ALCOHOL USE - Questions list

Question 1: In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

(A "STANDARD DRINK" is one can or bottle of beer, 1 glass or half a cup of wine or champagne, or one shot of liquor, like vodka or whiskey.)

☐ Yes
☐ No
☐ I do not know

Gender specific: None
Routing rule: (Yes->2 No->11 I do not know->2)

Question 2: About how old were you when you had your first drink (such as a whole beer or glass of wine)?
Age: 

Gender specific: None  
Routing rule: None

**Question 3:** What is the LARGEST number of drinks that you have ever had in a single 24 hour period?

Number of drinks: 

Gender specific: None  
Routing rule: None

**Question 4:** Think specifically about the past 30 days including today (since Dec-29-2013). During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?
Question 5: On the days that you drank during the past 30 days, how many drinks did you usually have each day?

(A "STANDARD DRINK" is one can or bottle of beer, 1 glass or half a cup of wine or champagne, or one shot of liquor, like vodka or whiskey.)
**Question 6:** Have you ever drunk alcohol regularly; that is, having one or more drinks once a month?

- [ ] Yes
- [ ] No
- [ ] I do not know

Gender specific: None
Routing rule: ( Yes->7  No->8  I do not know->8)

**Question 7:** At what age did you begin to drink regularly; that is, having one or more drinks once a month?

Age: 

Gender specific: None
Routing rule: None

**Question 8:** Have you ever been drunk? For example, your speech was slurred or you were a bit unsteady on your feet?

- [ ] Yes
- [ ] No
- [ ] I do not know

Gender specific: None
Routing rule: ( Yes->9  No->10  I do not know->10 )

**Question 9:** How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet?

Age: 

Gender specific: None
Routing rule: None
**Question 10:** Did you ever become tolerant to alcohol; that is, you drank a great deal more in order to get an effect, or found you could no longer get high on the amount you used to drink?

- Yes
- No
- I do not know

Gender specific: None
Routing rule: None

**Question 11:** Do/Did your parents drink alcohol?

- Yes, both
- Yes, one of them
- Neither

Gender specific: None
Routing rule: None

**Question 12:** Do your friends drink alcohol?

- Yes, most of them
- Yes, a few
- None of my friends

Gender specific: None
Routing rule: None

**Question 13:** How would you rate this survey?
☐ No comment.
☐ I can imagine it is useful for research.
☐ It was interesting.
☐ It could use some work.

Gender specific: None
Routing rule: (END)