

AL. ALCOHOL CONSUMPTION

AL1 In the last 12 months, in a typical week, about how many alcoholic drinks did you consume? (A drink is the equivalent of 1 bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot or jigger of liquor). **[MARK ONLY ONE]**

- 1 **DID NOT DRINK ANY ALCOHOL IN THE PAST YEAR [SKIP TO "NH" SECTION]**
- 2 **LESS THAN 1 DRINK (DRANK SOME ALCOHOL IN THE PAST YEAR, BUT LESS THAN ONCE A WEEK)**
- 3 **1-2 DRINKS PER WEEK**
- 4 **3-4 DRINKS PER WEEK**
- 5 **5-6 DRINKS PER WEEK**
- 6 **7-13 DRINKS PER WEEK (BETWEEN 1 AND 2 DRINKS A DAY)**
- 7 **14 OR MORE DRINKS PER WEEK (AT LEAST 2 DRINKS A DAY)**
- 97 **DON'T KNOW, NOT SURE, REFUSED**

AL2 During the last 12 months, about how often did you drink **five or more** alcoholic drinks in a single day? **[MARK ONLY ONE]**

- 1 **NEVER IN THE PAST YEAR**
- 2 **1 OR 2 TIMES IN THE LAST 12 MONTHS**
- 3 **3 TO 6 TIMES IN THE LAST 12 MONTHS**
- 4 **7 TO 11 TIMES IN THE LAST 12 MONTHS**
- 5 **ONCE A MONTH**
- 6 **2 TO 3 TIMES A MONTH**
- 7 **ONCE A WEEK**
- 8 **2 TIMES A WEEK**
- 9 **3-4 TIMES A WEEK**
- 10 **NEARLY EVERY DAY**
- 11 **EVERY DAY**
- 97 **DON'T KNOW, NOT SURE, REFUSED**

AL3 "I am going to read you a list of experiences that many people have reported in connection with their drinking. As I read each experience, please tell me if this has happened to you **in the last 12 months, did you ...**

- a. ...find that your usual number of drinks had much less effect on you than it once did or that you had to drink much more to get the effect you wanted?
- b. ...more then once try or want to stop or cut down on our drinking, but found you could not do it?
- c. ...have a period when you ended up drinking more or longer than you meant to?

| YES | NO | DON'T KNOW | REFUSED |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AL4 The next few questions are about the bad aftereffects of drinking that people may have when the affects of drinking are wearing off or the morning after drinking. **In the last 12 months, did you...**

- a. ...have trouble falling asleep or staying asleep when the affects of alcohol were wearing off?
- b. ...find yourself shaking?
- c. ...feel anxious or nervous when the effects of alcohol were wearing off?
- d. ...feel more restless than usual, or find yourself sweating or your heart beating fast?
- e. ...feel sick to your stomach or vomit when the effects of alcohol were wearing off?
- f. ...have fits or seizures or see, feel or hear things that weren't really there?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

AL5 ...take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol to get over or keep from having any of these bad aftereffects of drinking?

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

| [continuation] In the last 12 months, did you... | YES | NO | DON'T KNOW | REFUSED |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| AL6 ...have period when you spent a lot of time drinking or being sick or getting over the bad aftereffects of drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A7 ...give up or cut down on activities that were important to you or that you were interested in, in order to drink – like work, school, or associating with friends or relatives? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A8 ...continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A9 ...continue to drink even though you knew it was causing you a health problem or making a health problem worse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A10 ...Have a period when you drinking or being sick from drinking often interfered with taking care of your home or family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A11 ...have job or school troubles because of your drinking or being sick from drinking – like missing too much work, not doing your work well or losing a job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A12 ...get into situations while drinking or after drinking that increased your chances of getting hurt – like driving after drinking, using machinery, or walking in a dangerous area or around heavy traffic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A13 ...continue to drink even though you knew it was causing you trouble with your family or friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A14 ...get into physical fights while drinking or right after drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A15 ...get arrested, held at a police station, or have any other legal problems because of your drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |