

Section 2A - ALCOHOL CONSUMPTION (Continued)

<p><i>(SHOW FLASHCARD 12)</i></p> <p>4f. About how often during the last 12 months did you drink (largest number and units reported in 4e, page 9) in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
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<p><i>(SHOW FLASHCARD 14)</i></p> <p>g. About how often during the last 12 months did you drink FIVE OR MORE (units reported in 4e, page 9) of cooler in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year</p>
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<p>h. During the last 12 months, did you USUALLY drink wine coolers, malt-based coolers, liquor-based coolers or prepackaged cocktails?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Wine coolers 2 <input type="checkbox"/> Malt-based coolers 3 <input type="checkbox"/> Liquor-based coolers 4 <input type="checkbox"/> Prepackaged cocktails/mixed drinks</p>
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<p>i. During the last 12 months, did you USUALLY drink coolers in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> In own home 2 <input type="checkbox"/> In homes of friends or relatives 3 <input type="checkbox"/> In public places</p>
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Statement D Now I'd like to ask you about drinking beer.

<p>5a. During the last 12 months, did you drink any beer, light beer or malt liquor? Do not count nonalcoholic beers.</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Statement E, page 11</i></p>
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<p><i>(SHOW FLASHCARD 12)</i></p> <p>b. During the last 12 months, about how often did you drink any beer or malt liquor?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
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Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 12)

6b. During the last 12 months, about how often did you drink any type of wine?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 16)

c. What was the size of the TYPICAL glass or bottle of wine that you USUALLY drank during the last 12 months? Please do not include the amount of any soda or ice that may have been added.

- 1 3-ounce glass
- 2 4-ounce glass
- 3 5-ounce glass
- 4 6-ounce glass
- 5 7-ounce glass
- 6 8-ounce glass
- 7 9-ounce glass
- 8 12-ounce glass
- 9 15-ounce glass
- 10 18-ounce glass
- 11 187 ml. individual serving bottle (usually sold in 4-packs)
- 12 375 ml. bottle (half bottle of wine) or ½ carafe
- 13 750 ml. bottle (regular size wine bottle) or full carafe
- 14 Other - *Specify*

Code

Size and type of container

d. How many (units reported in 6c) of wine did you USUALLY drink on days when you drank wine?

_____ Number

e. During the last 12 months, what was the LARGEST number of (units reported in 6c) of wine that you drank in a single day?

_____ Number

(SHOW FLASHCARD 12)

f. About how often during the last 12 months did you drink (largest number and units reported in 6e) of wine in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 14)

g. About how often during the last 12 months did you drink FIVE OR MORE (units reported in 6e) of wine in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

h. During the last 12 months, did you USUALLY drink wine in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?

- 1 In own home
- 2 In homes of friends or relatives
- 3 In public places

Mark (X) one and ONLY one.

Section 2A - ALCOHOL CONSUMPTION (Continued)

6i. During the last 12 months, did you **USUALLY** drink regular wine, champagne or sparkling wine, fortified wine such as sherry, port or sake, or low-alcohol fruit-flavored wine?

Mark (X) one and **ONLY** one.

- 1 Regular wine
- 2 Champagne or sparkling wine
- 3 Fortified wine (including sherry, port, sake)
- 4 Low-alcohol fruit-flavored wine

Statement F

The next questions are about drinking liquor, such as whiskey, rum, gin, vodka, bourbon, scotch, or liqueurs.

7a. During the last 12 months, did you drink any liquor, including mixed drinks and liqueurs? Do not count liquor-based coolers or premixed cocktails that you may have told me about earlier.

- 1 Yes
- 2 No - *SKIP to Statement G, page 14*

(SHOW FLASHCARD 12)

b. During the last 12 months, about how often did you drink any liquor?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 17)

c. How much liquor did you **USUALLY** have in a drink? Please do not include the amount of any soda, water, ice, cola, or juice that may have been added to your drink.

- 1 1 shot or ounce
- 2 1 jigger
- 3 Mini-bottle (type sold on airplanes)
- 4 1½ shots or ounces
- 5 2 shots or ounces (double)
- 6 2 jiggers
- 7 3 shots or ounces (triple)
- 8 3 jiggers
- 9 4 shots or ounces
- 10 4 jiggers
- 11 ½ pint
- 12 Pint
- 13 Quart
- 14 Fifth
- 15 ½ gallon
- 16 Other - *Specify*

Code

Size and type of container

d. How many (drinks of this size/units reported in 7c) of liquor did you **USUALLY** drink on days when you drank liquor?

_____ Number

e. During the last 12 months, what was the **LARGEST** number of (drinks of this size/units reported in 7c) of liquor that you drank in a single day?

_____ Number

f. (SHOW FLASHCARD 12)

About how often during the last 12 months did you drink (largest number and units reported in 7e) of liquor in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

7g. (SHOW FLASHCARD 14)

About how often during the last 12 months did you drink **FIVE OR MORE** (units reported in 7e, page 13) of liquor in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

h. During the last 12 months, did you **USUALLY** drink **80-proof liquor or brandy, 100-proof liquor or liqueurs or cordials?**

Mark (X) one and **ONLY** one.

- 1 80-proof liquor/brandy
- 2 100-proof liquor
- 3 Liqueurs or cordials

i. During the last 12 months, did you **USUALLY** drink liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?

Mark (X) one and **ONLY** one.

- 1 In own home
- 2 In homes of friends or relatives
- 3 In public places

Statement G

These next questions are about **ANY** alcoholic beverages that you drank during the last 12 months, that is, about all types of alcoholic drinks combined, including any types we may not have mentioned.

(SHOW FLASHCARD 12)

8a. During the last 12 months, about how often did you drink **ANY** alcoholic beverage?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

b. Counting all types of alcohol combined, how many drinks did you **USUALLY** have on days when you drank during the last 12 months?

_____ Number

c. During the last 12 months, what was the **LARGEST** number of drinks that you drank in a single day?

_____ Number

(SHOW FLASHCARD 12)

d. About how often during the last 12 months did you drink (number of drinks reported in 8a) in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 14)

e. During the last 12 months, about how often did you drink **FIVE OR MORE** drinks in a single day?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

CHECK ITEM 2.5	What is the sex of respondent?	1 <input type="checkbox"/> Male - <i>SKIP to 10</i> 2 <input type="checkbox"/> Female
	(SHOW FLASHCARD 14) 9. During the last 12 months, about how often did you drink FOUR OR MORE drinks in a single day?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year
	(SHOW FLASHCARD 14) 10. During the last 12 months, about how often did you drink enough to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet, or you had blurred vision?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year
	11. How many drinks can you hold WITHOUT feeling intoxicated or drunk?	_____ Number
	(SHOW FLASHCARD 14) 12. During the last 12 months, how often did you . . . a. Drink before 3 p.m. on any day of the week?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year
	b. Drink after midnight on any day of the week?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year
	c. Drink when you were at home alone?	1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year

Section 2A - ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 14)

12. During the last 12 months, how often did you . . .

d. Drink in public places such as bars, restaurants or arenas?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

e. Drink at two or more separate times during the same day, for example if you drank at lunch, stopped drinking during the afternoon and drank again in the evening?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

f. Drive a car or another motor vehicle such as a motorcycle, boat, jet ski, or skimobile after having had 3 or more drinks?

- 1 Every day
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

14. You just told me how much and how often you drank in the last 12 months. For how many years have you been drinking about this amount with this frequency?
Round up to nearest whole year.

_____ Year(s)

15. How long has it been since you last had a drink of any kind of beer, wine, liquor or cooler?

_____ Hour(s) ago
OR
_____ Day(s) ago
OR
_____ Week(s) ago
OR
_____ Month(s) ago
OR
_____ Year(s) ago

16a. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?

_____ Age

b. About how old were you when you first started drinking at least once a week?

_____ Age
0 Never drank at least once a week

17. Has there ever been a period of at least one year when you drank more heavily than in the past 12 months?

- 1 Yes
- 2 No - *SKIP to Check Item 2.5A, page 17*

18. Was there ever any one year period during your life when you had a total of at least 12 drinks of any kind of alcohol?

- 1 Yes
- 2 No

Section 2A - ALCOHOL CONSUMPTION (Continued)

<p>19. Thinking about the period in your life when you drank the most, about how old were you when that period began?</p>	<p>_____ Age</p>
<p>20. About how many years did that period last?</p>	<p>_____ Year(s)</p>
<p><i>(SHOW FLASHCARD 18)</i></p> <p>21a. During that period when you drank the most, about how often did you drink?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year</p>
<p>b. Counting all types of alcohol combined, how many drinks did you USUALLY have on days when you drank during that period?</p>	<p>_____ Number</p>
<p>c. During that period when you drank the most, what was the LARGEST number of drinks that you drank in a single day?</p>	<p>_____ Number</p>
<p><i>(SHOW FLASHCARD 18)</i></p> <p>d. About how often during that period did you drink (number of drinks reported in 21c) in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year</p>
<p><i>(SHOW FLASHCARD 19)</i></p> <p>22. During that period when you drank the most, about how often did you drink FIVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a last year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year 11 <input type="checkbox"/> Never</p>
<p>23. During that period, what was the MAIN type of alcohol you drank: coolers, beer, wine or liquor?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Coolers 2 <input type="checkbox"/> Beer 3 <input type="checkbox"/> Wine 4 <input type="checkbox"/> Liquor</p>
<p>CHECK ITEM 2.5A <i>Refer to Check Item 2.0.</i></p> <p>Is respondent a current drinker or ex-drinker?</p>	<p>1 <input type="checkbox"/> Current drinker - <i>Go to 1a, page 19, and ask columns a – e as appropriate</i> 2 <input type="checkbox"/> Ex-drinker – <i>Go to 1a, page 19, and ask column a only</i></p>

Section 2A - ALCOHOL CONSUMPTION (Continued)

NOTES

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