**ALCOHOL ASSESSMENT - FOLLOW-UP**

|  |  |  |  |
| --- | --- | --- | --- |
| REGISTERING INSTITUTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | PARTICIPANT ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | VISIT DATE*(MM/DD/YYYY)*\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

**Instructions:**

**For the following questions about drinking alcoholic beverages, a drink means a 12 oz. beer, a 5 oz. glass of wine, or one and a half ounces of liquor.**

**When a number is requested in the response, please enter a whole number (i.e. “4”) and not a range or fraction of a number.**

1. During the past 30 days, did you drink any alcoholic beverages?

[ ]  Yes

[ ]  No **(End)**

[ ]  Refused **(End)**

[ ]  Don’t know/Not sure

2. During the past 30 days, how many days per week or per month did you drink any alcoholic beverages, on the average?

\_\_\_\_\_\_\_\_ (Enter number of days you drank based on the timeframe checked below. Enter 0 if you did not drink.)

[ ]  Week

[ ]  Month

[ ]  Refused

[ ]  Don’t know/Not sure

3. On the days when you drank, on average, about how many drinks did you have?

\_\_\_\_\_\_\_\_ (Enter the average number of drinks you had per day.)

[ ]  Refused

[ ]  Don’t know/Not sure

4. In the past 30 days, on how many days did you have 5 or more drinks per day?

\_\_\_\_\_\_\_\_\_\_\_\_\_ (Enter the number of days you had 5 or more drinks, or enter 0 if none.)

[ ]  Refused

[ ]  Do not know/Not sure

Investigator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

 *(MM/DD/YYYY)*

Investigator Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_