SIP-2R

**(Caregiver)**

1. Did you drink alcohol in the past 6 months?

 1. No (continue to next questionnaire*)*

 2. Yes (*continue with SIP-2R)*

Here are a number of events that people sometimes experience because of their alcohol use. Indicate how often each one has happened to you during the PAST 6 MONTHS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During the PAST 6 MONTHS:  | Never  (1) | Once or a few  times   (2) | Once or twice a week (3) |  Daily OrAlmost daily (4) |
| 1. I have been unhappy because of my drinking |  |  |  |  |
| 2. Because of my drinking, I have not eaten properly |  |  |  |  |
| 3. I have failed to do what is expected of me because of my drinking |  |  |  |  |
| 4. I have felt guilty or ashamed because of my drinking |  |  |  |  |
| 5. I have taken foolish risks when I have been drinking |  |  |  |  |
| 6. When drinking, I have done impulsive things that I regretted later |  |  |  |  |
| 7. My physical health has been harmed by my drinking |  |  |  |  |
| 8. I have had money problems because of my drinking |  |  |  |  |
| 9. My physical appearance has been harmed by my drinking |  |  |  |  |
| 10. My family has been hurt by my drinking |  |  |  |  |
| 11. A friendship or close relationship has been damaged by my drinking |  |  |  |  |
| 12. My drinking has gotten in the way of my growth as a person |  |  |  |  |
| 13. My drinking has damaged my social life, popularity, or reputation |  |  |  |  |
| 14. I have spent too much or lost a lot of money because of my drinking |  |  |  |  |
| 15. I have had an accident while drinking or intoxicated |  |  |  |  |