

Dartmouth College

Mini-BASICS

Components¹

This document is a reference for other institutions who might be interested in the components and progression of our program. If you have questions and/or comments concerning this document, please contact the Student Wellness Center at Dartmouth College.

Dartmouth College
Student Wellness Center
Health Services
6 North Main Street HB 6144
Hanover, NH 03755
603-646-9414
BASICS@dartmouth.edu

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¹ Dartmouth College Board of Trustees, Hanover, New Hampshire, 2016

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Email: directly to student within 48 hours of incident or policy violation

Subject: Important: Recommendation

Student's Name,

Re: Recommendation from the **Dartmouth Alcohol and Other Drug Awareness Program (DAODAP)**

In my role as the Coordinator of Dartmouth's Alcohol and Other Drug Education Programs, I was notified of your association with a recent incident concerning alcohol and/or other drugs. With concern for your health and safety, I am making the following medical recommendations. Please complete the following steps.

There are 3 parts to your

recommendations: Part 1: BASICS

Feedback screening:

Go to: [REDACTED] and follow the prompts to complete the program. Please complete BASICS Feedback within 48 hours of this referral. The system notifies me of your completion and I will use this as verification of your first session.

Part 2: Schedule and attend a Feedback Session (class) within 10 days of this notice. At the end of your survey you will be prompted to a student portal, where you can select from available times. An email reminder to access the student portal and schedule a session may also be sent by the system.

Part 3: Attend a Feedback Session: this is a confidential session with a professional specializing in alcohol and other substances. You will receive feedback on how your answers on the survey compare to others your age.

Optional: Complete online follow-up surveys. 3 month, 6 months and 1 year after your feedback session you will receive an email invitation to complete a follow-up survey. Please do so within 48 hours of receiving the email.

Please email me if you have

questions. Sincerely,

Brian

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Phone: (603) 646-9414

<http://www.dartmouth.edu/~healthd/basics/index.html>

The materials in this message are private and may contain Protected Healthcare Information. If you are not the intended recipient, be advised that any unauthorized use, disclosure, copying or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this email in error, please immediately notify the sender via telephone or return mail.



(BluSky, 2016)

Authorization for use or disclosure of protected health information

General Information Regarding This Authorization

This Authorization permits the Dartmouth College Health Services (Health Services) to use or disclose your protected health information for purposes other than your treatment, payment to the Health Services or the health care operations of the Health Services. You have the right to revoke this Authorization by providing Health Service with written notice of revocation. The revocation will be effective upon receipt by Health Services except with respect to uses or disclosures made prior to receipt and in reliance upon this Authorization.

Health Services cannot require you to approve this Authorization as a condition to the provision of services. As a condition of your mandatory referral your referral source requires Health Services to communicate your compliance and/or completion of educational and counseling services. The only way to communicate your status to your referral source is for you to authorize by selecting the “yes” radial button.

Please note that once your compliance/completion is disclosed pursuant to this Authorization, Health Services will no longer have control over the that information and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by privacy rules under the Health Insurance Portability and Accountability Act.

Authorization for release of alcohol and other drug treatment records

By selecting the “Yes” radial button below, I hereby authorize Health Services or any of its staff to release and receive (by any acceptable means, including fax or email) my Protected Health Information described as follows:

- Attendance and completion of AOD Education Course and/or
- Attendance, compliance and completion of counseling recommendations under federal regulations (42 CFR Part 2).

To and from the following persons or class of persons named above and (include name, address and telephone numbers):

- Dartmouth College Referral Source
- Dartmouth College Undergraduate Judicial Affairs Office
- Dartmouth College AOD Treatment Team and AOD Coordinator
- Dartmouth College Counseling and Human Development.

The purpose of the requested use or disclosure is limited to

- Confirmation of compliance/attendance/completion.

This Authorization shall expire one year from date of initiation unless it is revoked in writing directed to Dartmouth College Health Services.

Statement of Confidentiality: Frequently Asked Questions

Q: *Will the answers I provide in this assessment be kept confidential?*

A: Based on Dartmouth College policies and the law, the information you provide in this assessment is treated as confidential. We cannot release any of the information gathered from this assessment without your consent except under exceptional circumstances permitted by HIPPA (Health Information Privacy and Portability Act) and /FERPA (the Family Educational Rights and Privacy Act). The information you provide does becomes part of your Dartmouth College medical record.

Q: *I am being required to complete BASICS. What will you tell the person who is requiring me to do this?*

A: Information regarding BASICS completion will be forwarded to the person or department referring you based on your authorization. The only information that will be provided is your attendance and completion of DAODAP (Dartmouth Alcohol and Other Drug Awareness Program). Information provided in the assessment is not disclosed to referring parties.

Q: *Under what circumstances can my information be released?*

A: FERPA law is meant to protect your privacy. In exceptional circumstances, your confidential information may be released to appropriate parties if we believe that such disclosure is necessary to prevent a serious and imminent threat to your safety or to the health and safety of the public.

Your information can also be released to others at your request if you sign a Release of Information Consent Form which is time limited and specific as to whom the information can be released.

Q: *If my parents were to contact you, what would you tell them?*

A: We would tell your parents general things about DAODAP and the BASICS program, including some of the reasons why a student might participate in the program. If your parents were to contact us, we could not tell them anything about your involvement with the BASICS program, including whether or not you took the assessment.

Please indicate that you have read and understand this section on confidentiality and that you give Dartmouth College Health Services **permission to release your attendance and compliance** with DAODAP requirements to your referring source.

☐

Yes

☐

No

Some students are referred to this program after an incident involving alcohol. Please answer the following two questions with that incident in mind. If you were not referred to this program after a specific incident, respond with answers about the last time you drank.

Where did you drink alcohol? Check all that apply.

- ☐ **Fraternity**
- ☐ **Sorority**
- ☐ **Affinity house**
- ☐ **Off-Campus house**
- ☐ **My room/apartment on campus**
- ☐ **My room/apartment off-campus**
- ☐ **Another student's on-campus room**
- ☐ **Other on campus location**
- ☐ **Other off campus location (restaurant, bar)**
- ☐ **Other**
- ☐ **Did not drink alcohol**

What type of alcohol did you drink? Check all that apply.

- ☐ **Non-alcoholic beverage**
- ☐ **Beer-not playing pong**
- ☐ **Beer-playing Pong**
- ☐ **Wine**
- ☐ **Shots of hard alcohol**
- ☐ **Energy drinks with hard alcohol**
- ☐ **Punch with hard alcohol**
- ☐ **Other mixed drinks with hard alcohol**
- ☐ **Wine coolers**
- ☐ **Other types(s) of alcoholic beverage(s)**

In the spaces below, please write three goals for college that are most important to you.

Goal 1:

Goal 2:

Goal 3:

Your Frequency of Alcohol and Other Drug Use

Please indicate how often you have used the following substances. Choose one response for each row.

	Never Used	Have used, but not in the last 30 days	Have used in the last 30 days
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco cigarettes or cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco from a water pipe (hookah)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smokeless tobacco (chew, snuff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (weed, pot, hashish, hash oil)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, rock, freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, Salvia, PCP, Special K, Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (speed, crystal meth, ice, crank)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other amphetamines (diet pills, bennies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants not prescribed to you (Ritalin, Concerta, Dexedrine, Adderall)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (downers) or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street opioids (heroin, opium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous oxide, glue, gas, paint thinner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anabolic steroids (testosterone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approximately how many times have you used the following substances **in the past 30 days?**

	Number of times used
Alcohol ()	<input type="text"/>
Tobacco cigarettes or cigars ()	<input type="text"/>
Tobacco from a water pipe (hookah) ()	<input type="text"/>
Smokeless tobacco (chew, snuff) ()	<input type="text"/>
Marijuana (weed, pot, hashish, hash oil) ()	<input type="text"/>
Cocaine (coke, crack, rock, freebase) ()	<input type="text"/>
Hallucinogens (LSD, acid, mushrooms, Salvia, PCP, Special K, Ecstasy) ()	<input type="text"/>
Methamphetamine (speed, crystal meth, ice, crank) ()	<input type="text"/>
Other amphetamines (diet pills, bennies) ()	<input type="text"/>
Prescription stimulants not prescribed to you (Ritalin, Concerta, Dexedrine, Adderall) ()	<input type="text"/>
Sedatives (downers) or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB) ()	<input type="text"/>
Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine) ()	<input type="text"/>
Street opioids (heroin, opium) ()	<input type="text"/>
Inhalants (nitrous oxide, glue, gas, paint thinner) ()	<input type="text"/>
Anabolic steroids (testosterone) ()	<input type="text"/>

this page only displayed if student reports use of alcohol or marijuana

Two Week Drink Calendar

Think of a **typical two week period** in your recent past. In the calendar below, please enter the number of "standard drinks" (see chart) you had on each day and the number of hours you spent drinking. **Enter "0" if you did not drink.**

Also, if you used marijuana on a particular day, enter how many hours you spent high or stoned. **Enter "0" if you did not use marijuana on that day.**

()



Week One

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of drinks:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of hours drinking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of hours under the influence of marijuana. ()	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Week Two

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of drinks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of hours drinking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of hours under the influence of marijuana ()	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Think of the time you drank the most in the past 30 days. Please fill in the number of “standard drinks” of each type you consumed and the number of hours you spent drinking on that occasion.

Beer

Wine

Shots or Mixed Drinks

Hours

Please estimate how much money you spend on marijuana during a typical week:

()

\$

Please select the answer for each question that accurately describes your drinking pattern **in the past year**.

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
How often do you have a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How many standard drinks do you have on a typical day when you are drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often do you have six or more standard drinks on one occasion?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes, but not in the last year	Yes, during the last year
Have you or someone else been injured because of your drinking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The physical and emotional effects of alcohol vary from person to person. Please indicate how often you experience the following when you drink alcohol:

	Rarely or Never Happens	Sometimes Happens	Often Happens
I notice a change in my energy level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget or escape from my responsibilities or problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hook up with someone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become loud and boisterous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become less aware of my surroundings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel less in control of my actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy sex more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I become more emotional.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I act more outgoing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get "sloppy" (clumsy, slur words, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drunk-text, Facebook, or tweet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to drink more than I used to in order to feel the effects of alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do or say things that I can't remember later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have fun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel closer to my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends or acquaintances have to take care of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please type in other ways in which alcohol affects you which are not included in the list above:

Each item on this page is displayed only if the participant indicated alcohol use in the past month AND they indicated that the corresponding item on the previous page occurs 'sometimes or 'often'.

How Do You Feel About It?

Listed below are the effects that you indicated are likely to happen to **you** when you use alcohol.

Take a minute to reflect on each effect. Are you okay with it? Not ok with it? Somewhere in between?

On a scale of **1 = I'm not ok with it** to **10 = I'm OK with it**, please indicate how acceptable each effect is to you personally.

	(1) Not ok with it.	(2)	(3)	(4)	(5) Unsure.	(6)	(7)	(8)	(9)	(10) Ok with it.
I notice a change in my energy level. ()	<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"/>	<input type="radio"/>
I forget or escape from my responsibilities or problems. ()	<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"/>	<input type="radio"/>
I hook up with someone. ()	<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"/>	<input type="radio"/>
I become loud and boisterous. ()	<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"/>	<input type="radio"/>
I become less aware of my surroundings. ()	<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"/>	<input type="radio"/>
I feel less in control of my actions. ()	<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"/>	<input type="radio"/>
I enjoy sex more. ()	<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"/>	<input type="radio"/>
I become more emotional. ()	<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"/>	<input type="radio"/>
I act more outgoing. ()	<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"/>	<input type="radio"/>
I get "sloppy" (clumsy, slur words, etc.). ()	<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"/>	<input type="radio"/>
I drunk-text, Facebook, or tweet. ()	<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"/>	<input type="radio"/>
I need to drink more than I used to in order to feel the effects of alcohol. ()	<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"/>	<input type="radio"/>
I do or say things that I can't remember later. ()	<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"/>	<input type="radio"/>
I have fun. ()	<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"/>	<input type="radio"/>
I feel closer to my friends. ()	<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"/>	<input type="radio"/>
Friends/acquaintances have to take care of me. ()	<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"/>	<input type="radio"/>

	(1) Not ok with it.	(2)	(3)	(4)	(5) Unsure.	(6)	(7)	(8)	(9)	(10) Ok with it.
{RESP:ALC_EXPECTANCIES_OWN.ALC_EXP_OWN1} ()	<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"/>	<input type="radio"/>
{RESP:ALC_EXPECTANCIES_OWN.ALC_EXP_OWN2} ()	<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"/>	<input type="radio"/>
{RESP:ALC_EXPECTANCIES_OWN.ALC_EXP_OWN3} ()	<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"/>	<input type="radio"/>

This page only appears if the student reported using marijuana at least 3 times in the past month.

The physical and emotional effects of marijuana vary from person to person. Please indicate how often you experience the following when you use marijuana:

	Rarely or Never Happens	Sometimes Happens	Often Happens
I feel relaxed; less stressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have anxious and/or paranoid thoughts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am less motivated for classes or academic work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I notice a change in my social confidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mood changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a good time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel unhealthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have trouble concentrating and/or remembering things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep is impacted in some way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more creative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am less inclined to be physically active or work out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My eating habits change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have coughing or other breathing problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I disappoint or hurt someone close to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get into trouble (e.g. school, family, legal).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please type in other ways in which marijuana affects you that are not included above:

This page only appears if the student reported using marijuana at least 3 times in the past month AND the participant indicated that the corresponding item on the previous page occurs 'sometimes' or 'often'.

How Do You Feel About It?

Listed below are the effects that you indicated are likely to happen to **you** when you use marijuana.

Take a minute to reflect on each effect. Are you okay with it? Not ok with it? Somewhere in between?

On a scale of **1 = I'm not ok with it** to **10 = I'm OK with it**, please indicate how acceptable each effect is to you personally.

	(1) Not ok with it.	(2)	(3)	(4)	(5) Unsure.	(6)	(7)	(8)	(9)	(10) Ok with it.
I feel calm or less stressed. ()	<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"/>	<input type="radio"/>
I feel suspicious or paranoid. ()	<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"/>	<input type="radio"/>
I am less motivated for classes and academic work. ()	<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"/>	<input type="radio"/>
I feel a change in my social confidence. ()	<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"/>	<input type="radio"/>
I feel sad or lonely. ()	<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"/>	<input type="radio"/>
I have a good time. ()	<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"/>	<input type="radio"/>
I feel unhealthy. ()	<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"/>	<input type="radio"/>
I have trouble concentrating and/or remembering things. ()	<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"/>	<input type="radio"/>
My sleep is impacted in some way. ()	<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"/>	<input type="radio"/>
I am more creative. ()	<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"/>	<input type="radio"/>
I'm less inclined to be physically active or work out. ()	<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"/>	<input type="radio"/>
My eating habits change. ()	<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"/>	<input type="radio"/>
I have coughing or breathing problems. ()	<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"/>	<input type="radio"/>
I spend money. ()	<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"/>	<input type="radio"/>
I disappoint or hurt someone close to me. ()	<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"/>	<input type="radio"/>

	(1) Not ok with it.	(2)	(3)	(4)	(5) Unsure.	(6)	(7)	(8)	(9)	(10) Ok with it.
I get into judicial or legal trouble. <i>()</i>	<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"/>	<input type="radio"/>
{RESP:MARJ_EXPERIENCE_OWN.OWN} <i>()</i>	<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"/>	<input type="radio"/>

Alcohol-Related Consequences

Below is a list of events that sometimes occur either during or after drinking alcohol. For each item below, please indicate whether each of the following has happened to you **in the past year**, either while you were drinking or as a result of your drinking.

	No	Yes
While drinking, I have said or done embarrassing things.	<input type="radio"/>	<input type="radio"/>
I have had a hangover (headache, sick stomach) the morning after I had been drinking.	<input type="radio"/>	<input type="radio"/>
I have felt very sick to my stomach or thrown up after drinking.	<input type="radio"/>	<input type="radio"/>
I often have ended up drinking on nights when I had planned not to drink.	<input type="radio"/>	<input type="radio"/>
I have taken foolish risks when I have been drinking.	<input type="radio"/>	<input type="radio"/>
I have passed out from drinking.	<input type="radio"/>	<input type="radio"/>
I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk.	<input type="radio"/>	<input type="radio"/>
When drinking, I have done impulsive things I regretted later.	<input type="radio"/>	<input type="radio"/>
I've not been able to remember large stretches of time while drinking heavily.	<input type="radio"/>	<input type="radio"/>
I have driven a car when I knew I had too much to drink to drive safely.	<input type="radio"/>	<input type="radio"/>
I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking.	<input type="radio"/>	<input type="radio"/>
My drinking has gotten me into sexual situations I later regretted.	<input type="radio"/>	<input type="radio"/>
I have often found it difficult to limit how much I drink.	<input type="radio"/>	<input type="radio"/>
I have become very rude, obnoxious, or insulting after drinking.	<input type="radio"/>	<input type="radio"/>
I have woken up in an unexpected place after heavy drinking.	<input type="radio"/>	<input type="radio"/>
I have felt badly about myself because of my drinking.	<input type="radio"/>	<input type="radio"/>
I have had less energy or felt tired because of my drinking.	<input type="radio"/>	<input type="radio"/>
The quality of my work or school work has suffered because of my drinking.	<input type="radio"/>	<input type="radio"/>
I have spent too much time drinking.	<input type="radio"/>	<input type="radio"/>
I have neglected my obligations to family, work, or school because of drinking.	<input type="radio"/>	<input type="radio"/>
My drinking has created problems between myself and my boyfriend / girlfriend / spouse, parents, or other near relatives.	<input type="radio"/>	<input type="radio"/>
I have been overweight because of drinking.	<input type="radio"/>	<input type="radio"/>
My physical appearance has been harmed by my drinking.	<input type="radio"/>	<input type="radio"/>
I have felt like I needed a drink after I'd gotten up (before breakfast).	<input type="radio"/>	<input type="radio"/>

Alcohol-Related Consequences

Below is a list of events that you indicated happened to you within the past year. Next to each item below, please indicate approximately how many times each of the following happened to you **in the past year**, either while you were drinking or as a result of your drinking.

	1-2 times	3-4 times	5-9 times	10 or more times
While drinking, I have said or done embarrassing things. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had a hangover (headache, sick stomach) the morning after I had been drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt very sick to my stomach or thrown up after drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often have ended up drinking on nights when I had planned not to drink. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken foolish risks when I have been drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have passed out from drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When drinking, I have done impulsive things I regretted later. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've not been able to remember large stretches of time while drinking heavily. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have driven a car when I knew I had too much to drink to drive safely. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has gotten me into sexual situations I later regretted. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have often found it difficult to limit how much I drink. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1-2 times	3-4 times	5-9 times	10 or more times
I have become very rude, obnoxious, or insulting after drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have woken up in an unexpected place after heavy drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt badly about myself because of my drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had less energy or felt tired because of my drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of my work or school work has suffered because of my drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have spent too much time drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have neglected my obligations to family, work, or school because of drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has created problems between myself and my boyfriend / girlfriend / spouse, parents, or other near relatives. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been overweight because of drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical appearance has been harmed by my drinking. ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt like I needed a drink after I'd gotten up (before breakfast). ()	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

--

Please choose the response that is most correct for you in relation to your marijuana use over the **past 6 months**.

	never	monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
How often do you use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How many hours were you "stoned" on a typical day when you had been using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the past 6 months did you find that you were not able to stop using marijuana once you had started?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often during the past 6 months did you fail to do what was normally expected from you because of using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often in the past 6 months have you had a problem with your memory or concentration after using marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use marijuana in situations that could be physically hazardous, such as driving, operating machinery, or caring for children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Yes, but not in the past six months	Yes, during the past 6 months
Have you ever thought about cutting down, or stopping, your use of marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many of your **blood relatives** have now, or had in the past, what you would consider an alcohol or drug use problem?

Parents

Brothers and Sisters

Grandparents

Uncles or Aunts

Harm Reduction Strategies

During the recent past, before or while you were drinking, how often did you engage in the following harm reduction strategies?

	Never	Rarely	Sometimes	Most of the time	Always
Chose not to drink even though I could have.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set a drink limit for myself ahead of time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paced my drinking throughout the evening.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoided drinking shots of liquor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kept track of how many drinks I was having.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ate before/while drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drank water while drinking alcohol.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopped drinking when I felt "buzzed".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planned for a safe way to get home (for example, walked, designated driver, cab, bus).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Write your own:

The following questions are designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully and then decide whether you agree or disagree with the statement. Choose one answer per row.

	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
It's a waste of time thinking about my drinking because I do not have a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy my drinking but sometimes I drink too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is nothing seriously wrong with my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I think I should cut down on my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a fairly normal drinker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking is a problem sometimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am actually changing my drinking habits right now (either cutting down or quitting).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have started to carry out a plan to cut down or quit drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is nothing I really need to change about my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes I wonder if my drinking is out of control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am actively working on my drinking problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This page is only displayed if student reports use of alcohol or marijuana.

Importance and Confidence Rulers

Please select the number that best reflects how **important** it is to you to change your **drinking habits**.

	Not at all Important: 1	2	3	4	Unsure how Important: 5	6	7	8	9	Very Important: 10
	<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"/>	<input type="radio"/>

Please select the number than best reflects how **confident** you are that you could change your **drinking habits** if you chose to do so.

	Not at all Confident :1	2	3	4	Unsure how Confident: 5	6	7	8	9	Very Confident: 10
	<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"/>	<input type="radio"/>

Please select the number that best reflects how **important** it is to you to change your **marijuana use**.

()

	Not at all Important: 1	2	3	4	Unsure how Important: 5	6	7	8	9	Very Important: 10
()	<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"/>	<input type="radio"/>

Please select the number than best reflects how **confident** you are that you could change your **marijuana use** if you chose to do so.

()

	Not at all Confident :1	2	3	4	Unsure how Confident: 5	6	7	8	9	Very Confident: 10
()	<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"/>	<input type="radio"/>

Personal Demographics:

Please enter your name.

First Name

Last Name

Birth Gender ☐ **Male** ☐ **Female**

Sexual Orientation: Do you think of yourself as:

- ☐ **Gay, lesbian or homosexual**
- ☐ **Straight or heterosexual**
- ☐ **Bisexual**
- ☐ **Something else**
- ☐ **Don't know**

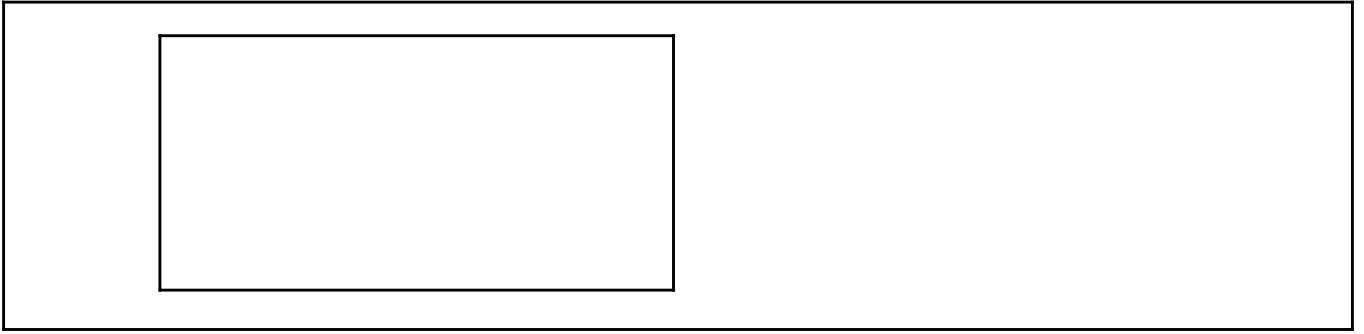
What is your current gender identity?

- ☐ **Male**
- ☐ **Female**
- ☐ **Transgender Man/Transman**
- ☐ **Transgender Woman/Transwoman**
- ☐ **Genderqueer**
- ☐ **Decline to state**
- ☐ **Other**

Current Age (in Years):

Please enter your current weight.

Please type in any medications you take on a regular basis. If you do not take any medications, please leave blank.



Permission to Audio Record BASICS Session for the Purposes of Program Improvement, Provider Evaluation & Supervision

With your permission your BASICS Feedback Session may be audio recorded for the purpose of provider evaluation and/or program improvement. You can choose not to have your session recorded without any impact on the care you receive.

If you grant permission for your session to be audio recorded please note the following:

- Your name and/or any other identifiable information are excluded from the recording,
- You may turn off the recording at any time,
- The recording will be deleted when the provider has completed the supervision process or within 3 months of the recording date (whichever comes first),
- You may revoke this permission at any time by emailing BASICS@dartmouth.edu or call 603-646-9414,
- You will be provided a copy of this information as part of your BASICS Feedback Session.

Recording for Provider Supervision:

- ☐ I give permission for my session to be recorded as outlined above
- ☐ I decline to give permission for my session to be recorded as outlined above

If you are satisfied with your responses, please click "Submit" to submit your results. Otherwise, please go back and review your responses.

Automated email to participant once they complete the survey

To:

From:

Date:

Subject: Schedule Follow-up Session

{PPT: FIRST},

Thank you for completing your assessment. It is now time to enroll in your BASICS Feedback session.

To login to the Student Portal, click on the link and enter the information below:

Student Portal: {ORG: PORTAL_URL_LINK}

Username: {PPT: PORTAL_USERNAME}

Temp. Password: {PPT: PORTAL_NEW_PASSWORD}

After logging into the Student Portal, you'll be directed to click to view the calendar of upcoming BASICS sessions. Select a session at a time that works for you by clicking on the class and selecting 'register for class'. You'll receive an automated email confirming the time and place of the session.

If there are no times that fit with your academic or sports schedule; please email Brian. Bowden@dartmouth.edu with your availability and he will try to work you in.

Click here for your personal:

[BAC Card App for iPhone](#)

[BAC Card for Android](#)

Thanks,

{ORG: CONTACT_NAME}

{ORG: CONTACT_EMAIL}

Scheduling email: automated to participant once have selected a session time.

To:

From:

Date:

Subject: Schedule Follow-up Session

{PPT: FIRST} {PPT: LAST},

Please do not reply directly to this email: Please contact {CLASS: PROVIDER_EMAIL} if you have questions or are unable to attend your session.

You have been scheduled:

Date: {CLASS: START_DATE}

Time: {CLASS: START_TIME}

Location: {CLASS: LOCATION}

Provider: {CLASS: PROVIDER_FIRST} {CLASS: PROVIDER_LAST}

Thank you,

{CLASS: PROVIDER_FIRST} {CLASS: PROVIDER_LAST}

Dartmouth College
Student Wellness Center
Robinson Hall 319
603-646-9414

Reminder email: automatically sent out 24 hours before appointment.

Reminder:

{PPT:FIRST},

Please do not reply directly to this email: Please email {CLASS: PROVIDER_EMAIL} if you have questions or are unable to attend this BASICS Session.

This is a reminder of your upcoming BASICS session:

Date: {CLASS: START_DATE}

Time: {CLASS: START_TIME}

Location: {CLASS: LOCATION}

BASICS Provider: {CLASS: PROVIDER_FIRST} {CLASS: PROVIDER_LAST}

Map: Location

Please contact {CLASS: PROVIDER_EMAIL} if you have questions or are unable to attend your BASICS Session.

Thank you,

{CLASS: PROVIDER_FIRST} {CLASS: PROVIDER_LAST}

Dartmouth College
Student Wellness Center
Robinson Hall 319
603-646-9414



SR Granted

Participant Name: [REDACTED]

Brief Alcohol Screening and Intervention for College Students

BASICS (Brief Alcohol Screening and Intervention for College Students) is designed to assist you in examining your drinking and other drug use behavior in a judgment-free environment. BASICS is not an abstinence-only program. Instead, the goals are selected by you and aimed at reducing risky behaviors and potential harmful consequences. Services provided through the BASICS program are non-judgmental, non-labeling, and confidential.

This personalized feedback report (PFR) summarized your responses to the BASICS online assessment you completed on 10/22/14 12:03 PM. If you feel that this PFR does not accurately reflect the responses you provided, please contact Brian Bowden at Brian.Bowden@dartmouth.edu or (603) 646-9414. BASICS is a service of Dartmouth College - Alcohol and Other Drug Education and must follow all confidentiality requirements as outlined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996, other laws, and Dartmouth College - Alcohol and Other Drug Education's internal policies. If you have questions about BASICS, or would like to schedule another appointment to discuss your PFR further in a confidential setting, please contact Brian Bowden, at Brian.Bowden@dartmouth.edu or (603) 646-9414.

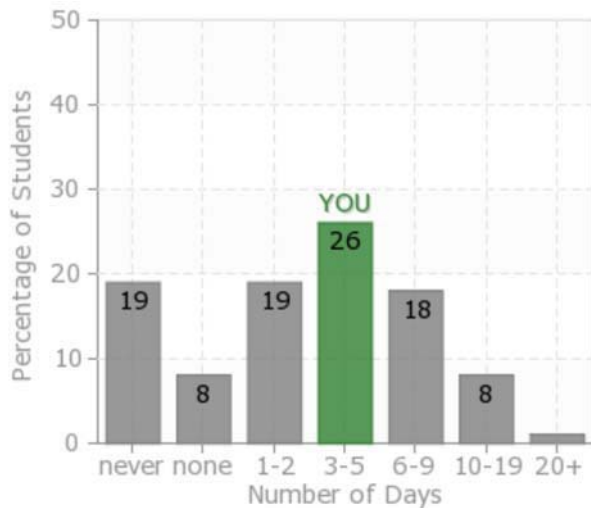
The information provided here is confidential. Information about your attendance, compliance and completion (not specific data) will only be shared with those you have specifically requested. This page is the only page that has your name on it. Your provider suggest that you shred this page if you plan on keeping the document.

You provided permission for your BASICS Feedback Session to be audio recorded for the purpose of provider evaluation and/or program improvement. Your name and/or any other identifiable information are excluded from the recording. You may turn off the recording at any time. The recording will be deleted once the provider has completed the supervision process or within 3 months of the original recording date (whichever comes first). You may revoke this permission by emailing BASICS@dartmouth.edu or call [603-646-9414](tel:603-646-9414).

Brief Alcohol Screening and Intervention for College Students

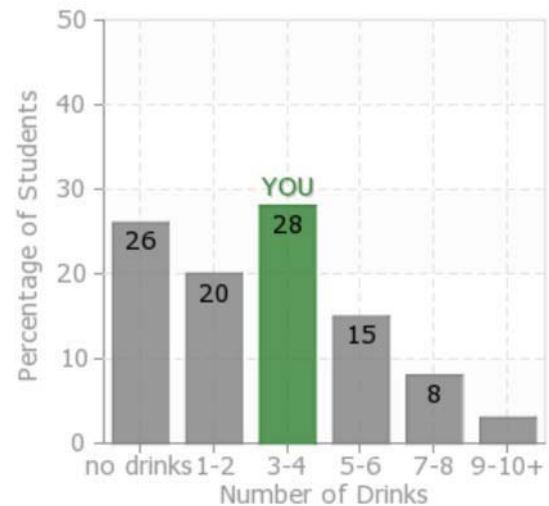
Your Frequency of Drinking

You typically drink alcohol on **4 days per month**, which puts you in the **72nd percentile**. That means that you drink as or more frequently than **72%** of Dartmouth College students.



Your Quantity of Drinking

You drink an average of **4 drinks per occasion**, which puts you in the **74th percentile**. That means that you drink as many or more drinks than **74%** of Dartmouth College students.



Summary of Your Drinking Patterns

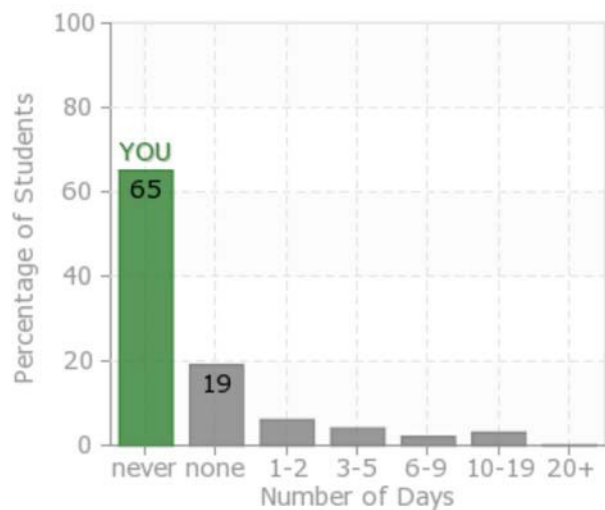
- Average number of drinks you consume in a typical week: **4.5**
- Average number of drinks you consume in a typical month: **18**
- Highest number of drinks you consumed on one occasion in the past 30 days: **6**

Other Substances You Used in the Last 30 Days

- Number of hours you are under the influence of marijuana in a typical month: **0**
- Amount of money you spend on marijuana in a typical month: **\$0**
- Your approximate annual expenditure for marijuana: **\$0**
- Other drugs used in the past 30 days:

Your Pattern of Marijuana Use

You use marijuana on approximately **0 days per month**, which puts you in the **65th percentile**. That means your marijuana use is as or more frequent than **65%** of Dartmouth College students.



BASICS

Blood Alcohol Concentration (BAC)

According to the information you gave us about your typical quantity of alcohol use, as well as hours of use, your birth sex, and weight, we can calculate your peak and typical during the last 30 days.



Peak BAC is based on **6 drinks in 4 hours**.

Typical BAC is based on **4 drinks in 3 hours**

Typical Effects of BAC	
0.02	Mellow feeling. slight body warmth. Less inhibited. It is illegal for those under 21 to drive at this level of BAC, and can lead to a revoked license.
0.04	Most drinkers will begin to feel relaxed.
0.06	Judgment is somewhat impaired. People are less able to make rational decisions about their capacities.
0.08	Judgment is further impaired. People are more likely to do things they would not while sober. Impairment of memory. Definite impairment to driving. Slurred speech.
0.10	Reaction time and muscle control is impaired. Social drinkers rarely, if ever, reach this BAC level. Driving is definitely impaired and is illegal. Noisy. Mood swings. Possibly embarrassing behavior.
0.12	Vomiting occurs unless drinker has reached this level very slowly or has a substantial tolerance for alcohol.
0.15	Balance and movement are substantially impaired. The person has difficulty with normal walking or talking, although a person may think they are fine. Risk of injury. Risk of choking on vomit. Heavy drinkers with a substantial tolerance may learn to look sober at this level.
0.20	"Alcohol blackout" likely in which a person is unable to recall what happened when they were intoxicated.
0.30	Many people lose consciousness, either falling asleep or passing out. Heavy drinkers with a substantial tolerance may remain conscious. Such a high tolerance is a serious risk for alcohol related health problems.
0.40	Most people lose consciousness.
0.45	Fatal BAC in about 50% of the population. Alcohol at this level can paralyze the portion of the brain that controls breathing and heart rate. Vital functions cease and the person dies of respiratory or cardiovascular failure.
0.60	Most drinkers are dead.

Brief Alcohol Screening and Intervention for College Students

Male 200 lbs		BAC Blood Alcohol Concentration														● buzzed ● drunk ● danger ○ medical emergency	
drinks		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
hours	0	.019	.039	.058	.077	.097	.116	.135	.155	.174	.193	.213	.232	.251	.271	.290	
	1	.007	.027	.046	.065	.085	.104	.123	.143	.162	.181	.201	.220	.239	.259	.278	
	2	.000	.015	.034	.053	.073	.092	.111	.131	.150	.169	.189	.208	.227	.247	.266	
	3	.000	.003	.022	.041	.061	.080	.099	.119	.138	.157	.177	.196	.215	.235	.254	
	4	.000	.000	.010	.029	.049	.068	.087	.107	.126	.145	.165	.184	.203	.223	.242	
	5	.000	.000	.000	.017	.037	.056	.075	.095	.114	.133	.153	.172	.191	.211	.230	
	6	.000	.000	.000	.005	.025	.044	.063	.083	.102	.121	.141	.160	.179	.199	.218	
	7	.000	.000	.000	.000	.013	.032	.051	.071	.090	.109	.129	.148	.167	.187	.206	
	8	.000	.000	.000	.000	.001	.020	.039	.059	.078	.097	.117	.136	.155	.175	.194	

1 Drink is = to



BEER
12 oz./5%



WINE
5 oz./12%



SHOT
1.5 oz./40%

This card is to be used
as a guide & does not
guarantee your BAC.

buzzed

.02

Begin to feel relaxed. Reaction time slows.

.05

Euphoria, "the buzz." Sociability.

Decrease in judgment and reasoning.

.08

Legally Intoxicated.

drunk

Balance & coordination impaired. Less self-control.

.10

Clear deterioration of cognitive judgment & motor coordination. Speech may be slurred.

danger

.15-.24 At risk for blackout. Nausea. Risk of stumbling/falling.

.25

May be unable to walk; may pass out/lose consciousness. Seek medical attention.

medical emergency

.40

High risk for coma or death.

REACTION TIME IS ALWAYS IMPAIRED

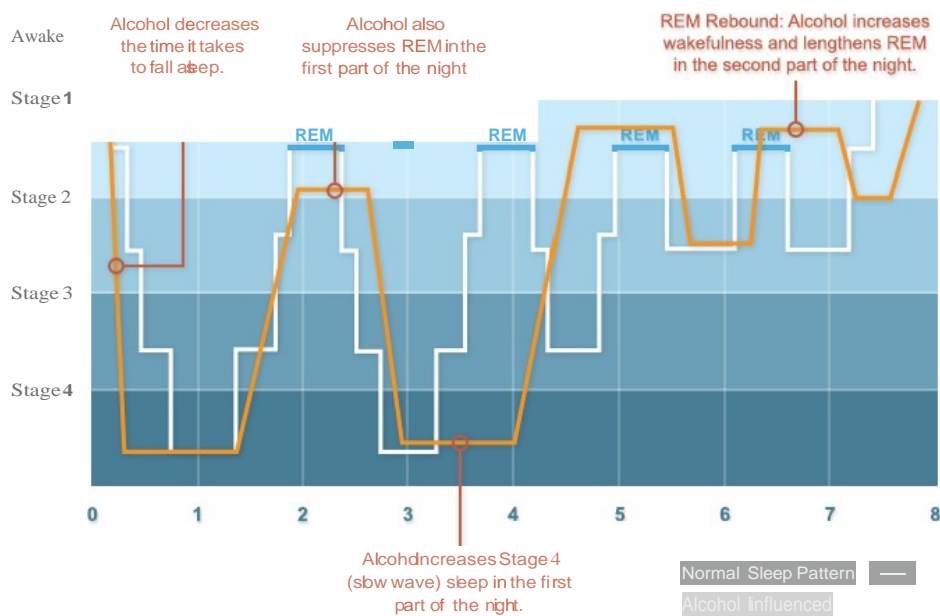


National Institute of Health Low Risk for males

Max Servings: 2 hour, 4 day, 14 week

www.rethinkingdrinking.org

ALCOHOL'S EFFECT ON SLEEP



Ref: Roehrs & Roth, 2001

BASICS

Alcohol poisoning can be fatal

If someone has had too much to drink or hurt themselves while drinking, call for help immediately and stay with the person until help arrives. In cases of a potential head injury, even if the person regains consciousness, he or she must be evaluated immediately.

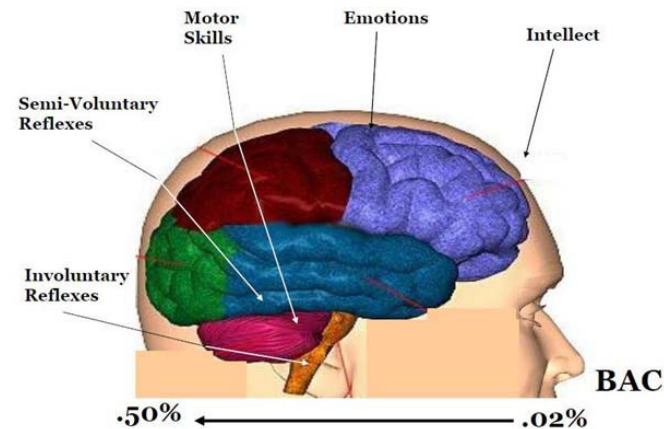
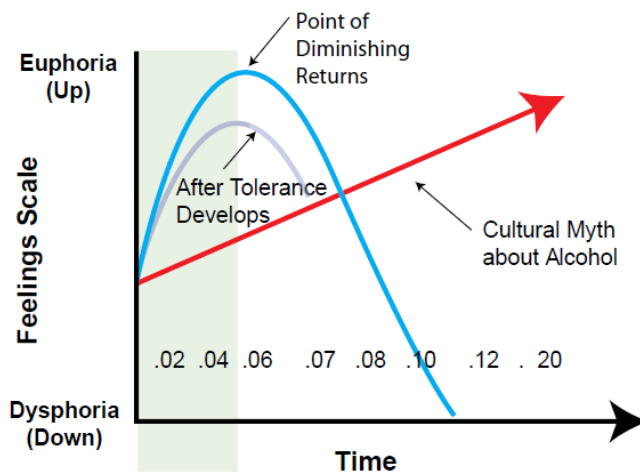
Signs of alcohol poisoning

- Inability to rouse the person with loud shouting or vigorous shaking
- Inability of a person who was passed out to stay awake for more than 2-3 minutes
- Slow or irregular breathing or lapses in breathing
- Weak pulse, very rapid pulse, or very slow pulse
- Cold, clammy, or bluish skin
- Vomiting while passed out, not waking up after vomiting, or incoherent while vomiting



What to do	What NOT to do
<ul style="list-style-type: none">• Don't just let them "sleep it off."• Call for help: - 911 emergency dispatch; 603 646-4000 for Department of Safety & Security (DOSS).• Stay with the person until help arrives.• Turn the person on his/her side to prevent choking if the person vomits.• Be prepared to give the emergency medical personnel as much information as possible, including any drugs or medications taken.	<ul style="list-style-type: none">• Do not hesitate to call 911. The person's life is in danger. Better to be safe than sorry.• Do not leave the person alone. The person may seem to be okay, but the alcohol ingested may take some time to be absorbed before peak levels are reached in the brain.• Do not leave the person lying on his/her back.• Do not try to give the person anything to eat or drink.• Do not put the person in a cold shower. The person could fall or the shock could make him/her pass out.

The Biphasic Response to Alcohol



It's About Balance

The point of diminishing returns (.055% BAC or less) usually gives people the experience they want from drinking. It is also the point when drinking more will not make you feel better or have a better time. You will just get more intoxicated and the negative risks of drinking will increase.

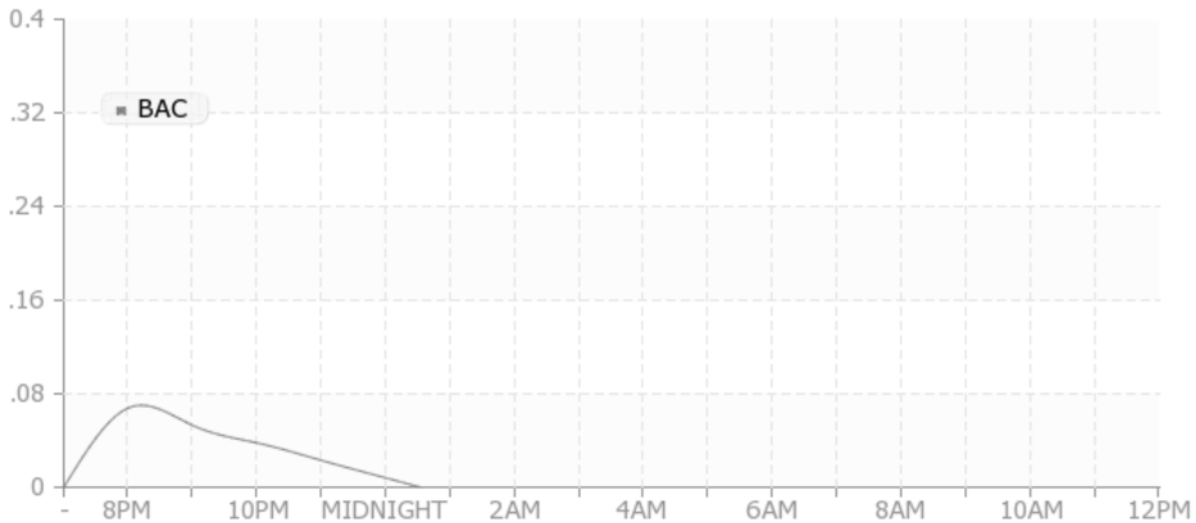
BASICS

Sobering Up: The Elimination of Alcohol from Your Body

Alcohol leaves the body at a constant rate of about .015% of BAC per hour for most people.

- At your typical BAC of **0.04**, it will take **2.8** hours until you are sober.
- At your highest BAC of **0.07**, it will take **4.5** hours until you are sober.

Change in BAC on Your Highest Drinking Occasion



NOTE: Activities like taking a shower, drinking coffee, or exercising will have no effect on how fast alcohol is eliminated from your body. Only time will sober you up.

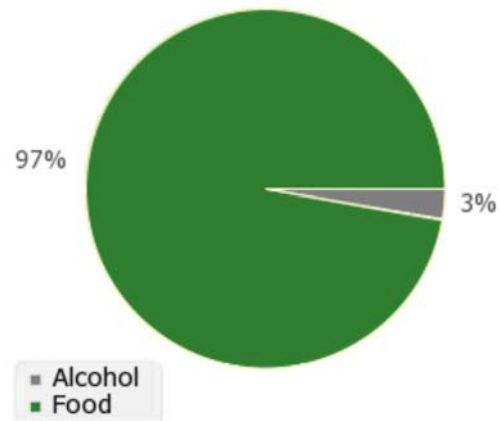
How your Pattern of Drinking Impacts You



Your Health

Based on an average of 150 calories per standard drink, you consume about **2700** calories in a typical month from alcohol alone.

This represents **3%** of the monthly calorie requirement for a **male** of your body weight [**200** lbs.] However, the calories provided by alcohol have no nutritional value.



Your Problems from Alcohol Use

Listed below are the problems you reported on the survey which resulted from your drinking during the past year. Your score reflects your risk for future problems related to alcohol.

Problems from drinking		Experiences in the past 12 months include
None (0)		<ul style="list-style-type: none"> • While drinking, I have said or done embarrassing things: (1-2 times) • I have had a hangover (headache, sick stomach) the morning after I had been drinking: (1-2 times) • I have had less energy or felt tired because of my drinking: (1-2 times) • I have neglected my obligations to family, work, or school because of drinking: (1-2 times)
Low (1-4)	Your Score is 4 Low	
Moderate (5-9)		
Significant (10-14)		
Severe (15-20)		
Very Severe (21-24)		
Scale	Your risk score	

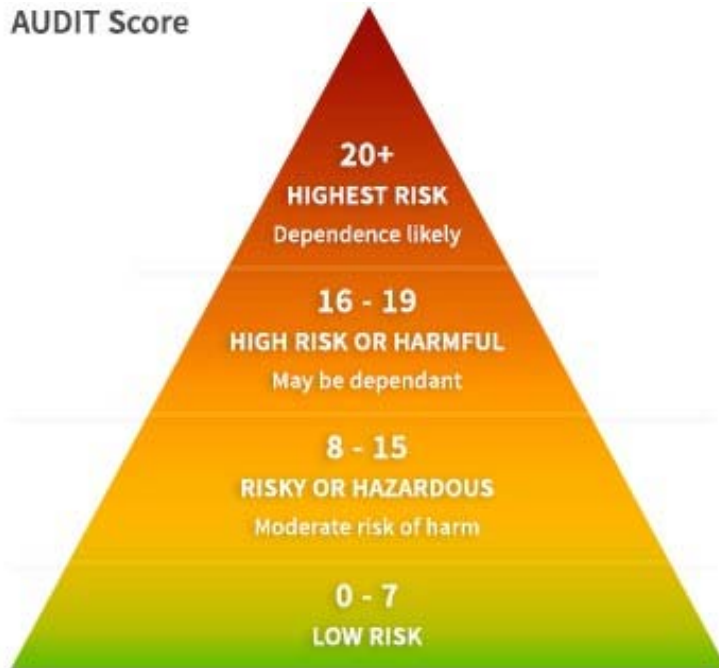
How You Feel About Your Alcohol Experiences

You indicated that you are likely to experience the following when you drink alcohol. Then you rated the acceptability of these experiences.

ITEM LIST	I'm not okay with it				Unsure					I'm okay with it
I notice a change in my energy level.	1	2	3	4	5	6	7	8	9	10
I forget or escape from my responsibilities or problems.	1	2	3	4	5	6	7	8	9	10
I become loud and boisterous.	1	2	3	4	5	6	7	8	9	10
I act more outgoing.	1	2	3	4	5	6	7	8	9	10
I have fun.	1	2	3	4	5	6	7	8	9	10
I feel closer to my friends.	1	2	3	4	5	6	7	8	9	10
Become Unaware of Academic or Social Pressures.	1	2	3	4	5	6	7	8	9	10
I seem to become more physically active.	1	2	3	4	5	6	7	8	9	10

Your Risk for Substance-Related Problems

AUDIT Score



The Alcohol Use Disorders Identification Test (AUDIT)

In the BASICS Survey, you completed the **AUDIT** screening test which estimated your risk for alcohol-related problems.

Your Risk Score on the AUDIT was 5

Here are the specific responses from your screening which contributed to your score:

- You have a drink containing alcohol **2-4 times a month (2 points)**
- On a day when you are drinking, you typically have **3 or 4 drinks (1 point)**
- You consumed 6 or more drinks on one occasion **less than monthly (1 point)**
- In the past year, you failed to do what was normally expected of you because of drinking **less than monthly (1 point)**

BASICS

Continuum of Drinking Patterns

Continuum of use	
Abstinence	
Non Problem Use	Using in moderation; appropriate behavior when drinking.
Critical Incident	An isolated event; a single episode of a problem or harm.
Substance Abuse	A pattern of negative consequences and multiple incidents (3 or more incidents in a 6 month period); using despite knowledge that use cause or contributes to problems; moderation is possible.
Dependency	Tolerance; periodic loss of control of quantity and/or behavior; important activities reduced or given up because of use; use criticized by family members or friends; moderation difficult or impossible.

Risk Factors

We consider your risk based on family history to be: **low**



Genetics are not destiny but substance use problems tend to run in families. Children, siblings, or parents of alcoholics (the terms 'alcoholic and alcoholism' are largely interchangeable with the phrase 'alcohol dependency') have been estimated to have a seven times greater chance of developing alcoholism than the general population. This risk increases for male relatives of male alcoholics. For men in the general population, without any family history, the risk of developing alcoholism is between 3% to 5%. For sons of alcoholic fathers, the chance of developing alcoholism has been estimated to be as high as 20% to 50%.

Many people ask if these statistics are a product of nature (genetics) or nurture (the home environment). The answer is both. Research shows that being raised in an environment where alcohol is abused increases a child's chance of becoming alcohol dependent. In other studies, children of alcoholics, who were adopted at birth and raised in non-alcoholic households, are two to three times more likely than their counterparts to develop alcohol dependency regardless of their home environment. Finally, remember that even if no one in your family has had an alcohol or other drug problem that does not mean that you are immune from experiencing one.

SO: S

GI: M

MEDs: NA

Continuum of Substance Use		
Abstinence	Complete non-use of a substance	
Non Problem Use	Using in moderation; appropriate behavior when using, frequently no using	
Substance Use Disorder		Symptoms:
	Mild (2-3 symptoms)	<input type="checkbox"/> Not able to cut down or stop
	Moderate (4-5 symptoms)	<input type="checkbox"/> Increased tolerance (needing more to feel the same effect)
	Severe (6+ symptoms)	<input type="checkbox"/> Craving or strong desire to use
		<input type="checkbox"/> Use gets in the way of school, work or family responsibilities
		<input type="checkbox"/> Use causes problems in relationships with friends and/or family
		<input type="checkbox"/> Continued use despite having physical or psychological problems caused by or exacerbated by substance use
		<input type="checkbox"/> Use in physical hazardous situations
		<input type="checkbox"/> Spending a lot of time using (or anticipating using or recovering from use)
		<input type="checkbox"/> Spending less time on other activities academics, family, sports, hobbies, relationships that are important
		<input type="checkbox"/> Withdrawal symptoms

BASICS

Protective Strategies

On the BASICS Survey, you indicated that you used the following strategies in the past 30 days to prevent short-term harmful effects of your drinking.	You also indicated that you hadn't used, or rarely used, the following strategies. You might want to consider including some of them with the strategies you are already using.
Choose not to drink even though I could have. Paced my drinking throughout the evening. Kept track of how many drinks I was having. Ate before/while drinking. Drank water while drinking alcohol. Stopped drinking when I felt "buzzed" Planned for a safe way to get home (for example, walked, designated driver, cab, bus).	Set a drink limit for myself ahead of time. Avoided drinking shots of liquor.

Use of Alcohol and/or Other Drugs and My College Goals

Please identify the degree to which your use of alcohol and/or other drugs (AOD) helps you meet your goals.

Goal 1: Excel Academically

1 2 3 4 5 6 7 8 9 10

My use of AOD helps
me achieve this goal

My use of AOD does
not impact this goal

My use of AOD gets in
the way of achieving
this goal.

Goal 2: Excel Athletically

1 2 3 4 5 6 7 8 9 10

My use of AOD helps
me achieve this goal

My use of AOD does
not impact this goal

My use of AOD gets in
the way of achieving
this goal.

Goal 3: Excel Socially

1 2 3 4 5 6 7 8 9 10

My use of AOD helps
me achieve this goal

My use of AOD does
not impact this goal

My use of AOD gets in
the way of achieving
this goal.

BASICS

Readiness to Change

Your readiness to change is a function of the Importance you place on changing your pattern of drinking and your Confidence that you could change your drinking habits. Let's look at what you said about readiness to change on the BASICS survey and see how you rate them now that we have reviewed your PFR.

Alcohol

On the BASICS Survey, you indicated how **important** it was for you to make a change in your drinking.

1 2 3 4 5 6 7 8 9 10

Not Important

Unsure

Very Important

After reviewing this PFR, how **important** is it now for you to make a change in your drinking? _____

On the BASICS Survey, you indicated how **confident** you were that you could make a change in your drinking.

1 2 3 4 5 6 7 8 9 10

Not Confident

Unsure

Very Confident

After reviewing this PFR, how **confident** are you that you can make a change in your drinking? _____

Current Average:

Out of Season				In Season		
Servings	Hours	X's week		Servings	Hours	X's week

Change Plan:

Out of Season				In Season		
Servings	Hours	X's week		Servings	Hours	X's week

Note To Self: Change Strategies

Please jot down any **change strategies** that you want to keep in mind after completing BASICS. What might be some benefits to you of making these changes?

Strategies	Benefits
1.	
2.	
3.	
How much?	How often?

Next Steps

What would you like to do next? It's okay to choose more than one.

Check All That Apply				
<input type="checkbox"/>	Work on other strategies...			
Stay in touch by:				
<input type="checkbox"/>	Appointment	date	time	location
<input type="checkbox"/>	Email	date	time	location
<input type="checkbox"/>	Phone	date	time	location
<input type="checkbox"/>	Try a referral to...			

BASICS

Review of Support Resources

	Campus Recourses
	Academic Support. 603-646-2243. www.dartmouth.edu/~deancoll/student_academic_support_services
	Accessibility Services. www.dartmouth.edu/~accessibility
	BASICS AOD Office. 603-646-9414. www.dartmouth.edu/~healthed/focus/aod
	Collis Student Involvement. 603-646-3399. www.dartmouth.edu/~sao
	Counseling. 603-646-9442. www.dartmouth.edu/~chd
	Dean of the College. 603-646-9122. www.dartmouth.edu/~deancoll/about/offices
	Health Services. 603-646-9400. www.dartmouth.edu/~health
	Housing. 603-646-3093. www.dartmouth.edu/~orl/housing
	Judicial Affairs. 603-646-3482. www.dartmouth.edu/~uja
	Pluralism and Leadership. 603-646-1653. www.dartmouth.edu/~opal
	Residential Life. 603-646-3093. www.dartmouth.edu/~orl
	Safety and Security. 603-646-4000. www.dartmouth.edu/~security
	Sexual Abuse Awareness Program. 603-646-9414. www.dartmouth.edu/~sexualabuse
	Undergraduate Dean's Office. 603-646-2243. www.dartmouth.edu/~upperde
	BAC Card for iPhone: https://itunes.apple.com/us/app/baccards.com/id894761403?mt=8
	BAC Card for Android: https://play.google.com/store/apps/details?id=com.bac.baccardapp&hl=en

Web Resources

Alcohol and Other Drugs

Adult Children of Alcoholics (ACOA)

<http://www.adultchildren.org/>

Alcoholics Anonymous (AA)

<http://www.aa.org/>

Harmful Interactions: Mixing Alcohol
with Medicines

<http://pubs.niaaa.nih.gov/publications/Medicine/medicine.htm>

Rethinking Drinking

<http://www.rethinkingdrinking.niaaa.nih.gov/>

LGBT Health

<http://www.hrsa.gov/LGBT/>

Sleep

National Sleep Foundation

<http://www.sleepeducation.com>

American Academy of Sleep Medicine

<http://www.nhlbi.nih.gov>

Mental Health

National Institutes of Mental Health

<http://www.nimh.nih.gov>

Mental Health America

<http://www.mentalhealthamerica.net>

Gambling

National Council for Problem Gambling

<http://www.ncpgambling.org>

National Center for Responsible Gambling

<http://www.ncrg.org>

Tobacco Cessation

American Lung Association

<http://www.lungusa.org/stop-smoking/>

NYS Quit Site

<http://www.nysmokefree.com/>

Follow-up Survey Invitation

Email: 3, 6, and 12 months directly to student within 48 hours of completion of BASICS Session.

Subject: X Month Follow-Up

Student's Name,

As part of your referral to BASICS it is important to complete the follow-up surveys.

Please go to the following link and complete the survey.

{INVITE: SURVEY_URL_LINK}

If you have questions, please contact me.

Sincerely,

Brian Bowden, MEd, MAC, LCMHC
Lead Counselor, Dartmouth College
Student Wellness Center
Division of Student Affairs
Robinson 319
6 North Main Street, HB 6144
Hanover, NH 03766
Phone: 603-646-9414
Brian.Bowden@dartmouth.edu

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References

BluSky. (2016, May 1). *BASICS Feedback*. Retrieved from The Leading Choice:
<http://new.basicsfeedback.com/>