of the substances listed.

*Do not write your name or your school's name on the survey form.*

When you are finished, place your completed survey in the envelope provided for collection. This survey will take approximately **15 – 25** minutes to complete. If you have any questions, please ask the faculty member who distributed the survey.

Mark the oval that indicates your answer. Please stay within the oval and do not mark spaces between the ovals. Please use only pencil or black ink.

**Example:** Correct mark



Incorrect marks



## SECTION I: Institutional and Background Information

1. Are you playing on men's or women's team(s)?  
(Mark ONE)

- ☐ Men's
- ☐ Women's

2. The main NCAA sport you play: (Mark ONE)

- ☐ Baseball
- ☐ Basketball
- ☐ Bowling
- ☐ Cross Country
- ☐ Fencing
- ☐ Field Hockey
- ☐ Football
- ☐ Golf
- ☐ Gymnastics
- ☐ Ice Hockey
- ☐ Lacrosse
- ☐ Rifle
- ☐ Rowing
- ☐ Skiing
- ☐ Soccer
- ☐ Softball
- ☐ Swimming/Diving
- ☐ Tennis
- ☐ Track (indoor or outdoor)
- ☐ Volleyball (indoor or beach)
- ☐ Water Polo
- ☐ Wrestling

3. In what NCAA division does your team compete?  
(Mark ONE)

- ☐ Division I
- ☐ Division II
- ☐ Division III

4. What is your current academic standing?  
(Mark ONE)

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate student

5. How do you describe yourself? (Mark ONE)

- ☐ American Indian or Alaskan Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Other

6. What is your current age? (Mark ONE)

- ☐ 18-20
- ☐ 21 or older

7. Are you a transfer student? (Mark ONE)

- ☐ No
- ☐ Yes, from a 2-year college
- ☐ Yes, from another 4-year NCAA college
- ☐ Yes, from a 4-year non-NCAA college

8. Did you receive education regarding NCAA banned drugs and supplements before you began participating in your sport at your current school?

- ☐ No
- ☐ Yes

9. Do you rely on the following to help pay for college?  
(Mark ONE for each item)

	Yes	No
Family contribution .....	<input type="radio"/>	<input type="radio"/>
Personal contribution .....	<input type="radio"/>	<input type="radio"/>
Pell Grant.....	<input type="radio"/>	<input type="radio"/>
Need-based financial aid (including state or institutional grants).....	<input type="radio"/>	<input type="radio"/>
Academic scholarship .....	<input type="radio"/>	<input type="radio"/>
Athletics scholarship.....	<input type="radio"/>	<input type="radio"/>
Loans .....	<input type="radio"/>	<input type="radio"/>

10. Are you a member of a fraternity or a sorority?

- ☐ No  
☐ Yes

11. With whom do you currently live? (Mark ONE)

- ☐ I live alone  
☐ With parents, family or significant other  
☐ With teammates or other student-athletes only  
☐ With a mix of student-athletes and others  
☐ Only with other students who are not athletes  
☐ Only with others who are not students at this school

12. Where do you currently live during the school year?  
(Mark ONE)

- ☐ Residence hall or other campus housing/apartment  
☐ Fraternity or Sorority House  
☐ Off-campus apartment or house

13. How likely do you think it is that you will become a  
professional and/or Olympic athlete in your sport?

- ☐ Very likely  
☐ Likely  
☐ Somewhat likely  
☐ Somewhat unlikely  
☐ Unlikely  
☐ Very Unlikely

## SECTION II: Substance Use Experience

14. How often have you used or do you currently use the  
following products? (Mark ONE for each substance)

	Never used	Daily	Weekly	Monthly	In the last year	Used, but not in the last year
Cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hookah.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spit tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How often have you used or do you currently use  
marijuana by the following methods?  
(Mark ONE for each substance)

	Never used	Daily	Weekly	Monthly	In the last year	Used, but not in the last year
Inhale (e.g., smoke, vape, dab) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ingest (e.g., edibles, oils, tinctures) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply to skin (e.g., cannabis- infused lotions) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use synthetic "marijuana" (e.g., K2, Spice, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Please indicate the reasons you have used marijuana  
within the last year: (Mark ALL that apply)

- ☐ I have not used marijuana within the last year  
☐ Social use  
☐ To aid sleep  
☐ Anxiety or depression  
☐ Pain management  
☐ Other

17. At the start of this school year, what were the marijuana  
laws in your college's state? (Mark ONE)

- ☐ Marijuana was legal for recreational and medical use  
☐ Marijuana was legal for medical use only  
☐ Marijuana use was not legal in this state  
☐ I don't know

18. How often have you used or do you currently use the following substances: (Mark ONE for each substance)

	Never used	Daily	Weekly	Monthly	In the last year	Used, but not in the last year
Alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy / Molly .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids (e.g., testosterone) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human growth hormone (HGH) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nonsteroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen, aspirin, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injectable Toradol (ketorolac) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tylenol or acetaminophen .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Morphine, Tylenol with Codeine, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultracet, Ultram or Tramadol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. When did you first use the following substances? (Mark ONE for each substance)

	Never used	Before High School	High School	College
Alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spit tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy / Molly .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Human growth hormone (HGH).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Morphine or Tylenol with Codeine, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Within the last year, when have you use(d) the following substances in relation to your competitive season? (Mark ONE for each substance)

	Not used in the last year	Only during the competitive season	Only during the off season	During BOTH the off season and competitive season
Alcohol.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spit tobacco .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic marijuana.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy / Molly .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Within the last year, have you use(d) the following substances specifically to prepare for a practice or competition? (Mark ONE for each substance)

	Yes	No
Spit Tobacco.....	<input type="radio"/>	<input type="radio"/>
Marijuana.....	<input type="radio"/>	<input type="radio"/>
Amphetamines .....	<input type="radio"/>	<input type="radio"/>
Cocaine .....	<input type="radio"/>	<input type="radio"/>
Anabolic steroids (e.g., testosterone) .....	<input type="radio"/>	<input type="radio"/>
Human Growth Hormone (HGH) .....	<input type="radio"/>	<input type="radio"/>
ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse, etc.) .....	<input type="radio"/>	<input type="radio"/>
Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Morphine or Tylenol with Codeine, etc.) .....	<input type="radio"/>	<input type="radio"/>

22. Please indicate why you have never used or have stopped using the following substances:  
(Mark ALL that apply for each substance)

	Concerned about what it might do to my health	No desire to experience the effects	Hurt my athletic performance	Hurt my academic performance	Afraid of becoming addicted	Fear of getting drug tested
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spit tobacco .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illicit drugs (e.g., LSD, Heroin, Cocaine, etc.) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance enhancing drugs....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. If you drink alcohol, typically how many drinks do you have in one sitting? (Mark ONE)

- ☐ I do not drink alcohol  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10+

One drink=  
 One 12 oz. beer  
 One 4 oz. glass of wine  
 One 12 oz. wine cooler  
 One mixed drink (w/ 1 shot)  
 One shot glass of liquor

24. On average, how many times per week do you drink more than 5 drinks in one sitting (if you are a male), or more than 4 drinks in one sitting (if you are a female)?  
(Mark ONE)

- ☐ I do not drink alcohol  
☐ 1 day a week  
☐ 2 days a week  
☐ 3-4 days a week  
☐ 5-6 days a week  
☐ Everyday

25. Within the last year, have you experienced any of the following as a consequence of drinking alcohol?  
(Mark ONE for each experience)

	I did not drink alcohol in the last year	Yes	No
Experienced interrupted sleep or sleep loss.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a hangover .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed poorly on a test or important project .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed a class .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed up late or missed practice or a game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performed poorly in practice or game.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically injured yourself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got into an argument/fight .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgot where you were or what you did..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Done something you later regretted.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been criticized by someone you know ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thought you might have a drinking or other drug problem .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had feelings of depression, feeling sad for two weeks or longer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tried unsuccessfully to stop drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged property, pulled fire alarm, etc. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been in trouble with the police or other college authorities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drove a car while under the influence ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rode in a car with a driver who was under the influence .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had unprotected sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. Within the last year, under what conditions have you taken the following medications? (Mark ALL that apply)

- ☐ ADHD stimulants (Adderall, Ritalin, Concerta or Vyvanse) **with** a prescription  
☐ ADHD stimulants (Adderall, Ritalin, Concerta or Vyvanse) **without** a prescription  
☐ Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Morphine or Tylenol with Codeine, etc.) **with** a prescription  
☐ Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Morphine or Tylenol with Codeine, etc.) **without** a prescription  
☐ I have not taken any of the medications listed



27. Within the last year, have you taken any of the following medications outside of their intended use, taking a dosage different from or taking it longer than what was prescribed or recommended?  
(Mark ALL that apply)

- ☐ Ibuprofen, naproxen, aspirin or other nonsteroidal anti-inflammatory drugs
- ☐ Tylenol or acetaminophen
- ☐ Adderall, Ritalin, Concerta or Vyvanse
- ☐ Vicodin, Oxycontin, Percocet, Dilaudid, Morphine or Tylenol with Codeine
- ☐ Ultracet, Ultram or Tramadol
- ☐ Injectable Toradol or Ketorolac
- ☐ I have not used pain management medications beyond their intended use within the last year

### SECTION III: Performance Enhancers and Dietary supplements

28. Within the last year, have you taken any of the following performance enhancers? (Mark ALL that apply)

- ☐ Andro or norandro
- ☐ Hydroxy methylbutyrate (HMB)
- ☐ Clenbuterol
- ☐ Dehydroepiandrosterone (DHEA)
- ☐ Epitestosterone
- ☐ Erythropoietin (EPO)
- ☐ Gamma hydroxybutyrate (GHB)
- ☐ Human chorionic gonadotrophin (HCG)
- ☐ Human growth hormone (HGH) – Injected form
- ☐ Human growth hormone (HGH) – Oral form
- ☐ Insulin
- ☐ Prohormones
- ☐ Testosterone boosters
- ☐ Other anabolic agents
- ☐ I have not taken any of the items listed

29. Within the last year, have you taken any of the following?  
(Mark ALL that apply)

- ☐ General multivitamin
- ☐ Multivitamin and mineral with other additives (e.g., caffeine, probiotics, herbal ingredients, etc.)
- ☐ Calcium
- ☐ Iron
- ☐ Probiotic
- ☐ Fish oil
- ☐ Glucosamine and/or chondroitin
- ☐ Amino acids (e.g., BCAAs, L-arginine, L-carnitine, beta-Alanine, etc.)
- ☐ Protein products (e.g., whey, casein, soy, etc.)
- ☐ Creatine
- ☐ Energy drinks (e.g., Red Bull, Monster, 5-Hour Energy, etc.)
- ☐ Pre-workout products
- ☐ Brain/memory enhancer (i.e., nootropics)
- ☐ Diuretics (e.g., water pills)
- ☐ Prescription sleep aid (e.g., Ambien, Xanax, Ativan)
- ☐ Non-prescription sleep aid (e.g., Benadryl, diphenhydramine, melatonin)
- ☐ Herbal supplements (e.g., turmeric, milk thistle, Echinacea, fenugreek, garcinia cambogia, etc.)
- ☐ Weight gain products
- ☐ Thermogenic/fat burners/weight loss products
- ☐ I have not taken any of the items listed

### SECTION IV: Drug Testing Beliefs

30. There has been a lot of discussion about whether athletes should be tested for use. Please indicate your level of agreement with the following statements:  
(Mark ONE for each line)

	Neither agree	Strongly agree	Strongly disagree	Disagree	Agree
If I use banned substances in the next year, I am likely to get caught.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All college athletes should be tested for <i>performance enhancing drugs</i> (e.g., steroids) by their <u>school</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All college athletes should be tested for <i>marijuana</i> by their <u>school</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All college athletes should be tested for <i>performance enhancing drugs</i> (e.g., steroids) by the <u>NCAA</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All college athletes should be tested for <i>marijuana</i> by the <u>NCAA</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing by individual colleges has deterred college athletes from using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug testing by the NCAA has deterred college athlete from using drugs .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imposing team penalties (such as disqualification of the team when a member tests positive for banned drugs) would be fair and appropriate.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# THANK YOU!

This completes the questionnaire. Thank you for your participation in this study.  
To ensure your anonymity, please put your completed questionnaire in the collection envelope.

PROOF