

**Section 2B - ALCOHOL EXPERIENCES**

<b>1a. I'm 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 EVER happened to you.</b>  <b>In your ENTIRE LIFE, did you EVER ... (PAUSE)</b> <i>(Repeat phrase frequently)</i>	<b>b. Did this happen in the last 12 months?</b>	
<b>(1) Find that your usual number of drinks had much less effect on you than it once did?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(2) Find that you had to drink much more than you once did to get the effect you wanted?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(3) Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(4) Increase your drinking because the amount you used to drink didn't give you the same effect anymore?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(5) More than once want to stop or cut down on your drinking?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(6) More than once TRY to stop or cut down on your drinking but found you couldn't do it?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(7) Have a period when you ended up drinking more than you meant to?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(8) Have a period when you kept on drinking for longer than you had intended to?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>(9) The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. Did you EVER...</b>  <b>(a) Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?</b>  <b>(b) Find yourself shaking (when the effects of alcohol were wearing off)?</b>  <b>(c) Feel anxious or nervous (when the effects of alcohol were wearing off)?</b>  <b>(d) Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?</b>  <b>(e) Feel more restless than is usual for you (when the effects of alcohol were wearing off)?</b>  <b>(f) Find yourself sweating or your heart beating fast (when the effects of alcohol were wearing off)?</b>  <b>(g) See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?</b>  <b>(h) Have fits or seizures (when the effects of alcohol were wearing off)?</b>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience, page 21</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>  1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

c. Did this happen before 12 months ago, that is before last (Month one year ago)?	d.	e.
1 <input type="checkbox"/> Yes - Mark Box A1 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>A1</b></p> 1 <input type="checkbox"/> <b>Had to drink much more to get an effect or drank an equivalent of a fifth of liquor</b>	
1 <input type="checkbox"/> Yes - Mark Box A1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A2 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A2 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A3 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>A3</b></p> 1 <input type="checkbox"/> <b>Drank more or longer than you meant to</b>	
1 <input type="checkbox"/> Yes - Mark Box A3 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>A4-1</b></p> 1 <input type="checkbox"/> <b>Had bad aftereffects after drinking, cutting down or stopping</b>	
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to next experience, page 21		

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

1a. In your entire life, did you EVER... (PAUSE) (Repeat phrase frequently)	b. Did this happen in the last 12 months?	
(i) Have very bad headaches (when the effects of alcohol were wearing off)?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.6</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
<b>CHECK ITEM 2.6</b> Are at least 2 items marked in column b, 9(a) - 9(i)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.7</i>	
(j) You just mentioned that you experienced some bad physical aftereffects of drinking in the last 12 months. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family or friends?		1 <input type="checkbox"/> Yes } <i>Go to Check</i> 2 <input type="checkbox"/> No } <i>Item 2.7</i>
<b>CHECK ITEM 2.7</b> Are at least 2 items marked in column c, 9(a) - 9(i)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to (10)</i>	
(k) You just mentioned that you experienced some bad physical aftereffects of drinking BEFORE 12 months ago. Were any of these bad aftereffects uncomfortable or upsetting to you or did they cause problems in your life - like at work or school or with family and friends?		
(10) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(11) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(12) Have a period when you spent a lot of time drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(13) Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(14) Give up or cut down on activities that were important to you in order to drink - like work, school, or associating with friends or relatives?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(15) Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(16) Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(17) Continue to drink even though you knew it was causing you a health problem or making a health problem worse?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(18) Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>
(19) Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next experience, page 23</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<p><b>c. Did this happen before 12 months ago, that is before last (Month one year ago)?</b></p>	<p><b>d.</b></p>	<p><b>e.</b></p>
<p>1 <input type="checkbox"/> Yes - Mark Box A4-1 2 <input type="checkbox"/> No - Go to Check Item 2.6</p>	<p align="center"><b>A4-1</b></p> <p>1 <input type="checkbox"/> <b>Had bad aftereffects after stopping or cutting down on your drinking</b></p>	
<p>1 <input type="checkbox"/> Yes } Go to next 2 <input type="checkbox"/> No } experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box A4-2 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>A4-2</b></p> <p>1 <input type="checkbox"/> <b>Took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box A4-2 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box A5 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>A5</b></p> <p>1 <input type="checkbox"/> <b>Spent a lot of time drinking or getting over being sick from drinking</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box A5 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box A6 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>A6</b></p> <p>1 <input type="checkbox"/> <b>Gave up or cut down on activities that were important to you in order to drink</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box A6 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box A7 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>A7</b></p> <p>1 <input type="checkbox"/> <b>Drank even though it affected your mood or health</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box A7 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box A7 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience, page 23</p>		<p align="center"><b>B1</b></p> <p>1 <input type="checkbox"/> <b>Were drunk or hung over when you were supposed to be doing something important</b></p>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

1a. In your entire life, did you EVER... (PAUSE) (Repeat phrase frequently)		b. Did this happen in the last 12 months?
(20) Have job or school troubles because of your drinking or being sick from drinking - like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(21) More than once drive a car or other vehicle WHILE you were drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(22) More than once ride in a car or other vehicle as a passenger WHILE the driver was drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(23) More than once drive a car, motorcycle, truck, boat, or other vehicle after having too much to drink?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(24) Get into situations while drinking or after drinking that increased your chances of getting hurt - like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(25) Continue to drink even though you knew it was causing you trouble with your family or friends?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(26) Get into physical fights while drinking or right after drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(27) Get arrested, held at a police station, or have any other legal problems because of your drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(28) Find that you could drink much LESS than you once did to get the effect you wanted?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c
(29) Ride in a car as a passenger while you were drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Go to Check Item 2.8, Page 25	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - Mark "Yes" in column c

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

c. Did this happen before 12 months ago, that is before last ( <i>Month one year ago</i> )?	d.	e.	
1 <input type="checkbox"/> Yes - <i>Mark Box B1</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>		<p align="center"><b>B1</b></p> 1 <input type="checkbox"/> <b>Were drunk or hung over when you were supposed to be doing something important</b>	
1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>experience</i>		<p align="center"><b>B2</b></p> 1 <input type="checkbox"/> <b>Were in a situation while drinking or after drinking where you could have been hurt</b>	
1 <input type="checkbox"/> Yes - <i>Mark Box B2</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>		<p align="center"><b>B3</b></p> 1 <input type="checkbox"/> <b>Drank even though it affected your relationships with other people</b>	
1 <input type="checkbox"/> Yes - <i>Mark Box B2</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>		<p align="center"><b>B4</b></p> 1 <input type="checkbox"/> <b>Got arrested or had legal problems as the result of your drinking</b>	
1 <input type="checkbox"/> Yes - <i>Mark Box B2</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>			
1 <input type="checkbox"/> Yes - <i>Mark Box B3</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>			
1 <input type="checkbox"/> Yes - <i>Mark Box B3</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>			
1 <input type="checkbox"/> Yes - <i>Mark Box B4</i> 2 <input type="checkbox"/> No - <i>Go to next experience</i>			
1 <input type="checkbox"/> Yes } <i>Go to next</i> 2 <input type="checkbox"/> No } <i>Experience</i>			
1 <input type="checkbox"/> Yes } <i>Go to Check Item 2.8,</i> 2 <input type="checkbox"/> No } <i>page 25</i>			

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<p><b>CHECK ITEM 2.8</b></p>	<p>Are there <b>AT LEAST 3 BOXES</b> marked for A1 - A7 in 1, column d, pages 20 - 22?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.10</i></p>
<p><b>2a.</b></p>	<p><b>You mentioned that before 12 months ago, you...</b> (<i>Read ALL summary statements marked in Boxes A1 - A7 in 1, column d.</i>)</p> <p><b>Before last</b> (<i>Month one year ago</i>), was there <b>EVER</b> a period when <b>SOME</b> of these experiences were happening around the same time <b>ON AND OFF FOR A FEW MONTHS OR LONGER?</b></p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 2d</i> 2 <input type="checkbox"/> No</p>
<p><b>b.</b></p>	<p><b>Before last</b> (<i>Month one year ago</i>), was there <b>EVER</b> a period when <b>SOME</b> of these experiences were happening around the same time <b>MOST DAYS FOR AT LEAST A MONTH?</b></p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 2d</i> 2 <input type="checkbox"/> No</p>
<p><b>c.</b></p>	<p><b>Before last</b> (<i>Month one year ago</i>), was there <b>EVER</b> a period when <b>SOME</b> of these experiences happened within the same 1-year period?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.10</i></p>
<p><b>d.</b></p>	<p><b>About how old</b> were you the <b>FIRST</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?</p>	<p>_____ Age</p>
<p><b>e.</b></p>	<p><b>In your ENTIRE LIFE</b>, how many separate periods like this did you have when <b>SOME</b> of these experiences were happening around the same time?</p> <p><b>By separate periods</b>, I mean times that were separated by at least 1 year when you <b>EITHER STOPPED</b> drinking entirely (<i>PAUSE</i>) <b>OR</b> you didn't have any of the experiences you mentioned with alcohol at all.</p>	<p>_____ Number</p>
<p><b>CHECK ITEM 2.8A</b></p>	<p>Is number entered in 2e, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2h</i></p>
<p><b>2f.</b></p>	<p><b>What was the LONGEST</b> period you had when <b>SOME</b> of these experiences were happening around the same time?</p>	<p>_____ Month(s) OR _____ Year(s)</p>
<p><b>g.</b></p>	<p><b>How old</b> were you the <b>MOST RECENT</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?</p>	<p>_____ Age - <i>SKIP to Check Item 2.9</i></p>
<p><b>h.</b></p>	<p><b>How long</b> did this period last when <b>SOME</b> of these experiences were happening around the same time?</p>	<p>_____ Month(s) OR _____ Year(s)</p>
<p><b>CHECK ITEM 2.9</b></p>	<p>Is at least 1 item marked in 1, column b, items (1) - (27), pages 19 - 23?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 2.10</i> 2 <input type="checkbox"/> No</p>
<p><b>2i.</b></p>	<p><b>About how old</b> were you when you <b>FINALLY STOPPED</b> having <b>ANY</b> of these experiences with alcohol? <b>By finally stopped</b>, I mean they never started happening again.</p>	<p>_____ Age</p>
<p><b>CHECK ITEM 2.10</b></p>	<p>Is at least 1 Box marked for B1 - B4 in 1, column e, pages 22 - 24?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Section 2C, page 27</i></p>
<p><b>3a.</b></p>	<p><b>Now I'd like to know a little more about a (SMALL/ SMALLER) GROUP</b> of drinking experiences that you had in the past, that is, before 12 months ago.</p> <p><b>You mentioned that before 12 months ago, you...</b> (<i>Read summary statement(s) marked in Boxes B1 - B4 in 1, column e, pages 22 - 24.</i>)</p> <p><b>About how old</b> were you the first time <b>AT LEAST ONE</b> of these experiences <b>BEGAN</b> to happen?</p>	<p>_____ Age</p>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<p><b>3b. In your ENTIRE LIFE, how many separate periods like this did you have when any of these experiences were happening?</b></p> <p><b>By separate periods, I mean times that were separated by at least 1 year when you EITHER STOPPED drinking entirely (PAUSE) OR you didn't have any of this SMALLER GROUP of experiences you mentioned with alcohol at all.</b></p>	<p>_____ Number</p>
<p><b>CHECK ITEM 2.10A</b> Is number entered in 3b, 2 or more or unknown?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3e</i></p>
<p><b>3c. What was the LONGEST period you had like this?</b></p> <p>_____</p>	<p>_____ Month(s) OR _____ Year(s)</p>
<p><b>d. How old were you the MOST RECENT time this BEGAN to happen?</b></p> <p>_____</p>	<p>_____ Age - <i>SKIP to Check Item 2.11</i></p>
<p><b>e. How long did this period last?</b></p> <p>_____</p>	<p>_____ Month(s) OR _____ Year(s)</p>
<p><b>CHECK ITEM 2.11</b> Is at least 1 item marked in 1, column b, items 19 - 21, 23 - 27, pages 21 - 23?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Section 2C, page 27</i> 2 <input type="checkbox"/> No</p>
<p><b>3f. About how old were you when you FINALLY STOPPED having ANY of these experiences with alcohol? By finally stopped, I mean they never started happening again.</b></p>	<p>_____ Age</p>