

Screener

OMB No.:

Expiry Date:

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What is your gender?

- Male
- Female

How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- 2-4 times per month
- Once a week
- Two times per week
- Three times per week
- Four times per week
- Five times per week
- Six times per week
- Every day

How many drinks did you have on a typical day when you were drinking alcohol in the past year?

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