

O. ALCOHOL/HEALTH PRACTICES PAGE

Sample Person Number \_\_\_\_\_

3-4

03

Refer to 6.

- 1  Less than 5 years (7b)
- 2  5 years or more (8)

19

01

Refer to household composition and age.

- 1  Deleted (Next SP)
- 2  Under 18 (Next SP)
- 3  18 and over, callback required (Next SP)
- 4  18 and over, noninterview (Specify, THEN next SP)
- 5  18 and over, available (1)

5

Read to respondent:

(Name of SP), the following questions concern your health practices, smoking, and alcohol use. (It is not necessary for anyone else to be present.)

1. How many hours do you usually sleep at night?

\_\_\_\_\_ Hours

6-7

2. How often do you eat breakfast — almost every day, sometimes, rarely, or never?

- 1  Every day
- 2  Sometimes
- 3  Rarely or never
- 8  Other (Specify) \_\_\_\_\_

8

3. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely, or never?

- 1  Every day
- 2  Sometimes
- 3  Rarely or never
- 8  Other (Specify) \_\_\_\_\_

9

4. Would you say that you are physically more active, less active, or about as active as other persons your age?

- 1  More active
- 2  Less active
- 3  Same
- 8  Other (Specify) \_\_\_\_\_

10

5a. Have you smoked at least 100 cigarettes in your life?

- 1  Yes
- 2  No (8)

11

b. Do you smoke cigarettes now?

- 1  Yes
- 2  No

12

c. On the average, about how many cigarettes a day [do/did] you smoke?

\_\_\_\_\_ Number 98  Never smoked regularly (8)

13-14

02

Refer to 5b.

- 1  "Yes" in 5b (7)
- 2  "No" in 5b (6)

15

6. About how long has it been since you last smoked cigarettes fairly regularly?

\_\_\_\_\_ Number {

- 2  Days
- 3  Weeks
- 4  Months
- 5  Years
- 000  Never smoked regularly (8)

16-18

7a. In the past 5 years, have you EVER tried to stop smoking cigarettes?

- 1  Yes
- 2  No (8)

20

b. Now I am going to read a list of methods which some people use to stop smoking cigarettes. Tell me which of these methods you used in the past 5 years to stop or try to stop smoking.

(1) Did you attend a formal program SUCH AS SmokEnders, the American Cancer Society program or American Lung Association program? .....

- 1  Yes
- 2  No

21

(2) Did you go to a health professional for help, SUCH AS a physician, psychologist, or psychiatrist? .....

- 1  Yes
- 2  No

22

(3) Did you use special filters or cigarette holders to regulate the amount of smoke inhaled in an attempt to stop smoking? .....

- 1  Yes
- 2  No

23

(4) Did you switch to lower tar and nicotine cigarettes in an attempt to stop smoking? .....

- 1  Yes
- 2  No

24

(5) Did you stop or try to stop smoking with a few friends, relatives, or acquaintances? .....

- 1  Yes
- 2  No

25

(6) Did you stop or try to stop entirely on your own? .....

- 1  Yes
- 2  No

26

(7) Did you use some other method to stop or try to stop smoking? .....

- 1  Yes
- 2  No

27

(Specify)

Read to respondent:

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.

8a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?

- 1  Yes
- 2  No (8c)

28

b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?

- 1  Yes (9)
- 2  No

29

c. What is your MAIN reason for not drinking?

- 00  No need/not necessary
- 01  Don't care for/dislike it
- 02  Medical/health reasons
- 03  Religious/moral reasons
- 04  Brought up not to drink
- 05  Costs too much
- 06  Family member an alcoholic or problem drinker
- 07  Infrequent drinker
- 88  Other (Specify) \_\_\_\_\_

30-31

(36)

<p><b>9. Not counting small tastes, how old were you when you started drinking alcoholic beverages?</b> <span style="float: right;">32-33</span></p> <p style="text-align: center;">_____ Years old</p> <p><i>Hand calendar.</i></p> <p><b>10a. Did you have a drink during the 2-week period [outlined on that calendar/ beginning Monday, (date) and ending Sunday (date)]?</b> <span style="float: right;">34</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (10c)</p> <p><b>b. During that period, when did you last have a drink?</b> <span style="float: right;">35-40</span></p> <p style="text-align: center;">_____ 19 _____ (11)</p> <p style="text-align: center;">Month      Date      Year</p> <p><b>c. When was your last drink prior to that 2-week period?</b> <span style="float: right;">41-46</span></p> <p style="text-align: center;">_____ 19 _____</p> <p style="text-align: center;">Month      Date      Year</p>	<p><b>13a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</b> <span style="float: right;">66-67</span></p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (05)</p> <p><b>b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day?</b> <span style="float: right;">68-69</span></p> <p style="text-align: center;">_____ Drinks</p> <p><b>c. During that 2-week period, what was the total number of drinks of liquor you had?</b> <span style="float: right;">70-72</span></p> <p style="text-align: center;">_____ Drinks</p> <p><b>d. About how many ounces of liquor were in a typical drink that you had during that period?</b> <span style="float: right;">73-74</span></p> <p style="text-align: center;">_____ Ounces</p>
<p><b>04</b> <i>Refer to 10c.</i> <span style="float: right;">47</span></p> <p>1 <input type="checkbox"/> Over 2 weeks, less than 1 year (17)</p> <p>2 <input type="checkbox"/> 1 year or more (26)</p> <p><b>11a. During that 2-week period, on how many days did you drink any beer?</b> <span style="float: right;">48-49</span></p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (12)</p> <p><b>b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day?</b> <span style="float: right;">50-51</span></p> <p style="text-align: center;">_____ Beers</p> <p><b>c. During that 2-week period, what was the total number of beers you drank?</b> <span style="float: right;">52-54</span></p> <p style="text-align: center;">_____ Beers</p> <p><b>d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</b> <span style="float: right;">55-56</span></p> <p style="text-align: center;">_____ Ounces</p>	<p><b>05</b> <i>Refer to 11a, 12a, and 13a.</i> <span style="float: right;">75</span></p> <p>1 <input type="checkbox"/> One day and one beverage type (16)</p> <p>2 <input type="checkbox"/> Only one beverage type (15)</p> <p>3 <input type="checkbox"/> 14 days in 11a, 12a, or 13a (Intro)</p> <p>8 <input type="checkbox"/> Other (14)</p> <p><i>Read to respondent:</i></p> <p><b>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</b></p> <p><b>14. During the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</b> <span style="float: right;">76-77</span></p> <p style="text-align: center;">_____ Days (15)</p> <p>01 <input type="checkbox"/> One day only (16)</p>
<p><b>12a. During that 2-week period, on how many days did you drink any wine?</b> <span style="float: right;">57-58</span></p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (13)</p> <p><b>b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day?</b> <span style="float: right;">59-60</span></p> <p style="text-align: center;">_____ Glasses</p> <p><b>c. During that 2-week period, what was the total number of glasses of wine you drank?</b> <span style="float: right;">61-63</span></p> <p style="text-align: center;">_____ Glasses</p> <p><b>d. About how many ounces of wine were in a typical glass that you drank during that period?</b> <span style="float: right;">64-65</span></p> <p style="text-align: center;">_____ Ounces</p>	<p><b>INTRO</b> <i>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</i></p> <p><i>Refer to questions 11b, 12b, and 13b.</i></p> <p><b>15a. During that 2-week period, did you have more than (largest number in 11b, 12b, or 13b) drink(s) on a single day?</b> <span style="float: right;">78</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (16)</p> <p><b>b. During that 2-week period, on how many days did you have more than (largest number in 11b, 12b, or 13b) drink(s) of beer, or wine, or liquor?</b> <span style="float: right;">79-80</span></p> <p style="text-align: center;">_____ Days</p> <p>01 <input type="checkbox"/> One day only (15e)</p> <p><b>c. What was the largest number of drinks you had on any one of those days?</b> <span style="float: right;">81-82</span></p> <p style="text-align: center;">_____ Drinks</p> <p><b>d. On how many days during that 2-week period did you have (number in 15c) drinks?</b> <span style="float: right;">83-84</span></p> <p style="text-align: center;">_____ Days (16)</p> <p><b>e. How many drinks did you have on that day?</b> <span style="float: right;">85-86</span></p> <p style="text-align: center;">_____ Drinks</p>

RT 65	
<p><b>16a.</b> Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months? <span style="float: right;">3-4</span></p> <p>1 <input type="checkbox"/> Yes (16c)      2 <input type="checkbox"/> No <span style="float: right;">5</span></p> <hr/> <p><b>b.</b> Was the amount of your drinking during that 2-week period more or less than your drinking during the past 12 months? <span style="float: right;">6</span></p> <p>1 <input type="checkbox"/> More (23)      2 <input type="checkbox"/> Less (23)</p> <hr/> <p><b>c.</b> For how many years has this been typical of your drinking? <span style="float: right;">7-8</span></p> <p>_____ Years (23)      00 <input type="checkbox"/> Less than one (23)</p>	<p><b>19a.</b> During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka? <span style="float: right;">27-28</span></p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (06)</p> <hr/> <p><b>b.</b> During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day? <span style="float: right;">29-30</span></p> <p>_____ Drinks</p> <hr/> <p><b>c.</b> During that 2-week period, what was the total number of drinks of liquor you had? <span style="float: right;">31-33</span></p> <p>_____ Drinks</p> <hr/> <p><b>d.</b> About how many ounces of liquor were in a typical drink that you had during that period? <span style="float: right;">34-35</span></p> <p>_____ Ounces</p>
<p style="text-align: center;"><i>Read to respondent:</i> Let's talk about the 2-week period ENDING WITH AND INCLUDING the day you had your last drink.</p>	
<p><b>17a.</b> During that 2-week period, on how many days did you drink any beer? <span style="float: right;">9-10</span></p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (18)</p> <hr/> <p><b>b.</b> During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day? <span style="float: right;">11-12</span></p> <p>_____ Beers</p> <hr/> <p><b>c.</b> During that 2-week period, what was the total number of beers you drank? <span style="float: right;">13-15</span></p> <p>_____ Beers</p> <hr/> <p><b>d.</b> About how many ounces were in a typical can or bottle or glass of beer that you drank during that period? <span style="float: right;">16-17</span></p> <p>_____ Ounces</p>	<p style="text-align: center;"><b>06</b></p> <p><i>Refer to 17a, 18a, and 19a.</i></p> <p>1 <input type="checkbox"/> Only one beverage type (21) 2 <input type="checkbox"/> 14 days in 17a, 18a, or 19a (21) 8 <input type="checkbox"/> Other (20)</p> <p style="text-align: right;">36</p>
<p style="text-align: center;"><i>Read to respondent:</i> I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p>	
<p><b>18a.</b> During that 2-week period, on how many days did you drink any wine? <span style="float: right;">18-19</span></p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (19)</p> <hr/> <p><b>b.</b> During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day? <span style="float: right;">20-21</span></p> <p>_____ Glasses</p> <hr/> <p><b>c.</b> During that 2-week period, what was the total number of glasses of wine you drank? <span style="float: right;">22-24</span></p> <p>_____ Glasses</p> <hr/> <p><b>d.</b> About how many ounces of wine were in a typical glass that you drank during that period? <span style="float: right;">25-26</span></p> <p>_____ Ounces</p>	<p><b>20.</b> During the 2-week period ENDING WITH AND INCLUDING the day you had your last drink, on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor? <span style="float: right;">37-38</span></p> <p>_____ Days</p> <hr/> <p><b>21a.</b> Was the amount of your drinking during that 2-week period typical of your drinking during the 12 months before your last drink? <span style="float: right;">39</span></p> <p>1 <input type="checkbox"/> Yes (21c)      2 <input type="checkbox"/> No</p> <hr/> <p><b>b.</b> Was the amount of your drinking during that 2-week period more or less than your drinking during the 12 months before your last drink? <span style="float: right;">40</span></p> <p>1 <input type="checkbox"/> More (22)      2 <input type="checkbox"/> Less (22)</p> <hr/> <p><b>c.</b> For how many years was this typical of your drinking? <span style="float: right;">41-42</span></p> <p>_____ Years      00 <input type="checkbox"/> Less than one</p>
<p style="text-align: center;">FOOTNOTES</p>	

<p><b>22a. What is your MAIN reason for not drinking since (date in 10c)?</b> <span style="float: right;">43-44</span></p> <p>00 <input type="checkbox"/> No need/not necessary  01 <input type="checkbox"/> Don't care for/dislike it  02 <input type="checkbox"/> Medical/health reasons  03 <input type="checkbox"/> Religious/moral reasons  04 <input type="checkbox"/> Alcoholic/problem drinker-self  05 <input type="checkbox"/> Costs too much  06 <input type="checkbox"/> Family member an alcoholic or problem drinker  07 <input type="checkbox"/> Quit drinking (23b)  08 <input type="checkbox"/> Infrequent drinker (23a)  88 <input type="checkbox"/> Other (Specify) _____</p> <p><b>b. Have you completely stopped drinking alcoholic beverages?</b> <span style="float: right;">45</span></p> <p>1 <input type="checkbox"/> Yes (23b)      2 <input type="checkbox"/> No</p>	<p><b>25f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week?</b> <span style="float: right;">65-66</span></p> <p>_____ Drinks      00 <input type="checkbox"/> Less than one</p> <p><b>g. Was there ever a period in your life when you considered yourself to be a light drinker?</b> <span style="float: right;">67</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (07)</p> <p><b>h. For how many years were you a light drinker?</b> <span style="float: right;">68-69</span></p> <p>_____ Years      00 <input type="checkbox"/> Less than one</p> <p><b>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week?</b> <span style="float: right;">70-71</span></p> <p>_____ Drinks      00 <input type="checkbox"/> Less than one</p>
<p><b>23a. During the past year, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?</b> <span style="float: right;">46-47</span></p> <p>_____ Months (24)</p> <p><b>b. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?</b> <span style="float: right;">48-49</span></p> <p>_____ Months      00 <input type="checkbox"/> None (25)</p>	<p><b>07</b> <span style="float: right;">72</span></p> <p>Refer to 25a, 25d, and 25g.  1 <input type="checkbox"/> 25a, 25d, and 25g are all "No" (25j)  8 <input type="checkbox"/> Other (25n)</p>
<p><b>24a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?</b> <span style="float: right;">50-52</span></p> <p>_____ Days      000 <input type="checkbox"/> None</p> <p><b>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 24a) days you had 9 or more drinks.)</b> <span style="float: right;">53-55</span></p> <p>_____ Days      000 <input type="checkbox"/> None</p>	<p><b>25j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker?</b> <span style="float: right;">73</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (25m)</p>
<p><i>Read to respondent:</i>  <b>These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</b></p> <p><b>25a. Was there ever a period in your life when you considered yourself to be a heavy drinker?</b> <span style="float: right;">56</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (25d)</p> <p><b>b. For how many years were you a heavy drinker?</b> <span style="float: right;">57-58</span></p> <p>_____ Years      00 <input type="checkbox"/> Less than one</p> <p><b>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week?</b> <span style="float: right;">59-61</span></p> <p>_____ Drinks      000 <input type="checkbox"/> Less than one</p> <p><b>d. Was there ever a period in your life when you considered yourself to be a moderate drinker?</b> <span style="float: right;">62</span></p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No (25g)</p> <p><b>e. For how many years were you a moderate drinker?</b> <span style="float: right;">63-64</span></p> <p>_____ Years      00 <input type="checkbox"/> Less than one</p>	<p><b>k. For how many years were you a very light, occasional, or infrequent drinker?</b> <span style="float: right;">74-75</span></p> <p>_____ Years      00 <input type="checkbox"/> Less than one</p> <p><b>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week?</b> <span style="float: right;">76-77</span></p> <p>_____ Drinks      00 <input type="checkbox"/> Less than one</p>
	<p><b>m. Do you now consider yourself to be an abstainer or a very light, occasional, or infrequent drinker?</b> <span style="float: right;">78</span></p> <p>1 <input type="checkbox"/> Light  2 <input type="checkbox"/> Moderate  3 <input type="checkbox"/> Heavy  4 <input type="checkbox"/> Abstainer  5 <input type="checkbox"/> Very light, occasional, infrequent  8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">} (31)</p> <p><b>n. Do you now consider yourself to be an abstainer or a light, moderate, or heavy drinker?</b> <span style="float: right;">79</span></p> <p>1 <input type="checkbox"/> Light  2 <input type="checkbox"/> Moderate  3 <input type="checkbox"/> Heavy  4 <input type="checkbox"/> Abstainer  5 <input type="checkbox"/> Very light, occasional, infrequent  8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">} (31)</p>

<p><i>Read to respondent:</i> I would like you to think about your drinking of alcoholic beverages, that is, beer, or wine, or liquor, around (date in 10c.)</p> <p><b>26a.</b> In a typical week, on how many days did you drink alcoholic beverages?</p> <p>_____ Days    00 <input type="checkbox"/> None (27)    80-81</p> <p><b>b.</b> On the day(s) when you drank, about how many drinks did you have a day?    82-83</p> <p>_____ Drinks</p> <p><b>c.</b> For how many years was this typical of your drinking?    84-85</p> <p>_____ Years    00 <input type="checkbox"/> Less than one 98 <input type="checkbox"/> Not typical</p>	<p><b>29f.</b> When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week?    103-104</p> <p>_____ Drinks    00 <input type="checkbox"/> Less than one</p> <p><b>g.</b> Was there ever a period in your life when you considered yourself to be a light drinker?    105</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (08)</p> <p><b>h.</b> For how many years were you a light drinker?    106-107</p> <p>_____ Years    00 <input type="checkbox"/> Less than one</p> <p><b>i.</b> When you were a light drinker, how many drinks of alcoholic beverages did you have in a week?    108-109</p> <p>_____ Drinks    00 <input type="checkbox"/> Less than one</p>
<p><b>27.</b> During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?    86-87</p> <p>_____ Months    00 <input type="checkbox"/> None (29)</p>	<p><b>08</b>    Refer to 29a, 29d, and 29g. 1 <input type="checkbox"/> 29a, 29d, and 29g are all "No" (29j) 8 <input type="checkbox"/> Other (30)    110</p>
<p><b>28a.</b> During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?    88-90</p> <p>_____ Days    000 <input type="checkbox"/> None</p> <p><b>b.</b> During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (include the number in 28a) days you had 9 or more drinks.)    91-93</p> <p>_____ Days    000 <input type="checkbox"/> None</p>	<p><b>29j.</b> Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker?    111</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (30)</p> <p><b>k.</b> For how many years were you a very light, occasional, or infrequent drinker?    112-113</p> <p>_____ Years    00 <input type="checkbox"/> Less than one</p> <p><b>l.</b> When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week?    114-115</p> <p>_____ Drinks    00 <input type="checkbox"/> Less than one</p>
<p><i>Read to respondent:</i> These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p> <p><b>29a.</b> Was there ever a period in your life when you considered yourself to be a heavy drinker?    94</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (29d)</p> <p><b>b.</b> For how many years were you a heavy drinker?    95-96</p> <p>_____ Years    00 <input type="checkbox"/> Less than one</p> <p><b>c.</b> When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week?    97-99</p> <p>_____ Drinks    000 <input type="checkbox"/> Less than one</p> <p><b>d.</b> Was there ever a period in your life when you considered yourself to be a moderate drinker?    100</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No (29g)</p> <p><b>e.</b> For how many years were you a moderate drinker?    101-102</p> <p>_____ Years    00 <input type="checkbox"/> Less than one</p>	<p><b>30a.</b> What is your MAIN reason for not drinking since (date in 10c)?    116-117</p> <p>00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Alcoholic/problem drinker-self 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Quit drinking 08 <input type="checkbox"/> Infrequent drinker } (31) 88 <input type="checkbox"/> Other (Specify) _____</p> <p><b>b.</b> Have you completely stopped drinking alcoholic beverages?    118</p> <p>1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No</p> <p>FOOTNOTES</p>

**31a. Some people have problems related to drinking. Have you EVER had a family or marital problem related to YOUR drinking?** 3-4

1  Yes                      2  No (32) 5

**b. What problem did you have?** 6-11

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Anything else?** NCN

Yes (Reask 31b and c)     No

Mark box or ask.     "1 year or more" in O4 (32) 12

**d. Did [this problem/any of these problems] occur in the past 12 months?**

1  Yes                      2  No

**32a. Have you EVER had a job or work problem related to YOUR drinking?** 13

1  Yes                      2  No (33) 14-19

**b. What problem did you have?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Anything else?** NCN

Yes (Reask 32b and c)     No

Mark box or ask.     "1 year or more" in O4 (33) 20

**d. Did [this problem/any of these problems] occur in the past 12 months?**

1  Yes                      2  No

**33a. Have you EVER had an injury related to YOUR drinking?** 21

1  Yes                      2  No (34) 22-27

**b. What was the injury?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Anything else?** NCN

Yes (Reask 33b and c)     No

Mark box or ask.     "1 year or more" in O4 (34) 28

**d. Did [this injury/any of these injuries] occur in the past 12 months?**

1  Yes                      2  No

**34a. Did you EVER have any (other) health problem related to YOUR drinking?** 29

1  Yes                      2  No (35) 30-35

**b. What was the health problem?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**c. Anything else?** NCN

Yes (Reask 34b and c)     No

Mark box or ask.     "1 year or more" in O4 (35) 36

**d. Did [this problem/any of these problems] occur in the past 12 months?**

1  Yes                      2  No

**35a. While YOU were driving, did you EVER have a motor vehicle accident or traffic violation related to YOUR drinking?** 37

1  Yes                      2  No (36) 38

**b. Which, a motor vehicle accident or traffic violation?**

1  Accident

2  Violation

3  Both

Mark box or ask.     "1 year or more" in O4 (36) 39

**c. Did you have a [motor vehicle accident/(or) traffic violation] related to YOUR drinking in the past 12 months?**

1  Yes                      2  No

FOOTNOTES

36. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before.

- a. Hypertension or high blood pressure? ..... 1  Yes    2  No
- b. Hardening of the arteries? ..... 1  Yes    2  No
- c. Tachycardia, arrhythmia, or rapid heart? ..... 1  Yes    2  No
- d. Arthritis or rheumatism? ..... 1  Yes    2  No
- e. Convulsions or seizures? ..... 1  Yes    2  No
- f. Blackouts? ..... 1  Yes    2  No
- g. Shortness of breath? ..... 1  Yes    2  No
- h. Insomnia or sleeplessness? ..... 1  Yes    2  No
- i. Hepatitis? ..... 1  Yes    2  No
- j. Any disease of the pancreas? ..... 1  Yes    2  No
- k. An ulcer, other than a skin ulcer? ..... 1  Yes    2  No
- l. Any gastrointestinal bleeding? ..... 1  Yes    2  No
- m. Diabetes? ..... 1  Yes    2  No
- n. Heart attack or heart failure? ..... 1  Yes    2  No
- o. Coronary heart disease? ..... 1  Yes    2  No
- p. Stroke or hemorrhage of the brain? ..... 1  Yes    2  No
- q. Angina pectoris? ..... 1  Yes    2  No
- r. Cancer? ..... 1  Yes    2  No
- s. Yellow jaundice? ..... 1  Yes    2  No
- t. Fatty liver? ..... 1  Yes    2  No
- u. Enlarged liver? ..... 1  Yes    2  No
- v. Cirrhosis of the liver? ..... 1  Yes    2  No
- w. Any other liver trouble? ..... 1  Yes    2  No
- x. DT's or delirium tremens? ..... 1  Yes    2  No
- y. Alcoholism? ..... 1  Yes    2  No

FOOTNOTES

- 09**
- Mark by observation. Mark all that apply.
- Who was present during the interview?
- 1  Telephone interview
  - 1  No one else present
  - 1  Husband/wife
  - 1  Child/children under 18 years old
  - 1  Parent(s)
  - 1  Other adult(s)