



*National
Study of
Student-Athlete
Health and
Wellness*

*Thank you for your
participation in this very
important study.*

The NCAA Research Staff



National Study of Student-Athlete Health and Wellness

Dear Student:

Thank you for your willingness to participate in the NCAA's National Study of Student-Athlete Health and Wellness. This study seeks to assess the experiences, health and well-being of current student-athletes. The survey includes questions about your mental wellness, peer support, sleep behaviors, weight management and body image, competition and injury history and substance use experiences. Survey results will be used by the NCAA membership and governing bodies for the purpose of further evaluating and better understanding the health and well-being aspects of the student-athlete experience. For this study to help future student-athletes, it is important that you read all questions carefully and give thoughtful and honest responses.

This information is being collected anonymously. We will not ask you to identify yourself or your school. That means nobody, including the NCAA and its researchers, will know your identity or be able to match your responses to your team or your school. The study protocols were designed specifically to help you maintain complete anonymity. Results that are reported will be in terms of national and subgroup (for example, sport, division, etc.) averages and trends, and items with small response sizes will not be reported to protect anonymity.

Your participation in this study is completely voluntary so you may choose not to answer specific questions, or to discontinue your participation at any time without penalty. The information about the study provided to you by your campus faculty athletics representative is intended to inform you of the purpose, benefits and risks associated with the study. Your voluntary completion of this survey indicates that you are consenting to participate in this study.

If you are under 18 years of age, or below the age of legal consent to participate in this study in your state, you are excused from further participation in this research study.

If you have questions regarding the study or survey instrument, please contact the survey administrator, Kelsey Gurganus-Wright, at 317-917-6566 or kgurganus@ncaa.org. For questions regarding the study procedures, please contact Michael Miranda, NCAA Research Review Board administrator, at 317-917-6409 or michael.miranda@zoho.com.

SUBSTANCE USE SECTION DEFINITIONS

Anabolic Agents and Related Hormone Modulators – synthetic derivatives of **testosterone** or other hormonal agents that promote muscle growth, increase endurance and enhance recovery. Examples are andro or norandro products, bodenone, DHEA, dianabol, epi-trenbolone, methasterone and stanozolol. Some of these are commonly referred to as steroids.

Cannabis and Related Products – Cannabis and hemp products may be ingested in various forms, including smoked, via “edibles” or vaporized through THC oil or wax. Includes marijuana, synthetic cannabinoids and tetrahydrocannabinol (THC).

- **Marijuana** – may be ingested in various forms, including smoked, via “edibles” or vaporized through THC oil or wax.
- **Synthetic Cannabinoids** – also inaccurately called “synthetic marijuana” -- plant-based products that have been treated with artificial psychoactive compounds. Examples are Delta 8, K2 and Spice.
- **Tetrahydrocannabinol (THC)** – the primary psychoactive agent in marijuana.

Dietary Supplement – an over-the counter **product** (not food) intended to supplement one's diet, that contains herbs, botanicals or other dietary ingredients marketed to improve health, nutrition or performance.

Narcotics – pain relievers derived from **opium** and its synthetic substitutes. Examples are codeine, fentanyl, heroin, morphine, oxycodone, Oxycontin, Percocet and Vicodin.

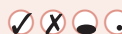
Stimulants – drugs that stimulate the central nervous system. Examples are amphetamine, Benzedrine, cocaine, Dexedrine, ecstasy, ephedrine, methamphetamine and methylphenidate.

Sedatives – drugs that slow down or depress the central nervous system. Examples are barbiturates, benzodiazepines (Xanax, Valium, Klonopin, etc.), gamma-hydroxybutyrate (GHB), and sleep-inducing drugs such as zolpidem (Ambien) and eszopiclone (Lunestra).

MARKING INSTRUCTIONS

Use Blue or Black ink pen or Black Lead Pencil Only

Incorrect Mark:



Correct Mark:



PART 1: Demographics

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

- ☐ Men's
- ☐ Women's

2. NCAA sport(s) you are playing: (Mark all that apply)

- | | |
|---|---|
| <input type="radio"/> Acrobatics & Tumbling | <input type="radio"/> Rifle |
| <input type="radio"/> Baseball | <input type="radio"/> Rowing |
| <input type="radio"/> Basketball | <input type="radio"/> Rugby |
| <input type="radio"/> Beach Volleyball | <input type="radio"/> Skiing |
| <input type="radio"/> Bowling | <input type="radio"/> Soccer |
| <input type="radio"/> Cross Country | <input type="radio"/> Softball |
| <input type="radio"/> Equestrian | <input type="radio"/> Swimming & Diving |
| <input type="radio"/> Fencing | <input type="radio"/> Tennis |
| <input type="radio"/> Field Hockey | <input type="radio"/> Track (Indoor or Outdoor) |
| <input type="radio"/> Football | <input type="radio"/> Triathlon |
| <input type="radio"/> Golf | <input type="radio"/> Volleyball (Indoor) |
| <input type="radio"/> Gymnastics | <input type="radio"/> Water Polo |
| <input type="radio"/> Ice Hockey | <input type="radio"/> Wrestling |
| <input type="radio"/> Lacrosse | |

3. In what NCAA division does your team compete?

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

4. What is your current academic standing?

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Completed bachelor's degree

5. How do you describe yourself? (Mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/x
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other

6. Do you consider yourself to be: (Mark all that apply)

- ☐ Straight or heterosexual
- ☐ Gay or lesbian
- ☐ Queer
- ☐ Bisexual or pansexual
- ☐ Questioning or unsure
- ☐ Another sexual identity
- ☐ Prefer not to answer

7. What is your gender identity? (Mark all that apply)

- ☐ Man
- ☐ Woman
- ☐ Genderqueer
- ☐ Nonbinary
- ☐ Transgender
- ☐ Another gender identity
- ☐ Prefer not to answer

8. What is your current age?

- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21
- ☐ 22 or older

9. Do you qualify for a Pell Grant?

- ☐ No
- ☐ Yes
- ☐ Not Sure

10. This academic year, are you receiving an athletics scholarship in your sport?

- ☐ No
- ☐ Yes, partial athletics scholarship
- ☐ Yes, full athletics scholarship

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

- ☐ No
- ☐ Yes

12. Where do you currently live during the school year?

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

13. Where did you attend high school?

- ☐ In the United States
- ☐ In Canada
- ☐ In another country

PART 2: Mental Health and Peer Support

14. Within the last month, have you:

- | | Most every day
Occasionally
Never | Constantly |
|--|---|-----------------------|
| a. Felt things were hopeless..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| b. Felt overwhelmed by all you
had to do | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| c. Felt exhausted (not from
physical activity) | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| d. Felt very lonely | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| e. Felt sad..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| f. Felt so depressed that it was
difficult to function..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| g. Felt overwhelming anxiety | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| h. Felt overwhelming anger | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| i. Felt a sense of loss | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |
| j. Experienced sleep difficulties
(e.g., trouble falling asleep,
waking too early) | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> |

15. How much do you agree or disagree that the following have negatively impacted your mental health within the last month?

- | | Strongly Agree | Somewhat Agree | Disagree | Strongly Disagree |
|---|---|-----------------------|-----------------------|-----------------------|
| a. Academic worries..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. COVID-19 health concerns | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Financial worries | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Family worries | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Playing time..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Coach relationship | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Team environment..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Personal experiences of racism or
racial trauma | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Political disagreements with
family or friends..... | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Planning for the future | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. How much do you agree or disagree with the following statements about mental well-being?

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree
a. I know where to go on campus if I have mental health concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I know how to help a teammate that is experiencing a mental health issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable seeking support from a mental health provider on this campus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are people on campus I can trust to give me support when I need it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel that student-athletes' mental health is a priority to our athletics department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Student-athletes on this campus take the mental health concerns of their teammates seriously	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I would feel inadequate if I went to a therapist for psychological help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. My self-esteem would increase if I talked to a therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Seeking psychological help would make me feel less intelligent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree
a. My coaches care about my <u>physical</u> well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My coaches care about my <u>mental</u> well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would feel comfortable talking with my coaches about <u>physical</u> <u>health</u> issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would feel comfortable talking with my coaches about <u>mental</u> <u>health</u> issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. If the following situations came up, how likely do you think you would be to engage in the following behaviors?

	Extremely Likely	Somewhat Likely	Not at all likely
a. Accompany a teammate home if they've had a lot to drink at a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Seek help to stop a fight that involves a teammate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Walk away from a confrontation even if your toughness is being questioned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Confront a teammate if you think they are treating a partner inappropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Report a teammate's involvement in academic misconduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Stop a teammate from driving after consuming alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Intervene in a situation that could lead to unwanted sexual behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Have you received training on your campus (e.g., bystander intervention, StepUP! or Green Dot) to prepare yourself to help someone in trouble?

☐ Yes
☐ No

PART 3: Sleep

20. In the past 7 days, how often have you:

	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a. Gotten enough sleep so that you felt rested when you woke up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Awakened too early in the morning and couldn't get back to sleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Felt tired, dragged out, or sleepy during the day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Gone to bed because you just could not stay awake any longer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Had an extremely hard time falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Fell asleep at an inappropriate time/place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART 4: Weight, Body Image and Nutrition

21. How do you describe your weight?

☐ Very underweight for my sport
☐ Slightly underweight for my sport
☐ About the right weight for my sport
☐ Slightly overweight for my sport
☐ Very overweight for my sport

22. Which of the following are you trying to do about your weight?

☐ Gain weight
☐ Lose weight
☐ Stay the same weight
☐ I am not trying to do anything about my weight

23. Please indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
a. I think I have a good body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am happy with my current weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I like what I look like in pictures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree
a. I make an effort to eat fruits and vegetables each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I usually avoid eating fried foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I generally try to have a healthy diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I make an effort to eat at least three meals a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Healthy food options are readily available to me after practice and competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I <u>can afford</u> to eat healthy meals each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I <u>have time</u> to eat healthy meals each day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PART 5: Competition and Injury

25. How old were you when you started competing in your main sport?

- ☐ 6 years old or younger
☐ 7-9 years old
☐ 10-12 years old
☐ 13-15 years old
☐ 16 years old+

26. How old were you when you started specializing in your main sport (competing in only that sport)?

- ☐ 6 years old or younger
☐ 7-9 years old
☐ 10-12 years old
☐ 13-15 years old
☐ 16-18 years old
☐ Competed in multiple sports through the end of high school (or into college)

27. Please indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree
a. I am accomplishing many worthwhile things in my sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel so tired from the <u>physical</u> demands of my sport that I struggle to find energy to do other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The effort I spend in my sport would be better spent doing other things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I am exhausted by the <u>mental</u> demands of my sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I am performing up to my ability in my sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I care about my sport as much or more than I ever have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. During the last 30 days, on how many days did you have the following problems or symptoms?

	15+ days	8-14 days	4-7 days	1-3 days	None
a. Cold, flu or similar symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Headache.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pain (non-headache) that made daily activities difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How many times have you been diagnosed with a concussion by a medical professional?

	0	1	2	3	4	5	6	7	8+
a. During college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Before you entered college.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How comfortable do you feel reporting concussion-like symptoms to...

	Extremely Comfortable	Somewhat Comfortable	Not At All Comfortable
a. A coach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. A team trainer or doctor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. How many sport-related injuries have you sustained that required surgery, hospitalization or more than one month of time off from training or competition?

	0	1	2	3	4	5+
a. During college	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Before you entered college.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Are you currently unable to compete in your sport due to a long-term (e.g., month or more) injury or health concern?

☐ Yes
☐ No

33. Have you had COVID-19? (Mark ALL that apply)

☐ No
☐ Yes, I had COVID-19 in the last three months
☐ Yes, I had COVID-19 more than three months ago

34. Are any COVID-19 symptoms currently still impacting your ability to perform at your peak athletic level?

☐ Yes
☐ No
☐ I have not had COVID-19

PART 6: Alcohol, Tobacco and Other Drug Use

35. How often do you use tobacco or other nicotine products 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
a. Cigarettes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cigars.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Vape/E-cigarettes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hookah.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Spit tobacco (e.g., dip, chew, pouch, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other products (e.g., dissolvable, gum, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. How often do you use marijuana or other cannabis products 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
a. Inhale (e.g., smoke, vape, dab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Ingest (e.g., edibles, oils, tinctures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. 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"/>
d. Use synthetic "marijuana" (e.g., Delta 8, K2, Spice, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please indicate the reasons you have used marijuana or other cannabis products within the last year: (Mark ALL that apply)

- ☐ I have not used marijuana or cannabis products within the last year
- ☐ Coping with anxiety, depression or stress
- ☐ Experimentation
- ☐ Fun/enjoyment
- ☐ Help with sleep
- ☐ Medical use (e.g., alleviate physical pain, headache)
- ☐ Peer pressure
- ☐ Relaxation
- ☐ To be social

38. 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

39. Do you believe that occasional (less than once per week) cannabis use by a student-athlete threatens their health and well-being?

- ☐ Yes
- ☐ No
- ☐ I don't know

40. How often do you 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
a. Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Methamphetamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Heroin.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Ecstasy/Molly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Anabolic agents or related metabolic modulators (e.g., HGH, testosterone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. 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"/>
j. Injectable Toradol (ketorolac)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Tylenol or acetaminophen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. 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"/>
m. Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Fentanyl, Morphine, Tylenol with Codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Sedatives (e.g., Xanax, Valium, Klonopin, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Ultracet, Ultram or Tramadol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Yes	No
a. Spit tobacco	<input type="radio"/>	<input type="radio"/>
b. Marijuana	<input type="radio"/>	<input type="radio"/>
c. Amphetamines	<input type="radio"/>	<input type="radio"/>
d. Cocaine	<input type="radio"/>	<input type="radio"/>
e. Anabolic agents or related metabolic modulators (e.g., HGH, testosterone)	<input type="radio"/>	<input type="radio"/>
f. ADHD stimulants (e.g., Adderall, Ritalin, Concerta, Vyvanse).....	<input type="radio"/>	<input type="radio"/>
g. Narcotic pain medication (e.g., Vicodin, Oxycontin, Percocet, Dilaudid, Fentanyl, Morphine, Tylenol with Codeine, etc.)	<input type="radio"/>	<input type="radio"/>

42. 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

43. If you drink alcohol, typically how many days per week do you drink? (Mark ONE)

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

44. 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)

- ☐ Never
- ☐ 1 day a week
- ☐ 2 days a week
- ☐ 3-4 days a week
- ☐ 5-6 days a week
- ☐ Every day

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

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

46. 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 nonsteroidal anti-inflammatory drugs
- ☐ Tylenol or acetaminophen
- ☐ Adderall, Ritalin, Concerta or Vyvanse
- ☐ Vicodin, Oxycontin, Percocet, Dilaudid, Fentanyl, Morphine or Tylenol with Codeine
- ☐ Xanax, Valium or Klonopin
- ☐ Ultracet, Ultram or Tramadol
- ☐ Injectable Toradol or Ketorolac
- ☐ I have not used any of the medications listed beyond their intended use within the last year

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

- ☐ Andro or norandro
- ☐ Clenbuterol
- ☐ Dehydroepiandrosterone (DHEA)
- ☐ DHCMT (oral turinabol)
- ☐ Epitestosterone
- ☐ Erythropoietin (EPO)
- ☐ Human chorionic gonadotrophin (HCG)
- ☐ Human growth hormone (HGH) – Injected form
- ☐ Human growth hormone (HGH) – Oral form
- ☐ Insulin (for performance enhancement)
- ☐ Prohormones
- ☐ SARMs (e.g., LGD-4033, ostarine)
- ☐ Testosterone boosters
- ☐ Other anabolic agents
- ☐ I have not taken any of the items listed

48. 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.)
- ☐ 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, Melatonin, Unisom, Valerian)
- ☐ Herbal supplements (e.g., turmeric, milk thistle, Echinacea, fenugreek, garcinia cambogia, etc.)
- ☐ Weight gain products
- ☐ Thermogenic/fat burners/weight loss products
- ☐ Sexual enhancers
- ☐ I have not taken any of the items listed

PART 8: Support

49. I wish the coaches or athletics administrators at my school talked more with my team about the following wellness topics: (Mark all that apply)

- ☐ Body image
- ☐ Concussion awareness
- ☐ Drinking/substance misuse
- ☐ Drug testing/NCAA banned substances
- ☐ Getting good sleep
- ☐ Mental wellness
- ☐ Proper nutrition
- ☐ Sexual violence prevention
- ☐ Weight management



Thank you for your participation in this important study on student experiences!

Results of previous student-athlete surveys are available on the NCAA Research website:

<http://www.ncaa.org/research>