**The following questions are about *your* alcohol use.**

**Please consider a drink to be the following…**

**12 ounces of Beer**

**1 Wine Cooler (12 ounces)**

**1 GLASS OF WINE (4 ounces)**

**1 Shot of Liquor (1 ¼ ounces)**

**1 Mixed Drink**

*(start below at #3)*

**3.In the past year, how often have you had a drink of beer, wine, wine cooler, or liquor?**

1. Everyday (Go to Q.15)
2. 4 or 5 days/week (Go to Q.15)
3. 2 or 3 days/week (Go to Q.15)
4. 1 day/week (Go to Q.15)
5. 2-3 days/month (Go to Q.15)
6. 1 day/month (Go to Q.15)
7. Once or Twice (Go to Q.15)
8. Not at all (Go to **Q.4**)

**4. Have you EVER had a drink of alcohol?**

1. Yes (Go to Q. **5 Abstaining - Alcohol**)
2. No (Go to Q**.5 Abstaining - Alcohol**)

**15. Have you had a drink of beer, wine, wine cooler, or liquor in the past 90 days?**

1. Yes (Go to Q. **16**)
2. No (Go to Q. **18**)
3. I prefer not to answer (Go to Q. **16**)

**16. Now, think of a typical week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much you typically drank alcohol in a week during that 90 day period.**

Please consider a drink to be the following…

12 ounces of Beer

1 Wine Cooler (12 ounces)

1 GLASS OF WINE (4 ounces)

1 Shot of Liquor (1 ¼ ounces)

1 Mixed Drink

For each day of the week in the calendar below, **fill in the number of drinks typically** consumed on that day on the line. Enter “0” if none.

**Number of Drinks**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**17. Now, think of your heaviest drinking week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much you typically drank in a week during your heaviest drinking week in the 90 day period**.

Please consider a drink to be the following…

12 ounces of Beer

1 Wine Cooler (12 ounces)

1 GLASS OF WINE (4 ounces)

1 Shot of Liquor (1 ¼ ounces)

1 Mixed Drink

For each day of the week in the calendar below, fill in **the number of drinks typically consumed** on that day on the line. Enter “0” if none.

**Number of Drinks**

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday