

Indiana College Substance Use Survey (ICSUS) Custom Survey Item Resource Guide

About This Resource

Institutions participating in the Indiana College Substance Use Survey (ICSUS) may add up to 10 custom items to their survey. This document is intended to serve as a resource for identifying potential questions to include. Institutions are not limited to the items included in this document and may choose to add any custom questions they wish.

For each item or set of items, the purpose of the item(s) is provided along with the source (i.e., national and state surveys, validated scales commonly used with college student populations, and recommendations from the 2026 ICSUS Advisory Committee).

Substance Use & Related Items

High Intensity Drinking

- **Purpose:** These items aim to assess extreme drinking behaviors beyond traditional binge drinking measures.
- **Source:** Monitoring the Future (MTF) College Survey

Thinking back over the last two weeks. How many times have you had....

	None	Once	Twice	3 to 5 times	6 to 9 times	10 or more times
10+ drinks in a row	O	O	O	O	O	O
15+ drinks in a row	O	O	O	O	O	O



Fentanyl Risk Perception Questions

- **Purpose:** Assess students' perceptions of risk associated with fentanyl use.
- **Source:** Monitoring the Future (MTF) College Survey

How much do you think people risk harming themselves (physically or in other ways) if they...

	No Risk	Slight Risk	Moderate Risk	Great Risk	Can't Say, Drug Unfamiliar
Try fentanyl once or twice?	☐	☐	☐	☐	☐
Use fentanyl occasionally?	☐	☐	☐	☐	☐
Use fentanyl regularly?	☐	☐	☐	☐	☐

Mental Health and Wellbeing Items

Connor-Davidson Resilience Scale 2 (CD-RISC2)

- **Purpose:** Assess students' ability to adapt and recover from adversity
- **Source:** Validated scale, used on the American College Health Association- National College Health Assessment (ACHA-NCHA III)

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	Not at all true	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur.	☐	☐	☐	☐	☐
I tend to bounce back after illness, injury, or other hardships.	☐	☐	☐	☐	☐

Diener Psychological Wellbeing Scale

- **Purpose:** Measure self-perceived positive psychological functioning and wellbeing
- **Source:** Validated scale, used on the American College Health Association- National College Health Assessment (ACHA-NCHA III)

Below are 8 statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by indicating that response for each statement.

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
I lead a purposeful and meaningful life.	O	O	O	O	O	O	O
My social relationships are supportive and rewarding.	O	O	O	O	O	O	O
I am engaged and interested in my daily activities.	O	O	O	O	O	O	O
I actively contribute to the happiness and wellbeing of others.	O	O	O	O	O	O	O
I am competent and capable in the activities that are important to me.	O	O	O	O	O	O	O
I am a good person and live a good life.	O	O	O	O	O	O	O
I am optimistic about my future.	O	O	O	O	O	O	O
People respect me.	O	O	O	O	O	O	O

Kessler 6 Scale

- **Purpose:** Screen for non-specific psychological distress
- **Source:** Validated scale, used on the American College Health Association- National College Health Assessment (ACHA-NCHA III)

The next 6 questions ask about how you have been feeling during the past 30 days. For each question, please select the response that best describes how often you had this feeling.

During the past 30 days, about how often did you feel...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
...nervous?	☐	☐	☐	☐	☐
...hopeless?	☐	☐	☐	☐	☐
...restless or fidgety?	☐	☐	☐	☐	☐
...so sad nothing could cheer you up?	☐	☐	☐	☐	☐
...that everything was an effort?	☐	☐	☐	☐	☐
...worthless?	☐	☐	☐	☐	☐

Other Mental Health Items

- **Purpose:** Assess feelings of loneliness and social isolation, and willingness to seek professional help for mental health concerns
- **Source:** American College Health Association- National College Health Assessment (ACHA-NCHA III)

Indicate how often each of the statements below is descriptive of you.

	Hardly ever	Some of the time	Often
How often do you feel that you lack companionship?	O	O	O
How often do you feel left out?	O	O	O
How often do you feel isolated from others?	O	O	O

If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?

- ☐ No
 - ☐ Yes
-

Other Wellbeing Items

- **Purpose:** *Measure recent physical and mental health impacts on daily functioning*
- **Source:** *Behavioral Risk Factor Surveillance System (BRFSS)*

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (BRFSS)

- [Enter number of days 0 to 30]

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (BRFSS)

- [Enter number of days 0 to 30]
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Involvement Items

- **Purpose:** Measure participation in student organizations and extracurricular activities
- **Source:** CORE Alcohol and Drug Survey

Within the last year, to what extent have you participated in any of the following activities? (CORE)

	Not involved	Attended	Active involvement, non-leader	Leadership position
Intercollegiate athletics	☐	☐	☐	☐
Intramural or club sports	☐	☐	☐	☐
Social fraternities or sororities	☐	☐	☐	☐
Religious and interfaith groups	☐	☐	☐	☐
International and language groups	☐	☐	☐	☐
Minority and ethnic organizations	☐	☐	☐	☐
Political and social action groups	☐	☐	☐	☐
Music and other performing arts groups	☐	☐	☐	☐
Student newspaper, radio, TV, magazine, etc.	☐	☐	☐	☐

Gambling Items

- **Purpose:** Assess students' exposure to gambling-related harms among family members or close contacts.
- **Source:** Adult Gambling Behaviors in Indiana (AGBI) Survey

Has the gambling of someone close to you ever negatively affected you?

- ☐ Yes
 - ☐ No
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Problem Gambling Severity Index (PGSI)

- **Purpose:** Identify risk for gambling-related problems
- **Source:** Validated Scale

In the last 12 months...

	Never	Sometimes	Most of the Time	Almost Always
Have you bet more than you could really afford to lose?	☐	☐	☐	☐
Have you needed to gamble with larger amounts of money to get the same feeling of excitement?	☐	☐	☐	☐
When you gambled, did you go back another day to try to win back the money you lost?	☐	☐	☐	☐
Have you borrowed money or sold anything to get money to gamble?	☐	☐	☐	☐
Have you felt that you might have a problem with gambling?	☐	☐	☐	☐
Has gambling caused you any health problems, including stress or anxiety?	☐	☐	☐	☐
Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?	☐	☐	☐	☐
Has your gambling caused any financial problems for you or your household?	☐	☐	☐	☐
Have you felt guilty about the way you gamble or what happens when you gamble?	☐	☐	☐	☐

- **Purpose:** Assess frequency of additional gambling behaviors not included on the ICSUS
- **Source:** Adult Gambling Behaviors in Indiana (AGBI) Survey

In the past 12 months, how often have you gambled (bet money or valuables on an uncertain outcome) in the following ways?

	Never	Less than once a month	1-3 times per month	Once a week or more
Online sweepstakes casino games (e.g., Chumba Casino, Lucky Land Slots)	☐	☐	☐	☐
Short-term cryptocurrency trading (e.g., Bitcoin, Ethereum)	☐	☐	☐	☐
Games of Skill (e.g., pool, golf, bowling, basketball)	☐	☐	☐	☐

Ideas for Additional Background Characteristics Items

- **Purpose:** Provide supplemental demographic and contextual measures
- **Source:** Recommended by Indiana College Substance Use Survey (ICSUS) Stakeholders

Are you a transfer student?

- ☐ Yes
- ☐ No

Are you a first-generation college student (first in your family to attend college)?

- ☐ Yes
- ☐ No

What is your primary method of attending classes this semester?

- ☐ Attend all classes in person
- ☐ Attend some classes in person, some classes virtually/remotely
- ☐ Attend all classes virtually/remotely