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On the Rocks: The Association Between Dating and Alcohol Consumption Among Young Adults

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ON THE ROCKS: THE ASSOCIATION BETWEEN DATING AND ALCOHOL CONSUMPTION AMONG YOUNG ADULTS

by

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ABSTRACT

Alcohol consumption is becoming an increasing concern among young adults. In 2018, approximately one-third of young adults in the United States reported binge drinking within the past month (Patrick et al., 2020). This peak in binge drinking during young adulthood raises concerns about physical and mental health. There are also societal implications of alcohol consumption, such as drunk driving, that are particularly evident among this age group (Stewart, 2023). As proposed by the Social Learning Theory (SLT) of alcohol use, there are many factors that motivate young adults to drink (Britton, 2004). Some engage in alcohol consumption to cope with stressful situations, while others are influenced by the perceived social norms of their peers. The current study advances SLT in regard to alcohol misuse by examining dating relationship satisfaction as a predictor of the various pathways that lead to alcohol consumption. In order to gain a better understanding of these associations, young adults were asked to complete an anonymous online survey. The survey consisted of the Alcohol Use Disorders Identification Test (Babor et al., 2001), the Drinking Motives Questionnaire-Revised (Cooper, 1994), the Relationship Assessment Scale (Hendrick, 1988), and a series of demographic questions. Results suggest that relationship satisfaction and coping motivations are particularly influential on alcohol consumption. The societal and individual implications of these results will be further discussed.

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LITERATURE REVIEW

Alcohol Consumption in Young Adulthood

Young adulthood is marked by a series of transitional experiences that contribute to the developmental process (Patrick et al., 2020). Due to the shift in experiences, young adults are at greater risk of alcohol use in comparison to other age groups (Patrick et al., 2020). In fact, the World Health Organization (2019) recognizes a peak in heavy episodic drinking among those aged 20-24 years old. Heavy episodic drinking refers to the act of consuming at least sixty grams of alcohol on one occasion within a one-month time period (World Health Organization, 2019). The high prevalence rates of heavy episodic drinking among this age group raise serious health concerns for both society and the individual. One consequence of heavy episodic drinking is driving under the influence. Driving under the influence of alcohol has significant societal implications, as the resulting fatalities continue to increase. In the year 2021 alone, over 13,000 lives were lost due to alcohol-impaired driving (Stewart, 2023). This death toll increased by 14% from 2020 (Stewart, 2023). It is now estimated that 37 people in the United States die in an alcohol-related crash each day (Stewart, 2023). Of those 37 deaths, young adults are more likely to be involved than any other age group. According to Kelley-Baker et al. (2017), young adult drivers have the highest rates of alcohol-related traffic deaths. Therefore, understanding the motivations that influence alcohol consumption in young adulthood is important for reducing the fatalities resulting from alcohol-impaired driving.

In addition to the societal implications of excessive alcohol consumption, there are negative health consequences for the alcohol user themself. Excessive alcohol consumption

increases an individual's susceptibility to over two-hundred health conditions, including injuries and diseases (Stautz et al., 2016). Since their immune systems are weakened by alcohol, drinkers are at greater risk for diseases like pneumonia and tuberculosis (Berger, 2024). Alcohol not only damages the immune system, but reduces the functioning of many internal organs. The National Institute on Alcohol Abuse and Alcoholism has linked excessive alcohol consumption to heart and liver damage (Berger, 2024). Damage to the heart and liver often leads to additional health complications, including stroke, high blood pressure, and fibrosis. Previous research has also identified several types of cancer that are caused by alcohol consumption, such as liver, colon, and breast cancer (Berger, 2024). In fact, the National Institute on Alcohol Abuse and Alcoholism found that women who have one drink per day increase their risk of developing breast cancer by nearly 10%. Moreover, mental health is compromised by heavy alcohol consumption. Linden-Carmichael et al. (2023) studied the cognitive health impairments that emerge from excessive drinking. Those who engaged in frequent binge drinking were more likely to suffer from memory lapses. There were also instances in which the decline of nonmemory cognitive abilities was linked to excessive drinking (Linden-Carmichael et al., 2023). Understanding the motivations for heavy alcohol consumption can help prevent the health risks that worsen with drinking (Patrick et al., 2020).

Social Learning Theory

When applied to the understanding of alcohol use, the Social Learning Theory (SLT) focuses on the motivations that drive individuals to engage in certain drinking behaviors (Britton, 2004). SLT proposes that unhealthy coping strategies are a motivation for heavy

drinking. Those who frequently consume alcohol are more likely to exhibit coping deficits (Britton, 2004). The lack of coping strategies often leads to avoidance coping. Avoidance coping occurs when an individual distracts themselves from a stressful event, rather than confronting the situation (Bricker et al., 2011). Therefore, the consumption of alcohol is considered an avoidance coping mechanism. Alcohol consumption temporarily diverts an individual's attention away from their stressor, but cannot permanently resolve the problem (Britton, 2004). Despite the repercussions of heavy alcohol consumption, this avoidant coping strategy has been linked to stress in young adults. When young adults are faced with stressful situations, alcohol is commonly used as a distraction from the given problem (Bricker et al., 2011). The temporary relief from drinking alcohol is perceived as a positive outcome among young adults (Britton, 2004). Since young adults expect positive feelings of relief after consuming alcohol, they are more prone to participating in the behavior. In accordance with Social Learning Theory, this expectation is known as differential reinforcement (Kruis et al., 2019). Differential reinforcement refers to the idea that behavior is likely to be repeated when rewards are received or anticipated (Kruis et al., 2019). If young adults anticipate a positive outcome from coping with alcohol, the behavior is reinforced. This is consistent with past research on the Social Learning Theory. Britton (2004) concluded that individuals who use alcohol consumption as an avoidance coping mechanism drink more frequently than those who use different coping mechanisms. Consequently, it could be argued alcohol consumption increases when the individual is driven by coping motivations.

Some use alcohol to cope due to their positive expectancies of substance use, while others observe their peers using it as a coping strategy. Young adults' perception of social norms among their peers influences the decision to engage in health-risk behaviors, such as alcohol consumption (Graupensperger et al., 2021). The conformity that takes place in young adulthood is further reflected by the Social Learning Theory. According to SLT in the context of alcohol misuse, those who witness their peers coping with alcohol are more likely to experiment with alcohol themselves (Britton, 2004). In the context of SLT, this engagement in alcohol consumption is due to the relationship between differential associates and the normative dimension of differential association (Kruis et al., 2019). Differential associates refer to the peers who frequently interact with an individual. The normative dimension of differential association encompasses the social norms that an individual is exposed to through their differential associates (Kruis et al., 2019). If an individual is exposed to peers who regularly consume alcohol, the differential association concept of SLT would predict that the individual will conform to their differential associates (Kruis et al., 2019). Padon et al. (2016) strengthened this notion of differential association while studying the normative beliefs about alcohol use among those aged 13-20. It was determined that young adults are inclined to drink more when they perceive that others expect them to drink (Padon et al., 2016). The concept of differential association, as proposed by the SLT, could then be attributed to conformity motivations that encourage alcohol consumption in young adulthood.

Relationship Satisfaction

The Social Learning Theory is also applicable to romantic relationship satisfaction. Previous research on Social Learning Theory has indicated that avoidance coping is associated with managing marital stress (Britton, 2004). Those who are experiencing negative emotions regarding their marriage are motivated to suppress their feelings with alcohol. However, avoidant coping strategies, such as alcohol consumption, have been found to increase the feelings of stress that are briefly diverted (Bricker et al., 2011). This suggests relationship satisfaction decreases with alcohol consumption. The negative feelings surrounding the relationship are enhanced, as alcohol merely suppresses emotions without resolving any problems. Bricker et al. (2011) suggest coping through alcohol consumption creates a perpetual feedback loop. The feedback loop begins with aversive emotions towards the relationship, which drives an individual to cope with alcohol. Since alcohol eventually worsens the aversive emotions, the cycle repeats itself and the individual is motivated to drink again (Bricker et al., 2011).

Furthermore, relationship satisfaction can contribute to the conformity motivations of Social Learning Theory. As mentioned previously, most an individual's social interactions occur amongst their differential associates. Romantic partners are considered differential associates, as they have frequent contact with each other (Bricker et al., 2011). Differential associates shape the social norms that are introduced to an individual, including how often one should engage in alcohol consumption (Bricker et al., 2011). If an individual is satisfied with their dating relationship, they will presumably conform to the social norms of their significant other. Sakaluk et al. (2020) support this presumption with their research on relationship norms and satisfaction.

The findings revealed a positive association between relationship norms and satisfaction with the relationship. Romantic partners with well-established relationship norms reported higher levels of satisfaction than those who did not have strong relationship norms (Sakaluk et al., 2020). Thus, relationship satisfaction can be linked to both the coping and conformity motivations proposed by Social Learning Theory.

The Present Study

While excessive alcohol consumption is an individual choice, there are societal implications to this behavior. In accordance with the Social Learning Theory, differential reinforcement encourages young adults to engage in alcohol consumption as an avoidant coping mechanism (Kruis et al., 2019). However, the prevalence of avoidance coping has been attributed to alcohol-related consequences (Evans & Dunn, 1995). As mentioned previously, a major consequence of alcohol consumption is alcohol-related traffic deaths. Young adults are more likely to cause alcohol-related traffic accidents than any other age group (Kelley-Baker et al., 2017). Therefore, understanding the association between avoidance coping and alcohol consumption could be useful for reducing the negative consequences of drinking.

Determining whether conformity motivations are linked to relationship satisfaction is important for improving the treatment of alcohol misuse. The differential association dimension of Social Learning Theory emphasizes that people are likely to conform to the behaviors of their romantic partners (Kruis et al., 2019). Correspondingly, previous research has revealed that romantic partners are likely to conform to the health-promoting behaviors of their significant other (Arden-Close & McGrath, 2017). Health-promoting behaviors are intended to benefit an

individual's wellbeing, regardless of an existing medical condition. Among these behaviors are sleeping habits and dietary choices, such as alcohol consumption (Terry et al., 2013). The frequent engagement in health-related behaviors has been associated with greater relationship satisfaction (Holden et al., 2022). In other words, individuals who are more satisfied with their romantic relationship are more likely to engage in health habits. This notion is further reflected by Arden-Close and McGrath (2017), who evaluated the health behavior changes of participants with various physical illnesses. In order to promote the necessary health behavior changes to combat these illnesses, couples-based and individual intervention programs were implemented (Arden-Close & McGrath, 2017). The evidence suggested the couples-based intervention program was more effective for improving the behaviors associated with physical health. For example, participants were more likely to attend a cancer screening when their partner also attended a screening (Arden-Close & McGrath, 2017). While this study specifically focused on the improvement of physical health, the findings may translate to the treatment of mental health concerns. A positive association between conformity motivations and relationship satisfaction could indicate that couples-based intervention programs are effective for treating hazardous drinking.

Overall, the present study advanced existing research on the Social Learning Theory and its application to alcohol misuse. Britton (2004) noted that future research should further examine the different pathways that drive individuals to alcohol dependency. The current study explored dating relationship satisfaction as a predictor of the drinking motivations proposed by

SLT. Understanding the factors that influence alcohol consumption can ultimately reduce alcohol-related consequences among young adults. The following hypotheses have been studied:

I. Conformity and coping drinking motives are negatively associated with dating relationship satisfaction.

II. Conformity and coping drinking motives are negatively associated with dating relationship satisfaction.

II. Dating relationship satisfaction influences the drinking behaviors of young adults. Specifically, increased relationship satisfaction is related to decreased alcohol consumption among young adults.

In addition to the hypotheses listed above, an exploratory analysis was conducted to examine the influence of conformity compared to coping motivations. While it was not the primary focus of the current study, a hierarchical regression was conducted to investigate which motivation was a better predictor of relationship satisfaction. The hierarchical regression showed the amount of variance explained by coping versus conformity motivations.

METHODS

Participants

Approximately 115 young adults participated in this study. The eligibility criteria required participants to be over the age of 21 and currently be involved in a romantic relationship. Participants differed in gender, sexual orientation, and ethnicity; see Table 2 for descriptive statistics. The survey was accessible online through Qualtrics. Many participants were recruited through the online Research Methods in Psychology course at the University of Central Florida. Students enrolled in the course had access to the survey link through their Webcourses page. The students were offered extra credit upon completion of the survey. Those who were not students at the University of Central Florida were provided with the survey link through different social media platforms, but did not receive compensation for their participation. All participation in the survey was voluntary.

Materials

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire that identifies problematic drinking behaviors by measuring recent alcohol consumption, symptoms of dependency, and other alcohol-related concerns (Babor et al., 2001). One example of an item from this scale is “How often do you have six or more drinks on one occasion?” (Babor et al., 2001). The questions were scored on a 5-point Likert scale ranging from 0-4, meaning the highest possible score was 40 points. Higher scores on the AUDIT are indicative of excessive alcohol consumption and drinking-related problems. The internal consistency of the AUDIT was

examined, revealing a Cronbach alpha of 0.86 (Babor et al., 2001). This scale can be found in Appendix A.

The Drinking Motives Questionnaire-Revised (DMQ-R) is a four-factor model that assesses the motives for different drinking patterns. Social, coping, enhancement, and conformity motives are addressed by the DMQ-R (Cooper, 1994). This 20-item questionnaire includes 5 items for each drinking motive. Participants were presented with various statements regarding their reasons for drinking alcohol, such as "You drink to forget your worries" (Cooper, 1994). The responses were based on a Likert scale, ranging from "1: almost never/never" to "5: almost always/always." Internal consistency was tested for each of the subscales. The coping subscale has a Cronbach alpha of 0.87, while the conformity subscale has a Cronbach alpha of 0.88 This scale can be found in Appendix B.

The Relationship Assessment Scale (RAS) consists of 7 items that are intended to measure feelings of satisfaction towards a romantic relationship. Participants were asked questions about their current relationship, such as "How good is your relationship compared to most?" (Hendrick, 1988). The responses were scored using a 5-point Likert scale, with 1 representing "low satisfaction" and 5 representing "high satisfaction." It was determined that the RAS has a Cronbach alpha of 0.86 (Hendrick, 1988). This scale can be found in Appendix C.

Procedure

We began recruitment after Institutional Review Board (IRB) approval was obtained. The survey was then administered through Qualtrics, an accessible link was provided through

Webcourses and social media. After following the link to the Qualtrics survey, participants were informed of the eligibility criteria and intent of the study. The link then prompted participants to provide their consent before beginning the survey. Once participants provided their consent, they were instructed to answer a series of questions to the best of their ability. All responses remained anonymous. The survey began with the Alcohol Use Disorders Identification Test (AUDIT), which was followed by the Drinking Motives Questionnaire-Revised (DMQ-R) and Relationship Assessment Scale (RAS). Participants concluded the survey by answering questions regarding their demographic information. Those who completed the survey for extra credit selected their course from the options listed and followed the instructions for submitting an extra credit code. Participants who were not eligible for extra credit were not compensated upon completion of the survey. The survey was estimated to take approximately thirty minutes to complete.

RESULTS

Data was retrieved from Qualtrics and downloaded into SPSS, an online statistical software, to perform the necessary computations. Prior to beginning our analyses, we excluded any responses that had more than 25% of missing data. Of the 140 participants, 9 were excluded for incomplete responses on the AUDIT, DMQ-R, and/or RAS questionnaires. Another 16 were then excluded after responding "never" when asked how often they engage in alcohol consumption.

Preliminary Analysis

The first hypothesis predicted that alcohol consumption would be linked to conformity and coping motivations. To study this hypothesis, a Pearson correlation was conducted between scores on the AUDIT and the coping and conformity scales of the DMQ-R. In support of the first hypothesis, analyses indicated that an increased presence of each drinking motivation was associated with higher scores on the AUDIT. Coping motivations were positively associated with hazardous drinking ($r = .546$, $p < .001$) and conformity motivations were positively associated with hazardous drinking ($r = .263$, $p = .006$). Therefore, the first hypothesis was confirmed.

The second hypothesis suggested an association exists between dating relationship satisfaction and certain drinking motivations. A Pearson correlation was used to compare scores on the RAS and the coping and conformity scales of the DMQ-R. This analysis revealed a significant, negative correlation between relationship satisfaction and coping motivations ($r = .235$, $p = .013$). As proposed by our hypothesis, an increase in relationship satisfaction was

associated with a decrease in conformity drinking motivations. However, there was no significant correlation between relationship satisfaction and conformity motivations (r = -.057, p = .556). Thus, the conformity portion of our hypothesis could not be confirmed.

The third hypothesis proposed that a correlation exists between dating relationship satisfaction and alcohol consumption. To study this hypothesis, we compared scores from the Relationship Assessment Scale and Alcohol Use Disorders Identification Test. A Pearson correlation revealed a significant, negative association between scores on the RAS and AUDIT (r = -.251, p = .008). This finding is consistent with our third hypothesis, which predicted an increase in relationship satisfaction would be associated with decreased alcohol consumption. Therefore, our third hypothesis was confirmed.

Exploratory Analysis

The additional exploratory analysis examined the independent contributions of conformity and coping motives on relationship satisfaction. To test this exploratory analysis, a hierarchical regression was conducted. The hierarchical regression showed the amount of variance explained by conformity versus coping motives. Conformity motivations were controlled for the first step, while coping motivations were entered for the second step. The regression analysis for model 1 used conformity motivations as a predictor of RAS scores, but was not found to be significant; see Table 1 for the regression coefficients. However, the regression analysis for model 2 was significant. This model included both conformity and coping motivations, which explained roughly 6% of the variance in relationship satisfaction scores on the RAS (R^2 = .060, F(1, 106)= 6.373, p = .013). The regression suggests that coping motivations

are a significant predictor of relationship satisfaction, whereas conformity motivations were not significant.

DISCUSSION

The current study compared the drinking behaviors of young adults to their feelings of romantic relationship satisfaction and motivations for alcohol consumption. While exploring these comparisons, it was predicted that conformity and coping motivations would influence excessive drinking in young adulthood. Specifically, it was hypothesized that alcohol consumption would increase as coping and conformity motivations increased. This hypothesis was confirmed, as there was a significant, positive correlation between the AUDIT scores and coping and conformity motivations. These results are consistent with previous research on the Social Learning Theory. The differential reinforcement parameter of Social Learning Theory emphasizes that rewarded behaviors are likely to be repeated (Kruis et al., 2019). Those who cope with alcohol are rewarded with temporary relief from their given situation (Kruis et al., 2019). As reflected by our results, coping motivations could then be linked to alcohol consumption. Similarly, research on the Social Learning Theory strengthens our findings regarding the association between drinking and conformity. The differential association dimension of Social Learning Theory specifies how individuals often reciprocate the behaviors of their peers, or differential associates (Kruis et al., 2019). This is supportive of our findings, as conformity motivations corresponded with an increase in drinking behaviors.

It was also hypothesized that coping and conformity drinking motivations would be associated with dating relationship satisfaction. We expected decreased relationship satisfaction to correlate with increasing coping and conformity motivations. The results supported our prediction that relationship satisfaction declines with an increase in coping motivations. A

negative correlation was found between coping motivations and relationship satisfaction. This suggests that an increase in relationship satisfaction is followed by a decrease in coping motivations for alcohol consumption. Previous research has explored relationship satisfaction as a predictor of avoidance coping mechanisms (Britton, 2004). While it was determined that romantic partners use alcohol to cope with their relationship stress, this research has primarily focused on married couples (Britton, 2004). The current study showed a similar association between relationship satisfaction and coping motivations, but with a concentration on dating relationships. Moreover, we expected a similar association between conformity motivations and relationship satisfaction. Recent studies have shown that increased relationship satisfaction encourages health-promoting behaviors among romantic partners (Arden-Close & McGrath, 2017). In the context of Social Learning Theory, this is due to the conforming nature of differential associates (Kruis et al., 2019). Therefore, we expected highly satisfied romantic partners to not conform to the health-compromising behaviors of their significant other. Despite our expectations, this hypothesis was not supported. The correlation between relationship satisfaction and conformity motivations was insignificant.

Furthermore, it was hypothesized that dating relationship satisfaction would be negatively correlated with alcohol consumption. We expected lower feelings of relationship satisfaction to be associated with greater levels of alcohol consumption. The results yielded a significant, negative correlation between relationship satisfaction and alcohol consumption. This negative correlation confirmed our hypothesis. Nonetheless, the World Health Organization (2019) notes that young adults are most susceptible to alcohol consumption. As mentioned

previously, people aged 20-24 are most likely to engage in heavy episodic drinking (World Health Organization, 2019). Since young adults are at the greatest risk for heavy episodic drinking, the correlation between alcohol consumption and relationship satisfaction could be explained by the susceptibility of this age group.

Limitations

There were limitations to our study that should be considered prior to conducting future research. One major limitation to our study was the use of self-report questionnaires. Participants were asked questions regarding their drinking behaviors and romantic relationship satisfaction. Since these topics are rather personal, participants may have been reluctant to answer truthfully. Although there were validity questions included, participants were not monitored while taking the survey. This could increase the likelihood of participants selecting answer choices at random to finish the survey in a quicker amount of time. Future research should address these limitations by considering different means of data collection. Another limitation to the current study was the cross-sectional data. Participants were surveyed over a relatively short period of time, so future research should consider a longitudinal study for collecting data. In addition to the reliance on cross-sectional data, the small sample size of our study was a considerable limitation. It is important that future research focuses on recruiting more participants for data collection. Furthermore, the demographic of participants was limited. For example, most participants identified as female. An overwhelming number of participants also identified as straight. In regards to ethnicity, the majority of participants were white. Since there was a small demographic of participants, our results cannot be generalized to all young adults. Specifically,

our results may not generalize to males or those identifying with different sexual orientations and ethnicities. Future research should focus on obtaining a larger sample size that encapsulates a larger demographic of participants. This will allow for more generalizable results.

Practical Implications

The findings from the present study are important for strengthening previous knowledge on Social Learning Theory. For example, the results of our study revealed an existing association between coping motivations and relationship satisfaction. This is consistent with Social Learning Theory, which suggests avoidance coping increases negative emotions (Bricker et al., 2011). In other words, people are more likely to engage in avoidance coping when they are experiencing a stressful or upsetting situation, such as dissatisfaction with a romantic relationship. Similarly, there was an evident correlation between coping motivations and alcohol consumption. This correlation reflects the avoidance coping mechanisms described by Social Learning Theory. Alcohol consumption is an avoidance coping mechanism that ultimately causes differential reinforcement (Kruis et al., 2019). Young adults are drawn to alcohol for a coping outlet, but the temporary alleviation of negative emotions increases their drinking behaviors. Lastly, the correlation between conformity motivations and alcohol consumption strengthens the idea of differential associates, as proposed by Social Learning Theory (Bricker et al., 2011). An individual is more compelled to drink when their peers, or differential associates, are engaging in those behaviors.

Understanding Social Learning Theory in the context of alcohol consumption has meaningful societal and individual implications. Alcohol-related consequences have fatal

ramifications from a societal standpoint. Drunk driving is becoming an increasing concern, as it is now a leading cause of death within society (Negussie et al., 2018). This is not only applicable to those who are drunk driving themselves. It is estimated that roughly forty-percent of these fatalities are individuals other than the drunk driver (Negussie et al., 2018). Nonetheless, understanding the motivations that influence alcohol consumption can improve intervention programs and, thus, reduce the societal implications of alcohol-impaired driving (Negussie et al., 2018). Additionally, developing an understanding of drinking motivations is important for addressing alcohol-related health problems. As mentioned previously, excessive alcohol consumption increases the risk of heart damage, liver damage, and cancer (Berger, 2024). The mental health of alcohol-users is also compromised by their drinking behaviors. Frequent alcohol consumption has been connected to the decline in many cognitive abilities, such as memory (Linden-Carmichael et al., 2023). Overall, recognizing the motivations that encourage alcohol consumption in young adulthood is important for reducing these preventable alcohol-related health problems.

APPENDICES

APPENDIX A: ALCOHOL USE DISORDERS IDENTIFICATION TEST

1. How often do you have a drink containing alcohol?
   (0) Never
   (1) Monthly
   (2) 2-4 times a month
   (3) 2-3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7 to 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly

(4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured because of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year

APPENDIX B: DRINKING MOTIVES QUESTIONNAIRE-REVISED

1. To forget your worries.

   1 2 3 4 5

2. Because your friends pressure you to drink.

   1 2 3 4 5

3. Because it helps you enjoy a party.

   1 2 3 4 5

4. Because it helps you when you feel depressed or nervous.

   1 2 3 4 5

5. To be sociable.

   1 2 3 4 5

6. To cheer up when you are in a bad mood.

   1 2 3 4 5

7. Because you like the feeling.

   1 2 3 4 5

8. So others won't kid you about *not* drinking.

   1 2 3 4 5

9. Because it's exciting.

   1 2 3 4 5

10. To get high.

    1 2 3 4 5

11. Because it makes social gatherings more fun.

1 2 3 4 5

12. To fit in with a group you like.

1 2 3 4 5

13. Because it gives you a pleasant feeling.

1 2 3 4 5

14. Because it improves parties and celebrations.

1 2 3 4 5

15. Because you feel more self-confident and sure of yourself.

1 2 3 4 5

16. To celebrate a special occasion with friends.

1 2 3 4 5

17. To forget about your problems.

1 2 3 4 5

18. Because it's fun.

1 2 3 4 5

19. To be liked.

1 2 3 4 5

20. So you won't feel left out.

1 2 3 4 5

APPENDIX C: RELATIONSHIP ASSESSMENT SCALE

1. How well does your partner meet your needs?

   1 2 3 4 5

2. In general, how satisfied are you with your relationship?

   1 2 3 4 5

3. How good is your relationship compared to most?

   1 2 3 4 5

4. How often do you wish you hadn't gotten into this relationship?

   1 2 3 4 5

5. To what extent has your relationship met your original expectations?

   1 2 3 4 5

6. How much do you love your partner?

   1 2 3 4 5

7. How many problems are there in your relationship?

   1 2 3 4 5

APPENDIX D: DEMOGRAPHIC INFORMATION

1. Are you currently involved in a romantic, dating relationship?
    - Yes
    - No

2. What is your age?

3. If you are a student, please indicate the number of years you have been enrolled in your current degree program (If not a student, type N/A)

4. Do you identify as Hispanic?
    - Yes
    - No

5. What is your race?
    - White
    - Black/African American
    - Asian
    - American Indian/Alaskan Native
    - Native Hawaiian/Pacific Islander
    - Mixed Race or Other

6. What is your sexual orientation?
    - Straight
    - Gay
    - Lesbian
    - Bisexual
    - Other

7. Which gender do you identify with most?
    - Female
    - Male
    - Gender variant/nonconforming
    - Not listed ____
    - Prefer not to answer

8. Which gender does your partner identify with the most?

- ○ Female
- ○ Male
- ○ Gender variant/nonconforming
- ○ Not listed ____
- ○ Prefer not to answer

9. How long have you been involved in your current romantic relationship?
    - ○ Years:
    - ○ Months:

APPENDIX: TABLES

Table 1

Regression Coefficients for Hierarchical Regression Model of Coping Motivations and Conformity Motivations predicting Relationship Assessment Scale (RAS)

Predictor Variable	B	*β*	*t*	R^2	F	*df*	*p*
	Criterion:						
	RAS			.003	0.35	1, 107	.556
Conformity	-0.75	-0.06	-0.59				.556
	Criterion:						
	RAS			.06	6.37	1, 106	.013
Conformity	0.10	0.08	0.73				.467
Coping	-0.28	-0.27	-2.52				.013

Note. RAS = *Relationship Assessment Scale*

Table 2

Demographic Characteristics (n=95)

Characteristics	Participants	Characteristics	Participants
Ethnicity		Sexual Orientation	
White	70 (73.7%)	Straight	74 (77.9%)
Black or African American	14 (14.7%)	Gay	1 (1.1%)
Asian	3 (3.2%)	Bisexual	16 (16.8%)
Native Hawaiian or Pacific Islander	1 (1.1%)	Other	4 (4.2%)
Mixed Race or Other	7 (7.4%)		
Gender Male	17 (17.9%)		
Female	77 (81.1%)		
Gender variant/nonconforming	1 (1.1%)		

Note. 45 participants were excluded due to missing responses.

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