

# Evaluating Protective Behavior Strategy Intentions Using the Theory of Planned Behavior

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EVALUATING PROTECTIVE BEHAVIOR STRATEGY INTENTIONS USING  
THE THEORY OF PLANNED BEHAVIOR

by

DAKOTA NICOLE SANCHEZ

A thesis submitted in partial fulfillment of the requirements  
for the Honors in the Major Program in Psychology  
in the College of Sciences  
and in the Burnett Honors College  
at the University of Central Florida  
Orlando, Florida  
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Thesis Chair: Robert Dvorak, PhD

## **ABSTRACT**

**OBJECTIVE:** Amongst college students there exists a concerning trend towards problem drinking owed to the cultures on campus that support problem drinking habits. Several interventions are currently used to encourage students to drink wisely with the goal of decreasing this problem drinking and the consequences of these behaviors. The current study analyzes the intention to use Protective Behavior Strategies through the model suggested in the Theory of Planned Behavior (TPB). **METHOD:** College student participants ( $N = 171$ ) completed a web-based survey examining alcohol-related behaviors, intentions, and perceptions at the time of the survey and over the next four weeks. **RESULTS AND CONCLUSION:** At step 1, PBS intentions was regressed onto age and gender. This accounted for a small amount of variance in intentions. Next, the TPB predictors were added to the model which resulted in a significant improvement in the overall model fit. In the final model, perceived control over PBS use and peer PBS use norms were significant positive predictors of PBS use intentions. Attitudes toward PBS did not predict PBS use intentions.

## **DEDICATION**

*To my little angels who lift me up as much as I lift them*

*To my sister who has inspired me rise up*

*To my father whose image I walk in*

*To my mother who will always be a ray of positivity and sunshine*

*To my brother who has always pushed me towards my goals*

*To my best friend who has supported me through the good and the bad*

*And to my whole family for helping to shape me into the person I am today*

*Por la sangre de mi sangre la cual cargo conmigo en mi corazón*

*siempre y por siempre*

*Y para honrar a todos nosotros, incluso a quienes*

*no pueden estar físicamente aquí*

*Somos Sanchez*

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## INTRODUCTION

Among U.S. college students there is a concerning trend in the use and misuse of alcohol both of which are on the rise. Hensel, Todd, and Engs found that in 2014 while consumption of beer had decreased in the last twenty years, a preference for hard liquor had emerged and that alcohol consumption overall had increased. This trend is supported by a recent national survey that reported “almost 60 percent of college students ages 18–22 drank alcohol in the past month,<sup>1</sup> and almost 2 out of 3 of them engaged in binge drinking during that same timeframe.” (NIAAA. College Drinking, 2015). In 2002 the Harvard School of Medicine conducted a study with a population of students from 119 4-year colleges in the U.S. and found that more than 40% of the students reported experiencing symptoms of either alcohol dependence or alcohol abuse (Knight et al., 2002). College students appear to be a particularly vulnerable population. Slutske (2005) points out that young adults attending college are consistently out drinking their nonattending peers. Dawson, Grant, Stinson, & Chou (2004) found additional support for this thesis. Their result showed that college students scored higher in every category of alcohol use and alcohol problems, when compared with their nonattending peers. This increase in alcohol consumption among college students results in a variety of alcohol-related consequences such as increases in risky behaviors, problems in social relationships, declining health, declining academic performance, and in some cases mortality (Wechsler & Nelson, 2008). The NIAAA also reports frequent incidences of injuries, unsafe sex, suicide attempts, property damage and legal problems as consequences of college student drinking in the U.S. (NIAAA. College Drinking, 2015). Thus, there remains a need for research seeking to understand the factors that may prevent alcohol use and the resulting problems in this population. One factor that has consistently been associated

with lowering alcohol misuse is the use of protective behavioral strategies (LaBrie, Lac, Kenney, & Mirza, 2011).

Protective behavioral strategies for alcohol (PBS) can be defined as specific cognitive-behavioral strategies aimed at reducing alcohol consumption and the resulting consequences (Martens, Martin, Littlefield, Murphy, & Cimini, 2011). In a critical review of PBS, Pearson (2013) noted that the majority of participants in the reviewed studies who reported higher PBS use also reported experiencing fewer alcohol related problems and less drinking overall. Protective behavioral strategies are generally separated into three primary categories including “Limiting/Stopping Drinking”, “Serious Harm Reduction”, and “Manner of Drinking” (Martens, et. al., 2011). Limiting/Stopping Drinking strategies (SLD) PBS include behaviors like committing to a set number of drinks and leaving a party or bar at a specified time. Limiting/Stopping behaviors have been inconsistent in their abilities to predict alcohol use and alcohol related consequences particularly among young adults (Garcia, Fairlie, Litt, Waldron, & Lewis, 2018). While the Manner of Drinking (MOD) PBS behaviors can be exemplified by strategies like avoiding hard liquor or alternating between water and alcohol. Pearson found that when controlling for other categories of strategies Manner of drinking PBS appeared to accurately predict lower levels of alcohol consumption (2013). Serious Harm Reduction behaviors focus on strategies such as using a designated driver or renting a hotel room. Greater use of SHR behaviors have generally been associated with fewer or reduced alcohol-related problems (Martens, et. al., 2011). Thus, it would appear that developing PBS based interventions may be one way to help mitigate alcohol misuse on college campuses.

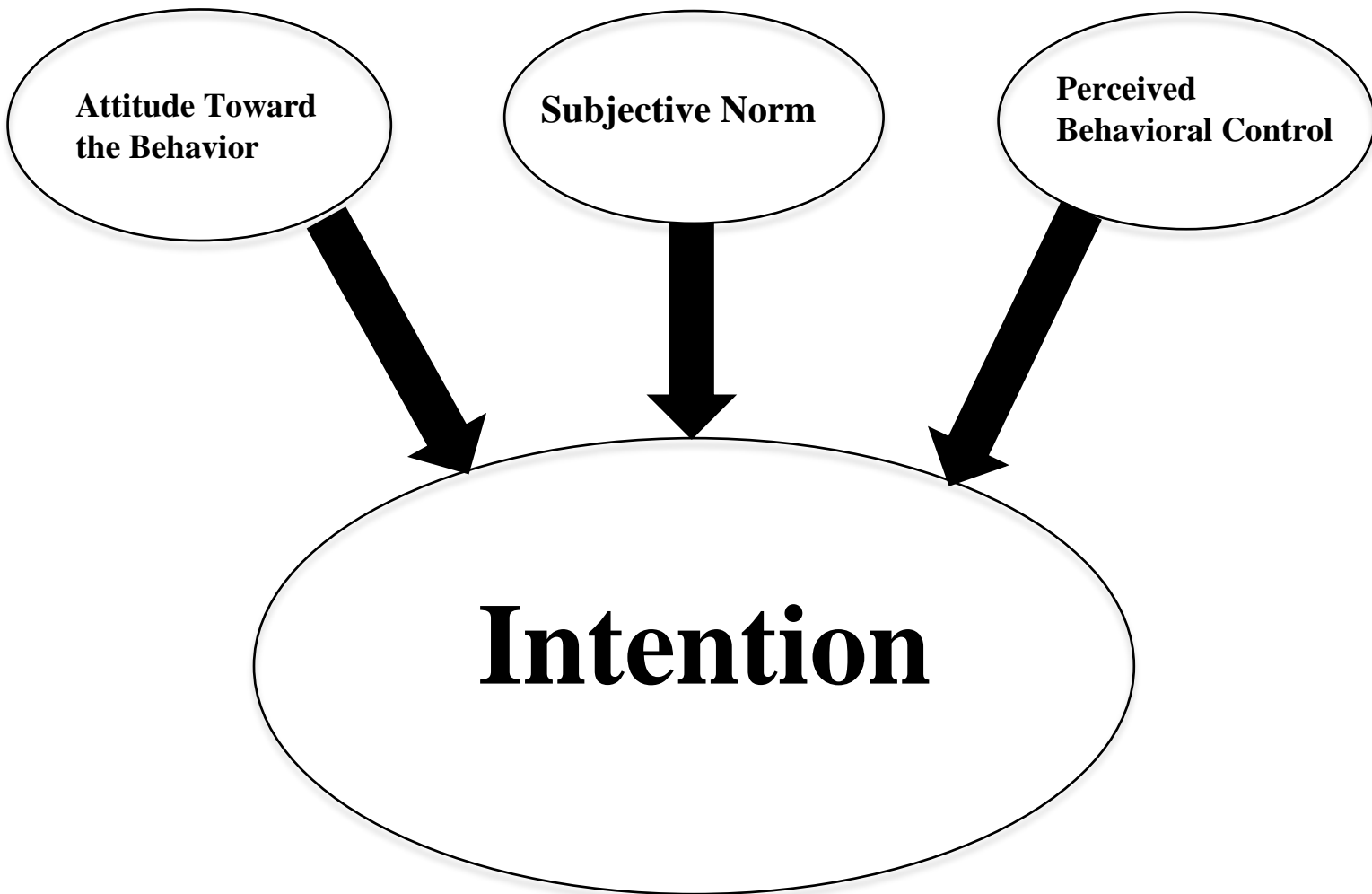
PBS based interventions have gained popularity as use in interventions among college students as multiple studies have found evidence that certain types of PBS result in lowered alcohol consumption, alcohol-related problems, and alcohol-related consequences (Martens, et. al., 2005). The use of PBS as an effective intervention technique has been hindered by imprecise operational definitions and ineffective study designs (Pearson, 2013). The imprecise operational definition has made generalizing results across studies difficult and subsequently limited the support for current findings in the literature. Current studies focus on a very linear attempt to test if increased PBS use decreases alcohol problems but little attention is paid to why students are using various protective strategies. Pearson has pointed out that PBS use as a mediator of alcohol use and the ensuing consequences/problems has often received short term positive results particularly in the target population of college students (2013), though, more longitudinal studies are needed to determine the effects long term (Martens, Pendersen, LaBrie, Ferrier, & Cimini, 2007). Perhaps using a more accurate model of behavior to assess why students use PBS, and how their perceived norms, perceived attitudes, and perceived behavioral control or self-efficacy are related to their intention to use PBS, will strengthen the results.

The Theory of Planned Behavior offers one model for understanding behavioral intentions, and the link between intentions and actions. In this theory Ajzen (1991) suggests that attitude toward the behavior of interest, subjective norms, and perceived behavioral control influence the intention to complete or abstain from completing the behavior and ultimately predict the likelihood of actual behavior (1991). Ajzen suggests, that in order to maintain accuracy of behavioral intent and action, one must study the exact behavior of interest without variation (Ajzen, 1991). In explaining his theory Ajzen states that each situation and behavior

could vary making one or more factors more relevant and others insignificant in the context of the behavior being examined (1991). Dvorak et al. (2016) found a significant link between PBS intentions and PBS use a week later making the theory of planned behavior an effective model for analyzing the factors contributing to PBS intentions and planned PBS use. Below is a diagram of the factors that predict intentions using the Theory of Planned Behavior (Ajzen, 1991).

Figure 1

# The Theory of Planned Behavior



## **Study Overview**

Our study seeks to use the principles listed in the Theory of Planned Behavior to understand the intention to use alcohol protective behavioral strategies among college students. We will survey the participants on attitudes towards PBS, perceptions of norms, their perceived behavioral control over PBS, and intentions to use PBS over the next four weeks.

## **METHOD**

### **Participants**

Participants were current students who were at least 18 years old at the time of the survey, fluent in English, are able to understand the survey questions, and are able to understand the consent process. Participants were recruited at a large state university in the southeast. There was no financial compensation for participation in the study however the students did receive credit through SONA to be applied towards relevant courses. Of our initial applicant pool 70 were removed for a lack of alcohol consumption and another 7 were excluded for missing data leaving a total of 190 participants. The vast majority of the group identified as white representing approximately 81% of the participants while those who identified as black/ African American represented just under 6% and students who identify as Asian represented just over 5%. The remaining 8% was divided amongst those who identified as other, native Hawaiian islander and of multiple races. On a cultural level 24% percent of the sample identified as Hispanic in addition to their racial identification.

### **Procedure**

The present study utilizes an online survey to assess the use of PBS and intentions to use PBS over the next four weeks. The survey assesses PBS use, alcohol consumption, PBS use intentions, perceived behavioral control over PBS use, PBS use norms, and perceived approval of individuals that use PBS. Participants were required to give informed consent at the beginning of the survey. The survey also collected demographic information.

## Measures

**Demographics.** A questionnaire utilizing multiple choice and fill in the blank questions assessing demographics was administered at the start of the survey. Questions collected information about the participants age, major, academic year, GPA, gender, biological sex, race, sexual orientation, highest level of education, height and weight.

**Modified Daily Drinking Questionnaire (DDQ).** Participants were asked to report the average number of drinks consumed on each day of the week and how much time was spent drinking (amount in hours) during a typical week in the past month (Collins, & Lapp, 1992). Previous research has used this a measure of typical weekly alcohol consumption.

**Young adult Alcohol Consequences Questionnaire (YAACQ).** The YAACQ was developed in 2006 by Read, Kahler, Strong and Colder to assess the range of consequences from alcohol consumption amongst young adults and was found to accurately assess both males and females. The YAACQ includes 8 subscales (social, control, self-perception, self-care, risk behaviors, academic/occupational, dependence, blackout) which provide a more complete picture of the severity and frequency of these consequences (Read, Kahler, Strong, & Colder, 2006). The measure is designed with a dichotomous response system which allows for rapid scoring and administration (Read, Merrill, Kahler & Strong, 2007).

**Protective Behavioral Strategies Scale -20 (PBSS-20).** The PBSS-20 which is comprised of 20 items will be used to assess the use of alcohol protective behavioral strategies over the past month. The Protective Behavioral Strategies Scale (PBSS) includes three subscales: Stopping/Limiting Drinking (SLD), Manner of Drinking (MOD), and Serious Harm Reduction (SHR) (Treloar, Martens, & McCarthy, 2014). This three-factor model of the PBS appears to be



reliable and valid amongst college students as correlations have been found in the expected directions between the subscales and both alcohol use and alcohol- related problems (Martens, et. al., 2007).

**Protective Behavioral Strategies Scale-20 (PBSS-20) intent.** The PBSS-20 intent scale which is comprised of 20 items assesses the intent to engage in PBS behaviors of participants on the statements from the PBSS-20 using a 5-point Likert-type scale ranging from almost never to always (Treloar, Martens, & McCarthy, 2015).

**Protective Behavioral Strategies Scale-20 (PBSS-20) perceived approval.** The PBSS-20 approval which is comprised of 20 items asks individuals to endorse the frequency of each PBSS-20 item as well as their perceived approval of that behavior. Participants answer questions from the PBSS-20 assessing the perception of norms a 7-point scale with responses ranging from strongly disapproves to strongly approves to.

**Protective Behavioral Strategies Scale-20 (PBSS-20) control.** The PBSS-20 control which is comprised of 20 items asks participants to rate their perceived behavioral control over their ability to engage in each of the items from the PBSS-20 using a 7-point scale from extremely not confident to extremely confident.

**Planned Analysis.** The analysis utilized multiple regression to test the primary hypotheses that indicators of PBS norms, PBS behavioral control, and PBS approval would predict future plans to engage in PBS over the next four weeks among a sample of college student drinkers.

## RESULTS

Bivariate statistics are listed in Table 1. The sample was limited to  $n = 174$  individuals who endorsed that they consume alcohol. Women endorsed higher control over PBS use,  $t(174) = 2.07, p = .04$ . There were positive bivariate correlations between all three of the TPB predictors and PBS use intentions.

At step 1, PBS intentions was regressed onto age and gender. This accounted for a small amount of variance in intentions,  $F(2, 171) = 2.25, p = .11, R^2 = .03$ . At step 2, the TPB predictors were added to the model. This resulted in a significant improvement in overall model fit,  $F(5, 168) = 17.14, p < .01, R^2 = .34$ . In the final model, perceived control over PBS use ( $b = 0.43, p < .01$ ) and peer PBS use norms ( $b = 0.15, p = .02$ ) were significant positive predictors of PBS use intentions, accounting for 34% of the variability in intentions. Attitudes toward PBS did not predict PBS use intentions ( $b = -0.00, p = .80$ ).

## DISCUSSION

The purpose of this study was to determine which factors of the Theory of Planned Behavior (TPB) have the strongest impact on the intention to use Protective Behavior Strategies (PBS) among college students, who are at a risk of alcohol related problems. PBS use has been shown to lead to reductions in alcohol related problems which makes it an attractive strategy to use on college campuses (Patrick, Lee, & Larimer, 2011). The theory of planned behavior (TBP) builds off of its predecessor the theory of reasoned action and uses belief of control, perception of norms, and perceived approval to predict intention to enact a behavior (Hess & Tracey, 2013). TPB can be applied to any behavioral concept one would like to predict and has been empirically supported in a variety of studies covering topics from smoking and substance abuse interventions to charity donations and consumption of fruit and vegetables (Zhao, White, & Young, 2019; Zemore, & Ajzen, 2014; Mittelman, & Rojas- Méndez, 2018; Tomasone, Meikle, & Bray, 2015). Our model used the TPB to analyze intentions to use PBS as a way to mitigate problem drinking in college students.

The TPB model posits that perceived behavior control, social norms, and perceived approval or attitudes influence intentions to engage in a behavior. Perceived behavioral control can be explained as the belief one has in his or her ability to control their own actions. Support has been found connecting behavioral control to intentions which is consistent with the notion that one may not intend to attempt a behavior if he or she does not believe they have the ability affect the outcome (Knauder & Koschmieder, 2019). Our data lends further support that perceived behavior control is a significant positive predictor of behavioral intentions as suggested by TPB. In fact, perceived control was the most robust predictor in our model. A study

by Litt, Kadden, & Petry found that using practice and mastery of skills to increase self-efficacy or perceived behavioral control, in the desired behavior positively influenced the use of the behavior (2013). This may suggest that increasing a student's overall mastery and/or confidence in their ability to engage in these behaviors may increase use of protective behavior strategies.

Perceived behavioral norms have a significant impact on how individuals act in a society and their respective groups from harmless situation where one obeys a dress code to negative behaviors such as hazing. Actual norms may vary from an individual's perception of the norm and in their reality the perception is what will influence the individual's behavior. For this reason, perception of norms are built into the TPB and have been found to strongly influence intentions. A study performed by Voogt, Larsen, Poelen, Kleinjan, & Engels (2013) found further support of the relationship between perceived norms and heavy alcohol consumption or problem drinking in vulnerable populations. Our results supported these conclusions and found perceived norms to be a significant positive predictor of behavioral intentions as suggested by the model of TPB. Thus, a second important step in increasing intentions to utilize PBS seems to be to increase perceived PBS norms, perhaps using a personalized normative feedback approach.

Attitudes or approval of behavior appears to be the weakest contributor in the TPB, at least with regard to PBS use intentions. The results of this study showed that attitudes towards the behavior did not predict behavioral intentions. These results may be better explained by deviance regulation theory (DRT) which suggests that one's motivation to engage in a behavior is based on the connection between norms and the approval of the target group (Dvorak et.al, 2018). Future research should attempt to model the interactions between PBS norms and perceived PBS use approval to test the extent to which DRT vs TBP predicts PBS use intentions.

As with all studies, this study is not without limitations. Limitations of the study include a primarily white sample which means one should use caution when generalizing these results among minority or nonwhite populations. Additionally, the study was cross sectional covering only the baseline data without a follow up, which limits our conclusions to the intentions towards future use of PBS. However, Bednall, Bove, Cheetham, & Murray conducted a meta-analysis which supported the connection of the factors of TPB being positively associated with intention and these intentions strongly influencing behavior (2013). Nonetheless, future research should test this theory on actual behavior using a prospective or ecological momentary approach.

In conclusion, our study supports two of the three factors laid out in the TPB as significant positive predictors of behavioral intention, which has been found to be significantly linked to predicting PBS use (Dvorak, et al. ,2016). Moving forward a replication study may include a follow up after the first four week period to assess actual use to compare behavior with behavioral intention would help to strengthen the results. Ideally these future studies will be able to recruit a more diverse sample so that the results will better generalize across majority and minority populations. Our results will also help organizations to create and implement new interventions for problem drinking on college campuses by addressing the factors with the most significant impacts on the intention to use PBS.

Table 1

Descriptive statistics and bivariate correlations

---

Variables	1	2	3	4	5
1. Gender	---				
2. Age	-.06	---			
3. PBS Norms	.12	-.10	---		
4. PBS Behavioral Control	.16*	-.08	.19*	---	
5. PBS Approval	.09	-.00	.28*	.43*	---
6. PBS Intentions	.14	-.09	.26*	.56*	.25*

---



**Appendix A: Modified Daily Drinking Questionnaire (DDQ-M)-**

For the past 3 months, please fill in a NUMBER (do not use letters) for each day of the week indicating the typical number of drinks you usually consume on that day, and the typical number of hours you usually drink on that day. If you do not drink on a given day, please enter 0 for that day.

Reminder: ONE STANDARD DRINK IS EQUAL TO:

- BEER 12 oz. Can or Bottle (3-5% alcohol)
- WINE 4 oz. (12 – 17% alcohol) Glass (roughly half of a normal-sized wine glass)
- HARD LIQUOR 1-1/2 oz. or One Standard Shot (80-proof, 40% alcohol) 1 oz. (note that most ‘shot glasses’ are double shots)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drink	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





**Appendix B: Modified Daily Drinking Questionnaire (DDQ-M) To assess perceived norms and attitudes**

Please fill in a NUMBER (do not use letters) for each day of the week indicating how much you believe the TYPICAL UCF STUDENT usually consumes alcohol on a given day of the week, and the typical number of hours you believe the TYPICAL UCF STUDENT usually drink on that day.

If you do not believe the typical UCF student drinks on a given day, please enter 0 for that day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drink	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hour	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please rate the following on the 7 point scale how you think the following individuals would approve or disapprove of the following situations:

How would YOUR CLOSEST FRIEND approve/ disapprove of the following situations?

Strongly Disapproves    Somewhat Disapproves    Neutral    Somewhat Approves    Strongly Approves

Drinking alcohol every weekend

Drinking alcohol, then

Driving

Passing out from Drinking

How would YOUR PATENTS/ PARENTAL FIGURE approve/disapprove of the following situations?

	Strongly		Somewhat		Somewhat		Strongly
	Disapproves	Disapproves	Disapproves	Neutral	Approves	Approves	Approves

Drinking  
alcohol everyday

Drinking  
alcohol every  
weekend

Drinking  
alcohol, then  
Driving

Passing out  
from Drinking

How would YOUR TYPICAL UCF PEERS approve/disapprove of the following situations?

	Strongly		Somewhat		Somewhat		Strongly
	Disapproves	Disapproves	Disapproves	Neutral	Approves	Approves	Approves

Drinking  
alcohol everyday

Drinking  
alcohol every  
weekend

Drinking  
alcohol, then

Driving

Passing out  
from Drinking



**Appendix C: Young Adult Alcohol Consequences Questionnaire (YAACQ)-**

Below is a list of things that sometimes happen to people either during, or after they have been drinking alcohol.

Next to each item below, please select No or Yes to indicate that has happened to you in the past (3 Months or Week).

	No	Yes	No response
While drinking, I have said or done embarrassing things			
The quality of my work or schoolwork has suffered because of my drinking.			
I have felt badly about myself because of my drinking.			
I have driven a car when I knew I had too much to drink to drive safely.			
I have had a hangover (headache, sick stomach) the morning after I had been drinking.			
I have passed out from drinking.			
I have taken foolish risks when I have been drinking.			
I have felt very sick to my stomach or thrown up after drinking.			
I have gotten into trouble at work or school because of drinking.			
I often drank more than I originally had planned.			
My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives.			
I have been unhappy because of my drinking.			
I have gotten into physical fights because of drinking.			

I have spent too much time drinking.			
I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking.			
I have felt like I needed a drink after I'd gotten up (that is, before breakfast).			
I have become very rude, obnoxious or insulting after drinking.			
I have felt guilty about my drinking.			
I have damaged property, or done something disruptive such as setting off a false fire alarm, or other things like that after I had been drinking.			
Because of my drinking, I have not eaten properly.			
I have been less physically active because of drinking.			
I have had "the shakes" after stopping or cutting down on drinking (eg., hands shake so that coffee cup rattles in the saucer or have trouble lighting a cigarette).			
My boyfriend/girlfriend/spouse/parents have complained to me about my drinking.			
I have woken up in an unexpected place after heavy drinking.			
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.			
As a result of drinking, I neglected to protect myself or my partner from a sexually transmitted disease (STD) or an unwanted pregnancy.			
I have neglected my obligations to family, work, or school because of drinking.			

I often have ended up drinking on nights when I had planned not to drink.			
When drinking, I have done impulsive things that I regretted later.			
I have often found it difficult to limit how much I drink.			
My drinking has gotten me into sexual situations I later regretted.			
I've not been able to remember large stretches of time while drinking heavily.			
While drinking, I have said harsh or cruel things to someone.			
Because of my drinking I have not slept properly.			
My physical appearance has been harmed by my drinking.			
I have said things while drinking that I later regretted.			
I have awakened the day after drinking and found that I could not remember a part of the evening before.			
I have been overweight because of drinking.			
I haven't been as sharp mentally because of my drinking.			
I have received a lower grade on an exam or paper than I ordinarily could have because of my drinking.			
I have tried to quit drinking because I thought I was drinking too much.			
I have felt anxious, agitated, or restless after stopping or cutting down on drinking.			



I have not had as much time to pursue activities or recreation because of drinking.			
I have injured someone else while drinking or intoxicated.			
I often have thought about needing to cut down or stop drinking.			
I have had less energy or felt tired because of my drinking.			
I have had a blackout after drinking heavily (i.e., could not remember hours at a time).			
Drinking has made me feel depressed or sad			



## **Appendix D: Protective Behavioral Strategies Scale-20 (PBSS-20) with ratings of intent**

What percent (%) of the student body at UCF (i.e., UCF students in general) do you think use these types of strategies?

What percent (%) of your close group of college student peers (i.e., your friends at UCF or other colleges/Universities) use these types of strategies when they drink?

How often do you think typical students at UCF use these types of strategies?

- Never
- Almost Never
- Sometimes
- Almost Always
- Always
- Do not wish to respond

How often do you think your close peers (i.e., your friends at UCF or other colleges/Universities) use these types of strategies when they drink?

- Never
- Almost Never
- Sometimes
- Almost Always
- Always
- Do not wish to respond

How effective do you think using these types of strategies is in preventing or reducing alcohol-related problems?

- Not effective at all
- Slightly effective
- Moderately effective
- Very effective
- Extremely effective
- Do not wish to respond



**Appendix E: Protective Behavioral Strategies Scale-20 (PBSS-20) with ratings of control**

Please select which answer best fits your confidence level in engaging in the following

Extremely		Somewhat				
not	Not	not		Somewhat		Extremely
confident	confident	confident	Indifferent	confident	Confident	confident

Using a Designated  
Driver

Determining not to  
exceed a set number  
of drinks

Alternating alcoholic  
and nonalcoholic  
drinks

Extremely		Somewhat				
not	Not	not		Somewhat		Extremely
confident	confident	confident	Indifferent	confident	Confident	confident

Having a friend let  
you know when  
you have had  
enough to drink

Avoiding drinking  
games

Leaving the  
bar/party at a

predetermined time

Making sure that  
you go home with a  
friend

Knowing where your  
drink has been at all  
times

Extremely		Somewhat				
not	Not	not		Somewhat		Extremely
confident	confident	confident	Indifferent	confident	Confident	confident

Dinking shots of  
liquor

Select “Extremely  
Confident”

Stop drinking at a  
predetermined time

Drinking water in  
between drinking  
alcohol

Putting extra ice in  
their drink

Extremely		Somewhat				
not	Not	not		Somewhat		Extremely

confident confident confident Indifferent confident Confident confident

Avoid mixing  
different types of  
alcohol

Drinking slowly,  
rather than gulping  
or chugging

Avoid trying to “keep  
up” or “out-drink”  
others

Avoid combining  
Marijuana and  
Alcohol

Avoid “pre-gaming”  
(i.e., drinking before

going out)

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