**ALCOHOL ASSESSMENT - FOLLOW-UP**

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| --- | --- | --- | --- |
| 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_