GROUP:	ID:
JNOUF.	ID.

Attachment F: Activity Worksheet Profile of an Excessive Drinker

Form Approved
OMB No. 0920-xxxx
Expiration date: xx/xx/xxxx

PROFILE OF A TYPICAL EXCESSIVE DRINKER

How they feel when drinking: (draw their face)



What they're doing...

When drinking?

When <u>NOT</u> drinking?

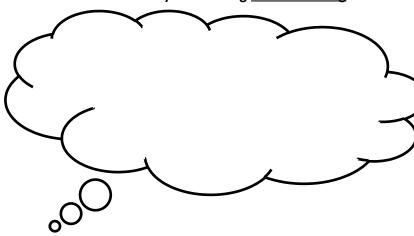
DEMOGRAPHICS

AGE: _____
Circle responses below

Race/Ethnicity:	vviiite	ыаск	
	Hispani	Asian	Other:
Gender:	Male	Female	
Married?	Yes	No	
Kids?	Yes	No	

\A/bita

What they're thinking when drinking:



DRINKING	STATS	5
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Avg. # drinks per day: _____

Avg. # days drink per month: __

They drink: (mark all that apply)

Beer

Liquor 🗌

Wine

Other: ____