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

**1a. In YOUR ENTIRE LIFE, have you had at least 12 drinks of any kind of alcoholic beverage?**
- Yes
- No

**1b. In the PAST 12 MONTHS did you have at least 12 drinks of ANY kind of alcoholic beverage?**
- Yes (Section 03, page 75)
- No

**1c. In ANY ONE YEAR of your entire life did you have at least 12 drinks of ANY kind of alcoholic beverage?**
- Yes (Section 04, page 81)
- No (Section 02, page 71)

2a. **(Please look at this list and tell me) What are your reasons for not drinking?**

- Don't socialize very much
- Don't care for it or dislike it
- Am an alcoholic
- Thought I might become an alcoholic
- Had problems with my drinking
- Have a responsibility to my family
- Family member an alcoholic or problem drinker
- Medical or health reasons
- Religious or moral reasons
- Brought up not to drink
- Makes me sick
- Can't control my drinking
- Costs too much or can't afford it
- Diating or too fattening
- Other

If only one reason in 2a, mark box without asking; otherwise, ask:

b. Of the reasons you have just told me, which of these is your MOST IMPORTANT reason for not drinking?
- Don't socialize very much
- Don't care for it or dislike it
- Am an alcoholic
- Thought I might become an alcoholic
- Had problems with my drinking
- Have a responsibility to my family
- Family member an alcoholic or problem drinker
- Medical or health reasons
- Religious or moral reasons
- Brought up not to drink
- Makes me sick
- Can't control my drinking
- Costs too much or can't afford it
- Diating or too fattening
- Other

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

3a. **In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?**
- Everyday
- Week
- Days per
- Month
- Year

3b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?

4a. **In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?**
- Everyday
- Week
- Days per
- Month
- Year

4b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?

5a. **In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?**
- Everyday
- Week
- Days per
- Month
- Year

5b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?
**Section 01 — ALCOHOL SCREENING AND ABSTAINER — Continued**

6a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

b. Who was this?

Anyone else?

If parent, ask: Was this your biological [natural], adoptive, step, or foster [mother/father]?

If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?

Record up to first 5 mentioned.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. How was this?

Ask 6c for each person in 6b.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6c. For how long did you live with (person in 6b) while (person in 6b) was a problem drinker or alcoholic?

<table>
<thead>
<tr>
<th></th>
<th>Days</th>
<th>Weeks</th>
<th>Months</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 6b.

1. Biological mother
2. Biological father
3. Biological brother(s)
4. Biological sister(s)
5. Half brother(s)
6. Half sister(s)
7. Biological son(s)
8. Biological daughter(s)
9. Grandmother(s)
10. Grandfather(s)
11. Aunt(s)
12. Uncle(s)
13. Niece(s)
14. Nephew(s)
15. Cousin(s)
16. Other blood relative(s)
17. DK

8. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Notes
Refer to Table B on the Cover Page and ask for each person listed except the sample person.

If personal interview — hand Card O2 and read first alternative wording.
If telephone interview — read second alternative wording and the list of answer categories.

9a. Please look at this card and tell me which number best describes — drinking during the past year.

I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

b. What about — drinking?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

c. What about — drinking?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

d. What about — drinking?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

e. What about — drinking?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

f. What about — drinking?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Light</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very light or occasional</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hypertension or high blood pressure (excluding during pregnancy)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Hardening of the arteries?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Any heart disease?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Arthritis or rheumatism?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. An ulcer, not including skin ulcers?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Diabetes?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Cancer, other than skin cancer?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Alcoholism?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

CHECK ITEM 1

Mark one box, then go to next Supplement.

1 SP alone during interview
2 Child(ren) present during interview
3 Other adult(s) present during interview
4 Child(ren) and other adult(s) present during interview
5 Telephone interview
## Section 02 — LIFETIME INFREQUENT DRINKER

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?  
   - Years: [ ] 00 DK  
   - 32-34

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?  
   - Drinks: [ ] 00 None  
   - 35-36

3. When did you have your last drink of any kind of alcoholic beverage?  
   - Month: [ ] 19  
   - Year: [ ] 9999 DK  
   - 37-48

4. What type of alcoholic beverage [do/did you PREFER to drink — beer, wine, or liquor?  
   - Mark only one box.  
   - [ ] Beer  
   - [ ] Wine  
   - [ ] Liquor  
   - [ ] No preference  
   - 41

5. When you [drink/drank] who [do/did you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?  
   - Mark only one box.  
   - [ ] Friends  
   - [ ] Relatives  
   - [ ] People from work  
   - [ ] Other people  
   - [ ] Self  
   - [ ] Other  
   - 42

---

Hand Card 01, read list if telephone interview.

6a. (Please look at this list and tell me) What are your reasons for not drinking very much?  
   - Anything else?  
   - Mark all mentioned.  
   - Don’t socialize very much  
   - Don’t care for it or dislike it  
   - Am an alcoholic  
   - Thought I might become an alcoholic  
   - Had problems with my drinking  
   - Have a responsibility to my family  
   - Family member an alcoholic or problem drinker  
   - Medical or health reasons  
   - Religious or moral reasons  
   - Brought up not to drink  
   - Makes me sick  
   - Can't control my drinking  
   - Costs too much or can't afford it  
   - Dieting or too fattening  
   - Other  
   - 69-70

6b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking very much?  
   - Don’t socialize very much  
   - Don’t care for it or dislike it  
   - Am an alcoholic  
   - Thought I might become an alcoholic  
   - Had problems with my drinking  
   - Have a responsibility to my family  
   - Family member an alcoholic or problem drinker  
   - Medical or health reasons  
   - Religious or moral reasons  
   - Brought up not to drink  
   - Makes me sick  
   - Can't control my drinking  
   - Costs too much or can't afford it  
   - Dieting or too fattening  
   - Other  
   - 71-72

---

Notes

FORM M8-1A (1988) (1-5-89)  

210
### Section 02 - LIFETIME INFREQUENT DRINKER - Continued

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

**7a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?**

- [ ] Everyday
- [ ] __ Days per __ Week
- [ ] __ Days per __ Month
- [ ] __ Days per __ Year
- [ ] DK (9)

**b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?**

- [ ] __ Drinks
- [ ] DK

**8a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?**

- [ ] Everyday
- [ ] __ Days per __ Week
- [ ] __ Days per __ Month
- [ ] __ Days per __ Year
- [ ] DK (9)

**b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?**

- [ ] __ Drinks
- [ ] DK

**9a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?**

- [ ] Everyday
- [ ] __ Days per __ Week
- [ ] __ Days per __ Month
- [ ] __ Days per __ Year
- [ ] DK (10)

**b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?**

- [ ] __ Drinks
- [ ] DK

**10a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?**

- [ ] Yes
- [ ] No
- [ ] DK

**b. Who was this?**

- [ ] Anyone else?
  - If parent, ask: Was this your biological [natural], adoptive, step, or foster [mother/father]?
  - If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?

**Ask 10e for each person in 10b.**

**For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?**

- [ ] __ Days
- [ ] __ Weeks
- [ ] __ Months
- [ ] __ Years

**10e.**

1) __________

2) __________

3) __________

4) __________

5) __________

---

*Record up to first 5 mentioned.*

---

*FORM HS-1A (1998) (4-5-98)*

211
Section 02 - LIFETIME INFREQUENT DRINKER —Continued

### 11a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
<th>0 DK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>(12)</td>
</tr>
</tbody>
</table>

### b. Who was this?

- 1a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?  
  - 1 □ Yes  
  - 2 □ No  
  - 0 □ DK (12)

- Mark all mentioned.

- If necessary, probe as indicated in 10b.

- 1st. Biological mother
- 2nd. Biological father
- 3rd. Biological brother(s)
- 4th. Biological sister(s)
- 5th. Half brother(s)
- 6th. Half sister(s)
- 7th. Biological son(s)
- 8th. Biological daughter(s)
- 9th. Grandmother(s)
- 10th. Grandfather(s)
- 11th. Aunt(s)
- 12th. Uncle(s)
- 13th. Biological brother(s)
- 14th. Biological sister(s)
- 15th. Biological son(s)
- 16th. Biological daughter(s)
- 17th. Greatgrandmother(s)
- 18th. Greatgrandfather(s)
- 19th. Niece(s)
- 20th. Nephew(s)
- 21st. Cousin(s)
- 22nd. Other blood relative(s)

### 12. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

<table>
<thead>
<tr>
<th></th>
<th>1 Yes</th>
<th>2 No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Refer to Table B on the Cover Page and ask for each person listed except the sample person.

If personal interview — hand Card 02 and read first alternative wording.

If telephone interview — read second alternative wording and the list of answer categories.

### 13a. Please look at this card and tell me which number best describes — drinking during the past year.

I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### b. What about — drinking?

Person No. ________

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### c. What about — drinking?

Person No. ________

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### d. What about — drinking?

Person No. ________

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### e. What about — drinking?

Person No. ________

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### f. What about — drinking?

Person No. ________

<table>
<thead>
<tr>
<th></th>
<th>Person No.</th>
<th>1 □ Heavy</th>
<th>2 □ Moderate</th>
<th>3 □ Light</th>
<th>4 □ Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section 02 — LIFETIME INFREQUENT DRinker — Continued

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hypertension or high blood pressure (excluding during pregnancy)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Hardening of the arteries?</td>
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</tr>
<tr>
<td>c. Any heart disease?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Arthritis or rheumatism?</td>
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<td>2</td>
</tr>
<tr>
<td>e. An ulcer, not including skin ulcers?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Diabetes?</td>
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<td>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</td>
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<td>2</td>
</tr>
<tr>
<td>h. Cancer, other than skin cancer?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Alcoholism?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**CHECK ITEM 2**

Mark one box, then go to next Supplement.

1. SP alone during interview.
2. Child(ren) present during interview.
3. Other adult(s) present during interview.
4. Child(ren) and other adult(s) present during interview.
5. Telephone interview.

**Notes**
### Section O3 — CURRENT DRINKER

#### 1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?

- **Years**
- **DK**

#### 2a. On the average, how often do you drink any alcoholic beverages?

- **Everyday**
- **Week**
- **Month**
- **Year**
- **DK**

#### 2b. On the average, on the days that you drink alcohol, how many drinks do you have a day?

- **Drinks per day**
- **DK**

#### 3a. Did you have a drink during the 2-week period [outlined on that calendar/beginning Monday, **[date]** and ending Sunday, **[date]**]?

- **Yes**
- **No**

#### 3b. During that period, when did you last have a drink?

- **Month**
- **Date**
- **Year**

#### 3c. When was your last drink prior to that 2-week period?

- **Month**
- **Date**
- **Year**

#### 4a. During that 2-week period, on how many days did you drink any beer?

- **None or never**
- **Days**

#### 4b. On the day(s) when you drank beer, about how many beers did you drink a day?

- **Beers**

#### 4c. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?

- **Ounces**

#### 5a. During that 2-week period, on how many days did you drink any wine?

- **None or never**
- **Days**

#### 5b. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?

- **Glasses**

#### 5c. About how many ounces of wine were in a typical glass that you drank during that period?

- **Ounces**

#### 6a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?

- **None or never**
- **Days**

#### 6b. On the day(s) when you drank liquor, about how many drinks did you have a day?

- **Drinks**

#### 6c. About how many ounces of liquor were in a typical drink that you had during that period?

- **Ounces**

#### CHECK ITEM 3

Refer to 4a, 5a, and 6a. Mark first appropriate box.

- **One day and one beverage type**
- **Only one beverage type** (Do not read intro above q. 8)
- **14 days in 4a, 5a, or 6a** (Intro above q. 8)
- **Other**

#### 7. 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?

- **Days**
- **One day only**

---

*PCRA HS-7A (1988) (4-5-88)*

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### Section 03 – CURRENT DRinker – Continued

**INTRO**
I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.

Refer to questions 4b, 5b, and 6b

**8a.** During that 2-week period, did you have more than (largest number in 4b, 5b, or 6b) drink(s) on a single day?

- Yes
- No (9)

**8b.** On how many days did you have more than (largest number in 4b, 5b, or 6b) drink(s) of beer, or wine, or liquor?

- Days

**8c.** What was the largest number of drinks you had on any one of those days?

- Drinks

**8d.** On how many days during that 2-week period did you have (largest in 8b) drinks?

- Days (8)

**8e.** How many drinks did you have on that day?

- Drinks

**9a.** Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?

- Yes (3c)
- No

**9b.** Was the amount of your drinking during that 2-week period MORE OR LESS than your drinking during the past 12 months?

- More (16)

- Less

**9c.** For how many years has this been typical of your drinking?

- Years

**10a.** During that 2-week period, on how many days did you drink any beer?

- None or never (11)

- Days

**10b.** On the day(s) when you drank beer, about how many beers did you drink a day?

- Beers

**10c.** About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?

- Ounces

**11a.** During that 2-week period, on how many days did you drink any wine?

- None or never (12)

- Days

**11b.** On the day(s) when you drank wine, about how many glasses of wine did you drink a day?

- Glasses

**11c.** About how many ounces of wine were in a typical glass that you drank during that period?

- Ounces

**12a.** During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?

- Days

- None or never (Check Item 4)

**12b.** On the day(s) when you drank liquor, about how many drinks did you have a day?

- Drinks

**12c.** About how many ounces of liquor were in a typical drink that you had during that period?

- Ounces

**CHECK ITEM 4**
Refer to 10a, 11a, and 12a.
Mark first appropriate box.

1. Only one beverage type (14)
2. 14 days in 10a, 11a, or 12a (14)
3. Other (13)
<table>
<thead>
<tr>
<th>Section O3 — CURRENT DRINKER — Continued</th>
</tr>
</thead>
</table>

I have asked you about beer, wine and liquor separately. Now I want you to think about them combined.

13. Still thinking about the same 2-week period, on how many days altogether did you drink alcoholic beverages, that is, beer, wine, or liquor?

01 □ One day only

---

14a. Was the amount of your drinking during that 2-week period typical of your drinking during the previous 12 months?

1 □ Yes (14c)
2 □ No

15a. (Please look at this list and tell me) What are your reasons for not drinking since [date in 3c]?

Mark all mentioned

- □ Don’t socialize very much
- □ Don’t care for it/dislike it
- □ Am an alcoholic
- □ Thought I might become an alcoholic
- □ Had problems with my drinking
- □ Have a responsibility to my family
- □ Family member an alcoholic or problem drinker
- □ Medical or health reasons
- □ Religious or moral reasons
- □ Brought up not to drink
- □ Makes me sick
- □ Can’t control my drinking
- □ Costs too much or can’t afford it
- □ Dieting or too fattening
- □ Other
- □ DK

If only one reason in 15a, mark box without asking; otherwise ask:

b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking since [date in 3c]?

Mark only 1

- □ Don’t socialize very much
- □ Don’t care for it/dislike it
- □ Am an alcoholic
- □ Thought I might become an alcoholic
- □ Had problems with my drinking
- □ Have a responsibility to my family
- □ Family member an alcoholic or problem drinker
- □ Medical or health reasons
- □ Religious or moral reasons
- □ Brought up not to drink
- □ Makes me sick
- □ Can’t control my drinking
- □ Costs too much or can’t afford it
- □ Dieting or too fattening
- □ Other
- □ DK

16a. (Thinking about the last 12 months before your last drink) Did you have at least one drink in every month last year or that year?

1 □ Yes (17)
2 □ No

b. In how many months did you have at least one drink?

---

17a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?

---

b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage?

---

(Days in 17a) days you had 9 or more drinks.)

---

FORM 115-1A (1980) (4-5-81)
### Section 03 — CURRENT DRINKER — Continued

18. Do you NOW consider yourself to be a heavy, moderate, light, very light or occasional drinker?

- □ Heavy
- □ Moderate
- □ Light
- □ Very light or occasional
- □ Quit drinking

19a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?

- □ Everyday
- □ Week
- □ Month
- □ Year

b. On these days, about how many drinks did you have a day?

- □ Drinks

20. (Before you stopped drinking) What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?

Mark only one box.

- □ Beer
- □ Wine
- □ Liquor
- □ No preference
- □ DK

21. (Before you stopped drinking) When you drink who (did/do) you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?

Mark only one box.

- □ Friends
- □ Relatives
- □ People from work
- □ Other people
- □ Self
- □ DK

22a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?

- □ Days per

b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?

- □ Drinks

23a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?

- □ Days per

b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?

- □ Drinks

24a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?

- □ Days per

b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?

- □ Drinks
Section O3 – CURRENT DRINKER — Continued

25a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

| 1 | Yes |
| 2 | No |
| 3 | DK | (26) |

b. Who was this?

Anyone else?

If parents, ask: Was this your biological (natural), adoptive, step, or foster (mother/father)?

If brother/sister, ask: Was this your full, half, adoptive, step, or foster (brother/sister)?

Record up to first 5 mentioned.

| 1 | | 2 | | 3 | | 4 | | 5 |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 57–58 | | 57–58 | | 57–58 | | 57–58 | |
| 1 | Days | 2 | Weeks | 3 | Months | 4 | Years |
| 2 | | | | | | | |
| 42–45 | | | | | | | |
| 1 | Days | 2 | Weeks | 3 | Months | 4 | Years |
| 3 | | | | | | | |
| 47–50 | | | | | | | |
| 1 | Days | 2 | Weeks | 3 | Months | 4 | Years |
| 4 | | | | | | | |
| 62–53 | | | | | | | |
| 1 | Days | 2 | Weeks | 3 | Months | 4 | Years |
| 5 | | | | | | | |
| 57–58 | | | | | | | |
| 1 | Days | 2 | Weeks | 3 | Months | 4 | Years |

26a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?

| 1 | Yes |
| 2 | No |
| 3 | DK | (27) |

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 25b.

| 1 | Biological mother |
| 2 | Biological father |
| 3 | Biological brother(s) |
| 4 | Biological sister(s) |
| 5 | Half brother(s) |
| 6 | Half sister(s) |
| 7 | Biological son(s) |
| 8 | Biological daughter(s) |
| 9 | Grandmother(s) |
| 10 | Grandfather(s) |
| 11 | Aunt(s) |
| 12 | Uncle(s) |
| 13 | Niece(s) |
| 14 | Nephew(s) |
| 15 | Cousin(s) |
| 16 | Other blood relative(s) |
| 17 | DK |

27. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

| 1 | Yes |
| 2 | No |

Notes
Refer to Table B on the Cover Page and ask for each person listed except the sample person.

If personal interview — hand Card O2 and read first alternative wording.

If telephone interview — read second alternative wording and the list of answer categories.

I am going to read a list of different drinking categories, please tell me which best describes — drinking during the past year.

28a. Please look at this card and tell me which number best describes — drinking during the past year.

<table>
<thead>
<tr>
<th>Person No.</th>
<th>Heavy</th>
<th>Moderate</th>
<th>Light</th>
<th>Very light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

We would like to know if any of these things have ever happened to you. (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hypertension or high blood pressure</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. Hardening of the arteries</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Any heart disease</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Arthritis or rheumatism</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. An ulcer, not including skin ulcers</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Diabetes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>h. Cancer, other than skin cancer</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>i. Alcoholism</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

CHECK ITEM 5
Mark one box, then read “Intro” for HIS-2, Alcohol Questionnaire.

1 ☐ SP alone during interview
2 ☐ Child(ren) present during interview
3 ☐ Other adult(s) present during interview
4 ☐ Child(ren) and other adult(s) present during interview
5 ☐ Telephone interview

INTRO: (Hand questionnaire and read to respondent) These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you. (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)

METHOD OF INTERVIEW
1 ☐ Read to SP (HIS-2)
2 ☐ Self-administered (Instructions)
3 ☐ Telephone Interview (HIS-2)
4 ☐ Refused HIS-2 (next Supplement)
### Section 04 — FORMER DRinker

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?
   - ________ Years
   - 99 ☐ DK

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?
   - 00 ☐ None
   - ________ Drinks
   - 99 ☐ DK

3. When did you have your last drink of any kind of alcoholic beverage?
   - ________ Month
   - ________ Year
   - 9999 ☐ DK

4a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?
   - 0000 ☐ Everyday
   - ________ Days per 
     1 ☐ Week
     2 ☐ Month
     3 ☐ Year
   - 9999 ☐ DK

b. On those days, about how many drinks did you have a day?
   - 00 ☐ None
   - ________ Drinks
   - 99 ☐ DK

5. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?
   - Mark only one box.
   - 1 ☐ Beer
   - 2 ☐ Wine
   - 3 ☐ Liquor
   - 4 ☐ No preference
   - 9 ☐ DK

6. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?
   - Mark only one box.
   - 1 ☐ Friends
   - 2 ☐ Relatives
   - 3 ☐ People from work
   - 4 ☐ Other people
   - 5 ☐ Self
   - 6 ☐ DK

Hand Card 01, read list if telephone interview.

7a. (Please look at this list and tell me) What are your reasons for drinking less than 12 drinks in the past year?
   - Anything else?
   - Mark all mentioned.
   - 01 ☐ Don't socialize very much
   - 02 ☐ Don't care for it or dislike it
   - 03 ☐ Am an alcoholic
   - 04 ☐ Thought I might become an alcoholic
   - 05 ☐ Had problems with my drinking
   - 06 ☐ Have a responsibility to my family
   - 07 ☐ Family member an alcoholic or problem drinker
   - 08 ☐ Medical or health reasons
   - 09 ☐ Religious or moral reasons
   - 10 ☐ Brought up not to drink
   - 11 ☐ Makes me sick
   - 12 ☐ Can't control my drinking
   - 13 ☐ Costs too much or can't afford it
   - 14 ☐ Dieting or too fattening
   - 15 ☐ Other
   - 99 ☐ DK

   If only one reason in 7a, mark box without asking; otherwise, ask:
   - b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for drinking less than 12 drinks in the past year?
   - 01 ☐ Don't socialize very much
   - 02 ☐ Don't care for it or dislike it
   - 03 ☐ Am an alcoholic
   - 04 ☐ Thought I might become an alcoholic
   - 05 ☐ Had problems with my drinking
   - 06 ☐ Have a responsibility to my family
   - 07 ☐ Family member an alcoholic or problem drinker
   - 08 ☐ Medical or health reasons
   - 09 ☐ Religious or moral reasons
   - 10 ☐ Brought up not to drink
   - 11 ☐ Makes me sick
   - 12 ☐ Can't control my drinking
   - 13 ☐ Costs too much or can't afford it
   - 14 ☐ Dieting or too fattening
   - 15 ☐ Other
   - 99 ☐ DK

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### Section 04 – FORMER DRinker

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

#### 8a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?

- Everyday
- ___ Days per
- 1 Week
- 2 Month
- 3 Year

#### 8b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?

- ___ Drinks

#### 9a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?

- Everyday
- ___ Days per
- 1 Week
- 2 Month
- 3 Year

#### 9b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?

- ___ Drinks

#### 10a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?

- Everyday
- ___ Days per
- 1 Week
- 2 Month
- 3 Year

#### 10b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?

- ___ Drinks

#### 11a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

- Yes
- No
- DK

#### 11b. Who was this?

**Anyone else?**

If parent, ask: Was this your biological (natural), adoptive, step, or foster [mother/father]?

If brother/sister, ask: Was this your full, half, adoptive, step, or foster [brother/sister]?

Record up to first 5 mentioned.

#### 11c. For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?

- 1 Days
- 2 Weeks
- 3 Months
- 4 Years

C. Ask 11c for each person in 11b.

- Yes
- No
- DK
**Section 04 — FORMER DRINKER — Continued**

### 12a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>DK</td>
</tr>
</tbody>
</table>

### 12b. Who was this?

- Biological mother
- Biological father
- Biological brother(s)
- Biological sister(s)
- Half brother(s)
- Half sister(s)
- Biological son(s)
- Biological daughter(s)
- Grandmother(s)
- Grandfather(s)
- Aunt(s)
- Uncle(s)
- Niece(s)
- Nephew(s)
- Cousin(s)
- Other blood relative(s)

### 13. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

- Yes
- No

Refer to Table B on the Cover Page and ask for each person listed except the sample person. If telephone interview — read second alternative wording and the list of answer categories.

### 14a. Please look at this card and tell me which number best describes — drinking during the past year.

- Heavy
- Moderate
- Light
- Very light or occasional

I am going to read a list of different drinking categories, please tell me which one best describes — drinking in the past year.

### b. What about — drinking?

<table>
<thead>
<tr>
<th>Person No.</th>
<th>Light or occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Heavy</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate</td>
</tr>
<tr>
<td>3.</td>
<td>Light</td>
</tr>
<tr>
<td>4.</td>
<td>Very light or occasional</td>
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</tbody>
</table>

### c. What about — drinking?

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<td>4.</td>
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</table>

### d. What about — drinking?

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</tbody>
</table>

### e. What about — drinking?

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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td>Light</td>
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<tr>
<td>4.</td>
<td>Very light or occasional</td>
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</tbody>
</table>

### f. What about — drinking?

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</thead>
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<td>Heavy</td>
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<tr>
<td>2.</td>
<td>Moderate</td>
</tr>
<tr>
<td>3.</td>
<td>Light</td>
</tr>
<tr>
<td>4.</td>
<td>Very light or occasional</td>
</tr>
</tbody>
</table>
### Section 04 — FORMER DRINKER — Continued

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hypertension or high blood pressure (excluding during pregnancy)</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>b. Hardening of the arteries</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>c. Any heart disease</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>d. Arthritis or rheumatism</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>e. An ulcer, not including skin ulcers</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>f. Diabetes</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>h. Cancer, other than skin cancer</td>
<td>✘</td>
<td>☐</td>
</tr>
<tr>
<td>i. Alcoholism</td>
<td>✘</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### CHECK ITEM 6

Mark one box, then read “Intro” for HIS-3, Alcohol Questionnaire.

- ☑ SP alone during interview
- ☑ Child(ren) present during interview
- ☑ Other adult(s) present during interview
- ☑ Child(ren) and other adult(s) present during interview
- ☑ Telephone interview

#### INTRO:

(Hand questionnaire and read to respondent) These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you: (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)

#### METHOD OF INTERVIEW

- ☑ Read to SP (HIS-3)
- ☑ Self-administered (Instructions)
- ☑ Telephone interview (HIS-3)
- ☑ Refused HIS-3 (next Supplement)

#### INSTRUCTIONS — Please circle “Yes” or “No” if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

#### Notes
CARD N1

1 Stopped working because of own illness, injury, disability or health problem that was JOB-RELATED
2 Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED
3 Retired
4 Child/family care
5 On layoff from a job
8 Some other reason (Specify)

CARD N2

0 Less than one month
1 1 month, less than 3 months
2 3 months, less than 6 months
3 6 months, less than 12 months
4 1 year, less than 5 years
5 5 or more years

CARD N3

TO GET MEDICAL ATTENTION OR TREATMENT OTHER THAN FIRST AID FOR MINOR INJURIES OR
TO BE UNABLE TO DO SOME WORK ACTIVITIES OR
TO LOSE CONSCIOUSNESS OR
TO TRANSFER TO ANOTHER JOB

CARD O1

01 Don't socialize very much
02 Don't care for it or dislike it
03 Am an alcoholic
04 Thought I might become an alcoholic
05 Had problems with my drinking
06 Have a responsibility to my family
07 Family member an alcoholic or problem drinker
08 Medical or health reasons
09 Religious or moral reasons
10 Brought up not to drink
11 Makes me sick
12 Can't control my drinking
13 Costs too much or can't afford it
14 Dieting or too fattening
88 Other
CARD O2

1 Heavy
2 Moderate
3 Light
4 Very light or occasional
5 Quit drinking
6 Never drank

CARD P1

01 Day care center
02 Babysitter in child’s home
03 In babysitter’s home
04 Father cares for child
05 Mother cares for child while working at home
06 Mother cares for child while working outside of home
07 Child cares for self
08 Other relative cares for child
09 Day camp
88 Other (Specify)

CARD P2

01 Nursery school or preschool
02 Nursery school or preschool with day care
03 Day care center
04 Babysitter in child’s home
05 In babysitter’s home
06 Father cares for child
07 Mother cares for child while working at home
08 Mother cares for child while working outside of home
09 Summer day camp
10 Child cares for self
11 Other relative cares for child
88 Other (Specify)

CARD P3

01 Broken or dislocated bones
02 Sprain, strain or pulled muscle
03 Cuts, scrapes, or puncture wounds
04 Head injury, concussion
05 Bruise, contusion, or internal bleeding
06 Burn, scald
07 Poisoning from chemicals, medicines, drugs
08 Respiratory problem, such as breathing, cough, pneumonia
88 Other
99 Don’t know type of condition
00 None