

| | | | |
|-----|------|---|---|
| (1) | AL1 | Now I would like to ask you some questions about your use of alcoholic drinks, like beer, wine, wine coolers, champagne, or hard liquor like vodka, gin, or whiskey. When I use the term 'drink,' I mean a glass of wine, a can or bottle of beer, or a shot of liquor alone or in a mixed drink. Have you ever had a drink of alcohol? | AL1 |
| | | | NO1 YES...(SKIP TO AL1a1)5 |
| | A. | So, you have never had even one full drink of alcohol? | AL1a NEVER... (SKIP TO MJ1).....1 YES, HAD A DRINK5 |
| | ONS. | How old were you the first time you had your very first whole drink? | AGE ONS: ____/____ AL1AgeOns ONS: 1 5 AL1Ons |

NOTE: AL1AgeRec is a computed variable using information from AL3, originally intended only to be used for an internal consistency check. The value of this variable may be 1 less than actual age, depending on R's birthday.

| | | | | | | |
|-----|-----|---|--------|-----------|------------|----------------------|
| (7) | AL2 | I'd like to ask you about reactions that some people have when they drink any type of alcohol. | | | | |
| | A. | While drinking, has <u>one or two drinks</u> of alcohol ever caused you to . . . CODE IN COL. A. | | | | |
| | | DO NOT COUNT IF ONLY ONE TYPE OF ALCOHOL CAUSED THE REACTION. | | COL A | | COL B |
| | | | | <u>NO</u> | <u>YES</u> | <u>NO</u> <u>YES</u> |
| | 1. | flush or blush--that is, your face and hands felt hot and your face turned red?..... | AL2a1 | 1 | 5 | AL2b1 1 5 |
| | a. | IF AL2A.1=5, ASK: Did the flushing or blushing begin within the <u>first few minutes</u> after the <u>first</u> drink? | AL2a1a | 1 | 5 | |
| | | | AL2a2 | 1 | 5 | AL2b2 1 5 |
| | 2. | break out into hives?..... | AL2a3 | 1 | 5 | AL2b3 1 5 |
| | 3. | feel very sleepy (when you weren't already tired)? | AL2a4 | 1 | 5 | AL2b4 1 5 |
| | 4. | have nausea?..... | AL2a5 | 1 | 5 | AL2b5 1 5 |
| | 5. | have headaches, head pounding, or throbbing?..... | AL2a6 | 1 | 5 | AL2b6 1 5 |
| | 6. | have heart palpitations, where your heart beat so hard you could feel it? | | | | |
| | | FOR EACH 5 CODED IN COL. A, ASK B. OTHERS SKIP TO AL3. | | | | |
| | B. | Did (SX) ever keep you from drinking any alcohol on at least one other occasion? CODE IN COL. B. | | | | |

(2)

AL3 Did you have any drink containing alcohol in the last week?

AL3

NO.....(SKIP TO C)..... 1

YES 5

We would like to know how many drinks you've had each day in the past week. Today is _____. Let's begin with yesterday.

How many drinks of (beer, wine, liquor) did you have on (DAY OF WEEK)?

**REFER TO CARD AL1 FOR THE DEFINITION OF A STANDARD DRINK.
IF OTHER, RECORD SPECIFIC DRINK NAME.**

| | <u>BEER</u> | <u>WINE</u> | <u>LIQUOR</u> | <u>OTHER</u> | <u>(SPECIFY DRINK)</u> |
|----|------------------------|------------------------|--------------------------|-------------------------|------------------------|
| M | AL3week_beer1 _____ | AL3week_wine1 _____ | AL3week_liquor1 _____ | AL3week_other1 _____ | _____ |
| Tu | AL3week_beer2 _____ | AL3week_wine2 _____ | AL3week_liquor2 _____ | AL3week_other2 _____ | _____ |
| W | AL3week_beer3 _____ | AL3week_wine3 _____ | AL3week_liquor3 _____ | AL3week_other3 _____ | _____ |
| Th | AL3week_beer4 _____ | AL3week_wine4 _____ | AL3week_liquor4 _____ | AL3week_other4 _____ | _____ |
| F | AL3week_beer5 _____ | AL3week_wine5 _____ | AL3week_liquor5 _____ | AL3week_other5 _____ | _____ |
| Sa | AL3week_beer6 _____ | AL3week_wine6 _____ | AL3week_liquor6 _____ | AL3week_other6 _____ | _____ |
| Su | AL3week_beer7 _____ | AL3week_wine7 _____ | AL3week_liquor7 _____ | AL3week_other7 _____ | _____ |

B. OMITTED

**BOX AL3 IF R DRANK THIS WEEK (AL3=5), SKIP TO D.
OTHERS CONTINUE.**

C. When was the last time you had a drink containing alcohol?

IF >1 YEAR AGO, SKIP TO ALF1.

IF DK DATE, ASK:

REC. How old were you the last time you had a drink containing alcohol?

**IF AGE REC=CURRENT AGE OR 1 YEAR LESS
THAN CURRENT AGE AND REC=1, OR IF AGE
REC IS UNKNOWN, ASK:**

C1. Was it within the past 12 months?

AL3c_mo AL3c_yr
____/____ t
MO YEAR

AGE REC: ____/____ t AL3AgeRec
REC: 1 5 AL3Rec

AL3c1
NO.....(SKIP TO AL4F1).....1
YES....(SKIP TO AL4A).....5

**IF R DID NOT DRINK IN PAST WEEK, SKIP TO AL4A.
OTHERS CONTINUE.**

AL3d

D. Was your drinking last week typical of your drinking

NO1

during the past 6 months?

YES.....5

-
- (3) AL4 A. Think about your use of alcohol over the past 6 months. AL4a
___ WEEKS
 How many weeks in the past 6 months have been
 weeks in which you drank alcohol? **IF EVERY
 WEEK, CODE 26. IF 0, SKIP TO AL4E1.**

IF AL3D=5, SKIP TO AL4C

- B. In a TYPICAL week when you drank any alcohol in the past 6 months, how many drinks of
 (beer, wine, liquor...) would you have (Monday, Tuesday . . .)?

| | <u>BEER</u> | <u>WINE</u> | <u>LIQUOR</u> | <u>OTHER</u> | <u>(SPECIFY DRINK)</u> |
|----|------------------------|------------------------|--------------------------|-------------------------|----------------------------|
| M | AL4week_beer1 _____ | AL4week_wine1 _____ | AL4week_liquor1 _____ | AL4week_other1 _____ | _____ |
| Tu | AL4week_beer2 _____ | AL4week_wine2 _____ | AL4week_liquor2 _____ | AL4week_other2 _____ | _____ |
| W | AL4week_beer3 _____ | AL4week_wine3 _____ | AL4week_liquor3 _____ | AL4week_other3 _____ | _____ |
| Th | AL4week_beer4 _____ | AL4week_wine4 _____ | AL4week_liquor4 _____ | AL4week_other4 _____ | _____ |
| F | AL4week_beer5 _____ | AL4week_wine5 _____ | AL4week_liquor5 _____ | AL4week_other5 _____ | _____ |
| Sa | AL4week_beer6 _____ | AL4week_wine6 _____ | AL4week_liquor6 _____ | AL4week_other6 _____ | _____ |
| Su | AL4week_beer7 _____ | AL4week_wine7 _____ | AL4week_liquor7 _____ | AL4week_other7 _____ | _____ |

- C. I'd like you to think about the week in the last 6 months AL4c
___ DAYS
 when you drank the most. How many days did you
 drink during that week?
**IF R VOLUNTEERS THAT NO WEEK STANDS
 OUT AS THE HEAVIEST (I.E., TYPICAL=
 HEAVIEST), CODE 0 AND SKIP TO AL4E1.**
- D. How many drinks did you have on a typical day during AL4d
___ DRINKS
 that week?
- E. OMITTED
-

AL4 E1. Now I'd like you to think about the last 12 months.
How often did you have 5 or more drinks in a 24-hour
period?

AL4e1

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

E2. How often did you get drunk during the last 12
months? By "drunk" I mean that your speech was
slurred or you were unsteady on your feet?

AL4e2

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

E3. On how many days did you drink any beverages
containing alcohol during the last 12 months?

AL4e3

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

AL4 Fx. We just talked about your drinking over the past
12 months. Now I'd like you think about the 12-
month period when you drank the most. Would
this be a different 12-month period than the one
we just talked about?

AL4fx

NO (SKIP TO AL5) 1
YES 5

AL4 F1. (Now I'd like you to think about the 12-month period in your life when you drank the most.) During this 12-month period in your life when you drank the most, how often did you have 5 or more drinks in a 24-hour period?

AL4f1

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

F2. How often did you get drunk during that 12-month period in your life when you drank the most?

AL4f2

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

F3. On how many days did you drink any beverages containing alcohol (during that 12-month period when you drank the most)?

AL4f3

EVERY DAY 1
5-6 DAYS A WEEK (NEARLY EVERYDAY) 2
4 DAYS A WEEK (200-259 DAYS) 3
3 DAYS PER WEEK (150-199 DAYS) 4
2 DAYS PER WEEK (100-149 DAYS) 5
1 DAY PER WEEK (50-99 DAYS) 6
3 DAYS PER MONTH (36-49 DAYS) 7
2 DAYS PER MONTH (24-35 DAYS) 8
1 DAY PER MONTH (12-23 DAYS) 9
6-11 DAYS PER YEAR 10
3-5 DAYS PER YEAR 11
1 TO 2 DAYS PER YEAR 12
NEVER 13

ONS/REC. How old were you when that period (began/ended)? AGE ONS: __/__ AL4AgeOns

AGE REC: __/__ AL4AgeRec

REC: 1 5 AL4Rec

| | | |
|---|--|---|
| (4) | <p>AL5 At what age did you begin to drink regularly; that is, drinking at least once a month for 6 months or more? IF NEVER, CODE 0.</p> <p>A. How old were you the first time you got drunk, that is, your speech was slurred or you were unsteady on your feet? IF DK, ASK A1. IF NEVER, CODE 0 AND SKIP TO BOX AL5. IF DRUNK BEFORE AGE 15, SKIP TO B. OTHERS SKIP TO BOX AL5.</p> <p>1. Was it before you were 15 years old?</p> <p>B. Did you get drunk more than once before you were 15 years old?</p> | <p>AL5 AGE: ____ <i>t</i></p> <p>AL5a AGE: ____</p> <p>AL5a1 NO...(SKIP TO BOX AL5)1 YES.....5</p> <p>AL5b NO.....1 YES.....5</p> <p>AL5c NO.....1 YES.....5</p> |
| BOX AL5 IF TB3=5, CONTINUE. OTHERS SKIP TO AL6. | | |
| | <p>C. When <u>drinking</u>, did you almost always smoke cigarettes at the same time? COUNT TOBACCO ONLY.</p> | |
| (5) | <p>AL6 In your lifetime, what is the largest number of drinks you have <u>ever</u> had in a 24-hour period (including all types of alcohol)? IF DK, ASK AL6.1. OTHERS SKIP TO A.</p> <p>1. Did you ever have more than 2 drinks in a 24-hour period?</p> <p>A. In the past 6 months, what is the largest number of drinks you've drunk in a 24-hour period?</p> | <p>AL6 ____ DRINKS</p> <p>AL6_1 NO.....1 YES.....5</p> <p>AL6a ____ DRINKS</p> |
| BOX AL7 IF (AL5=0) AND (AL5A=0) AND (AL6<3 OR AL6.1=1), SKIP TO MJ1. OTHERS CONTINUE. | | |
| (6) | <p>AL8 Was there ever a time when you drank almost every day for a week or more? By "almost every day" I mean at least 4 days out of 7.</p> <p>A. Think about those periods of time when you drank almost every day (again, at least 4 out of 7 days). What was the <u>largest</u> number of drinks that you would drink <u>almost every day</u> for at least 1 week? ALMOST EVERY DAY = 4 OUT OF 7.</p> <p>B. So, almost every day during this period you drank <u>at least</u> (# FROM A) drinks?</p> <p>ONS. How old were you when this period began?</p> <p>D. How long did this period last?</p> | <p>AL8 NO.....(SKIP TO AL9)1 YES.....5</p> <p>AL8a ____ DRINKS</p> <p>AL8b NO.....(RE-ASK A).....1 YES.....5</p> <p>AL8d ____ WEEKS</p> <p>AGE ONS: ____/____ AL8AgeOns ONS: 1 5 AL8Ons</p> |

BEGIN SCORING ASTERISKED ITEMS ON ALCOHOL TALLY SHEET

(20) AL9 (After you started drinking regularly,) 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? **SHOW R CARD AL3.**

AL9
NO.....(SKIP TO E)1
YES.....5

A1. When you first started drinking regularly, how many drinks did it take you to get an effect?

AL9a1
____ _ DRINKS

A2. After you had been drinking for some time, how many drinks did you usually need to get an effect?

AL9a2
____ _ DRINKS

CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

B. How old were you the (first/last) time you needed (# IN A2) drinks to get an effect?

AGE ONS: ____/____ AL9bAgeOns
ONS: 1 5 AL9bOns
AGE REC: ____/____ AL9bAgeRec
REC: 1 5 AL9bRec

AL9c

C. WAS THE INCREASE IN A2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE?

NO(SKIP TO E).....1
YES5

D. WAS INCREASE 50% OR MORE? CHECK CARD AL3.

AL9d
NO1
YES(SKIP TO AL10)...5*

E. Did you ever find you could drink a lot more before you got drunk?

AL9e
NO.....(SKIP TO AL10) 1
YES 5

F1. When you first started drinking regularly, how many drinks did it take you to get drunk?

AL9f1
____ _ DRINKS

F2. After you had been drinking for some years, how many drinks did it take you to get drunk?

AL9f2
____ _ DRINKS

CODE THE TYPICAL UPPER BOUND OF TOLERANCE. DO NOT COUNT AN ISOLATED EXPERIENCE.

G. How old were you the (first/last) time you needed (# IN F2) drinks to get drunk?

AGE ONS: ____/____ AL9gAgeOns
ONS: 1 5 AL9gOns
AGE REC: ____/____ AL9gAgeRec
REC: 1 5 AL9gRec

H. WAS THE INCREASE IN F2 TO 5 DRINKS (WOMEN)/ 6 DRINKS (MEN) OR MORE?

AL9h
NO(SKIP TO AL10)..... 1
YES 5

I. WAS INCREASE 50% OR MORE? CHECK CARD AL3.

AL9i
NO 1
YES 5*

AD3RA7
AD41A
ADICD4

AD3RA7
AD41B
ADICD4

| | | |
|-----------------------------------|--|--|
| (9) AD3RA2/B AD44 ADICD2 | AL10 Have you 3 or more times wanted to stop or cut down on drinking? DO NOT COUNT DIETING OR PREGNANCY. | AL10 NO.....(SKIP TO B).....1 YES.....5* |
| | A. How old were you the (first/last) time? | AGE ONS: __/__ AL10aAgeOns ONS: 1 5 AL10aOns |
| | | AGE REC: __/__ AL10aAgeRec REC: 1 5 AL10aRec |
| | B. Have you ever <u>tried</u> to stop or cut down on drinking? COUNT ANY REASON. | AL10b NO.....(SKIP TO AL11).....1 YES5 |
| AD3RA2 ALCFGNB1 | C. Were you <u>always</u> able to stop or cut down when you tried to? | AL10c NO, UNABLE1* YES...(SKIP TO AL11).....5 |
| AD44 ADICD2 | D. How many times were you unable to stop or cut down? IF 3 OR MORE, MARK TALLY SHEET AND SKIP TO E. IF DK, ASK D1. OTHERS SKIP TO E. | AL10d ____ TIMES * |
| AD44 ADICD2 | 1. Was it 3 or more times? | AL10d1 NO1 YES.....5* |
| | E. How old were you the (first/last) time? | AGE ONS: __/__ AL10eAgeOns ONS: 1 5 AL10eOns AGE REC: __/__ AL10eAgeRec REC: 1 5 AL10eRec |
| (21) ALCFGNB2 | AL11 Some people try to control their drinking by making rules, like not drinking before 5 o'clock or never drinking alone. Have you ever made any rules <u>to control</u> your drinking? | AL11 NO(SKIP TO AL12).....1 YES5 |
| | ONS. How old were you the first time? | AGE ONS: __/__ AL11AgeOns ONS: 1 5 AL11Ons |
| (13) ALCFGNB1 | AL12 Have you ever started drinking at times you <u>promised</u> yourself that you wouldn't, or have you ever drunk more than you intended? For example, when you decided to drink 2 drinks and ended up drinking 4 or more? | AL12 NO1 YES.....(SKIP TO B).....5 |
| | A. Have you ever continued drinking for more days in a row than you intended? | AL12a NO.....(SKIP TO AL13).....1 YES5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: __/__ AL12AgeOns ONS: 1 5 AL12Ons AGE REC: __/__ AL12AgeRec REC: 1 5 AL12Rec |
| AD3RA1/B AD43 ADICD2 | C. Did this happen 3 or more times? | AL12c NO.....1 YES.....5* |

| | | |
|----------------------------|--|--|
| | | AL13 |
| (14) | AL13 Have you ever started drinking and become drunk when you didn't want to? | NO.....(SKIP TO AL14)..... 1 YES 5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ____/____ AL13AgeOns ONS: 1 5 AL13Ons AGE REC: ____/____ AL13AgeRec REC: 1 5 AL13Rec |
| AD3RA1/B AD43 ADICD2 | B. Did this happen 3 or more times? | AL13b NO.....1 YES.....5* |
| | | AL14 |
| (22) | AL14 Have you ever given up or greatly reduced important activities while drinking -- like sports, work, or associating with friends or relatives? | NO.....(SKIP TO AL15)..... 1 YES 5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ____/____ AL14AgeOns ONS: 1 5 AL14Ons AGE REC: ____/____ AL14AgeRec REC: 1 5 AL14Rec |
| AD3RA5/B AD46 ADICD5 | B. Did this happen 3 or more times or for a month or more? | AL14b NO 1 YES.....5* |
| | | AL15 |
| (15) | AL15 Has there ever been a period of several days or more when you spent so much time drinking or recovering from the effects of alcohol that you had little time for anything else? | NO.....(SKIP TO AL16)..... 1 YES 5 |
| AD3RA3 AD45 ADICD5 | A. Did this period last for a month or more or did you have 3 or more periods like that? | AL15a NO.....(SKIP TO AL16)..... 1 YES.....5* |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ____/____ AL15AgeOns ONS: 1 5 AL15Ons AGE REC: ____/____ AL15AgeRec REC: 1 5 AL15Rec |

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| (12) | AL16 | Have you ever gone on binges or benders when you kept on drinking for 2 days or more without sobering up, except for sleeping? | AL16 NO.....(SKIP TO AL17)..... 1 YES.....5 |
| | A. | Did you neglect some of your usual responsibilities then? | AL16a NO.....(SKIP TO AL17)..... 1 YES.....5 |
| AD3RA4/B ADICD5 ALCFGNA4 | B. | How many binges like that have you had? IF 3 OR MORE, MARK TALLY SHEET AND SKIP TO C. IF DK, ASK B1. OTHERS SKIP TO C. | AL16b _____ TIMES * |
| AD3RA4/B ADICD5 ALCFGNA4 | | 1. Did you go on binges 3 or more times? | AL16b1 NO 1 YES.....5* |
| | ONS/REC. | How old were you the (first/last) time (you binged and neglected your responsibilities)? | AGE ONS: ____/____ AL16AgeOns ONS: 1 5 AL16Ons AGE REC: ____/____ AL16AgeRec REC: 1 5 AL16Rec |
| | | IF FEWER THAN 3 BINGES, SKIP TO AL17. | |
| AA4A1 | D. | Did this happen 3 or more times in any 12-month period? | AL16d NO 1 YES.....5 |
| (31) ALCFGNA3 | AL17 | Have you ever had blackouts, that is, when you did not pass out while drinking, but you drank enough so that the next day you could not remember things you had said or done? | AL17 NO.....(SKIP TO AL18)..... 1 YES.....5 |
| | ONS/REC. | How old were you the (first/last) time? | AGE ONS: ____/____ AL17AgeOns ONS: 1 5 AL17Ons AGE REC: ____/____ AL17AgeRec REC: 1 5 AL17Rec |
| | B. | How many blackouts have you had from drinking? IF DK, ASK B1. OTHERS SKIP TO AL18. | AL17b _____ TIMES |
| | | 1. Did you have 3 or more blackouts? | AL17b1 NO 1 YES.....5 |
| (10) | AL18 | Did you ever need a drink just after you had gotten up (that is, before breakfast)? | AL18 NO 1 YES.....5 |
| ALCFGNB3 | A. | Did you ever <u>take</u> a drink just after you had gotten up? IF AL18 AND AL18A ARE BOTH CODED 1, SKIP TO AL19. OTHERS CONTINUE. | AL18a NO 1 YES.....5 |
| | ONS/REC. | How old were you the (first/last) time you took (needed) a drink just after you had gotten up? | AGE ONS: ____/____ AL18AgeOns ONS: 1 5 AL18Ons AGE REC: ____/____ AL18AgeRec REC: 1 5 AL18Rec |
| | C. | Did this happen 3 or more times? | AL18c NO 1 YES.....5 |

| | | |
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| (11) ADICD1 | AL19 In situations where you couldn't drink, did you ever have such a strong desire for it that you couldn't think of anything else? | AL19 NO.....(SKIP TO AL20).....1 YES.....5* |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ____/____ AL19AgeOns ONS: 1 5 AL19Ons AGE REC: ____/____ AL19AgeRec REC: 1 5 AL19Rec |
| (19) ALCFGNB4 | AL20 Did you ever drink unusual things such as rubbing alcohol, mouthwash, vanilla extract, cough syrup, or any other non-beverage alcohol? | AL20 NO.....(SKIP TO AL21).....1 YES.....5 |
| | ONS. How old were you the first time? | AGE ONS: ____/____ AL20AgeOns ONS: 1 5 AL20Ons |
| (36) AD3RA4/B AA3RA2 AA4A2 | AL21 Have you used alcohol 3 or more times while taking medications or drugs you knew were dangerous to mix with alcohol? | AL21 NO(SKIP TO AL22).....1 YES.....(SPECIFY).....5* |
| | A. What medication(s) or drug(s) did you use with alcohol 3 or more times when you knew they were dangerous to mix with alcohol? | |
| | 1. _____ AL21a_Specify | CODE: ____ ____ AL21a_Code |
| | 2. _____ AL21a_Specify2 | CODE: ____ ____ AL21a_Code2 |
| | 3. _____ AL21a_Specify3 | CODE: ____ ____ AL21a_Code3 |
| | 4. _____ AL21a_Specify4 | CODE: ____ ____ AL21a_Code4 |
| | Why did you think this was dangerous? | |
| | SPECIFY: _____ | AL21_SPECIFY |
| | ONS/REC. How old were you the (first/last) time you mixed alcohol and drugs when you knew it was dangerous? | AGE ONS: ____/____ AL21AgeOns ONS: 1 5 AL21Ons AGE REC: ____/____ AL21AgeRec REC: 1 5 AL21Rec |
| AA4A2 | C. Did this happen 3 or more times in any 12-month period? | AL21c NO1 YES.....5 |
| ADICD6 | D. Did you have any harmful effects from mixing alcohol and (DRUG/any of these drugs)? | AL21d NO1 YES.....(SPECIFY).....5* |
| | SPECIFY: _____ AL21d_SPECIFY | |

| | | | |
|---|----------|--|--|
| (30) | AL22 | When you were drunk, did you ever drive a car, motorcycle or boat; use a knife, power equipment or gun; cross against traffic; climb or swim; or put yourself in any other situation where you might have gotten hurt? | AL22 NO..... (SKIP TO AL23)..... 1 YES 5 |
| | ONS/REC. | How old were you the (first/last) time? | AGE ONS: ____/____ AL22AgeOns ONS: 1 5 AL22Ons AGE REC: ____/____ AL22AgeRec REC: 1 5 AL22Rec |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | B. | How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL23. IF DK, ASK B1. | AL22b ____ TIMES * |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | 1. | Did this happen 3 or more times? | AL22b1 NO.....(SKIP TO AL23)..... 1 YES.....5* |
| AA4A2 | C. | Did this happen 3 or more times in any 12-month period? | AL22c NO 1 YES 5 |
| (27) | AL23 | Have you ever been arrested for drunk driving? | AL23 NO.....(SKIP TO AL24)..... 1 YES 5 |
| ALCFGNC2 | ONS/REC. | How old were you the (first/last) time? | AGE ONS: ____/____ AL23AgeOns ONS: 1 5 AL23Ons AGE REC: ____/____ AL23AgeRec REC: 1 5 AL23Rec |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | B. | How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL24. IF DK, ASK B1. | AL23b ____ TIMES * |
| AD3RA4/B AA3RA2/B ASP3RC7 ASP4A5 | 1. | Did this happen 3 or more times? | AL23b1 NO.....(SKIP TO AL24)..... 1 YES.....5* |
| AA4A3 | C. | Did this happen 3 or more times in any 12-month period? | AL23c NO 1 YES 5 |

| | | | |
|----------------------|----------|---|--|
| (27) ALCFGNC2 | AL24 | Has your drinking and driving ever resulted in your damaging your car or having an accident? COUNT ALL ACCIDENTS, EVEN IF NOT REPORTED TO THE POLICE. | AL24 NO.....(SKIP TO AL25).....1 YES5 |
| ASP3RC7 | ONS/REC. | How old were you the (first/last) time? | AGE ONS: ____/____ AL24AgeOns ONS: 1 5 AL24Ons AGE REC: ____/____ AL24AgeRec REC: 1 5 AL24Rec |
| AD3RA4/B AA3RA2/B | B. | How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL25. IF DK, ASK B1. | AL24b ____ TIMES * |
| AD3RA4/B AA3RA2/B | 1. | Did this happen 3 or more times? | AL24b1 NO.....(SKIP TO AL25).....1 YES.....5* |
| AA4A2 | C. | Did this happen 3 or more times in any 12-month period? | AL24c NO1 YES5 |
| (23) AD3RA4/B | AL25 | Has your drinking or being drunk or hung over <u>often</u> interfered with your work, school, household, or child care responsibilities? | AL25 NO.....(SKIP TO AL26).....1 YES.....5* |
| | ONS/REC. | How old were you the (first/last) time? | AGE ONS: ____/____ AL25AgeOns ONS: 1 5 AL25Ons AGE REC: ____/____ AL25AgeRec REC: 1 5 AL25Rec |
| AA4A1 | B. | Did this happen 3 or more times in any 12-month period? | AL25b NO1 YES5 |

**FOR EACH 5 CODED IN AL26A.1-8, GET AGE ONSET
AND ASK, B. "Did this happen 3 or more times?" CODE IN
COL II.**

| | | COL I | | | COL II | |
|--|--|-------------|-----|---------------------|-------------|-----|
| | | NO | YES | AGE ONS | NO | YES |
| (17) ALCFGND2 ALCFGND4 AD3RA6 AA3RA1/B | AL26A 1. Did your drinking ever result in objections from or problems with your family, friends, doctors, clergy, or people at work or school? | AL26a1 1 | 5 | AL1_ao26 ___/___ | AL26b1 1 | 5* |
| ALCFGND3 AD3RA6 | 2. Have you ever lost friends on account of your drinking? | AL26a2 1 | 5 | AL2_ao26 ___/___ | AL26b2 1 | 5* |
| ALCFGNC3 AD3RA6 AA3RA1/B | 3. Did your drinking ever cause you to have problems at work or school? | AL26a3 1 | 5 | AL3_ao26 ___/___ | AL26b3 1 | 5* |
| | 4. Did you ever get into arguments when you had been drinking? | AL26a4 1 | 5 | AL4_ao26 ___/___ | AL26b4 1 | 5 |
| ALCFGNC4 | 5. Did you ever hit things or throw something when you had been drinking? | AL26a5 1 | 5 | AL5_ao26 ___/___ | AL26b5 1 | 5 |
| ALCFGNC4 | 6. Did you ever hit a significant other or anyone in your family when you had been drinking? | AL26a6 1 | 5 | AL6_ao26 ___/___ | AL26b6 1 | 5 |
| ALCFGNC4 | 7. Did you ever hit anyone else when you had been drinking without getting into a fight? | AL26a7 1 | 5 | AL7_ao26 ___/___ | AL26b7 1 | 5 |
| ALCFGNC4 | 8. Did you ever get into physical fights while drinking? | AL26a8 1 | 5 | AL8_ao26 ___/___ | AL26b8 1 | 5 |

**IF ANY 5 IS CODED IN COL. I, CONTINUE.
OTHERS SKIP TO AL27.**

| | | | |
|--------|---|----------------------------|------------|
| | REC. How old were you the last time any of these happened (REVIEW SX CODED 5 IN COL. I)? | AGE REC: ___/___ | AL26AgeRec |
| | | REC: 1 5 | AL26Rec |
| | | AL26c | |
| AA4A4 | C. Did any of these experiences happen 3 or more separate times in any 12-month period? | NO | 1 |
| | | YES | 5 |
| | | AL27 | |
| (24) | AL27 Did your drinking cause serious or repeated problems in any marriage or love relationship? | NO.....(SKIP TO AL28)..... | 1 |
| | | YES | 5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ___/___ | AL27AgeOns |
| | | ONS: 1 5 | AL27Ons |
| | | AGE REC: ___/___ | AL27AgeRec |
| | | REC: 1 5 | AL27Rec |
| | | AL27b | |
| AA4A4 | B. Did this happen 3 or more times in any 12-month period? | NO | 1 |
| | | YES | 5 |
| | | AL27c | |
| AD3RA6 | C. Did you continue to drink knowing it caused these problems? | NO | 1 |
| | | YES | 5* |

| | | |
|------------------------------|---|--|
| (28) ALCFGNC1 | AL28 Have you ever been arrested or detained by the police even for a few hours because of drunk behavior (other than for drunk driving)? | AL28 NO.....(SKIP TO AL29)..... 1 YES 5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ___/___ AL28AgeOns ONS: 1 5 AL28Ons AGE REC: ___/___ AL28AgeRec REC: 1 5 AL28Rec |
| AD3RA6 | B. How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL29. IF DK, ASK B1. | AL28b ___ TIMES * |
| AD3RA6 | 1. Did this happen 3 or more times? | AL28b1 NO.....(SKIP TO AL29) 1 YES.....5* |
| AA4A3 | C. Did this happen 3 or more times in any 12-month period? | AL28c NO 1 YES 5 |
| (29) | AL29 Have you ever accidentally injured yourself when you were drinking; that is, had a bad fall or cut yourself badly, been hurt in a traffic accident, or anything like that? | AL29 NO.....(SKIP TO AL31)..... 1 YES.....5 |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ___/___ AL29AgeOns ONS: 1 5 AL29Ons AGE REC: ___/___ AL29AgeRec REC: 1 5 AL29Rec |
| AD3RA4/B ADICD6 AA3RA2 | B. How many times has this happened? IF 3 OR MORE, MARK TALLY AND SKIP TO C. IF FEWER THAN 3, SKIP TO AL31. IF DK, ASK B1. | AL29b ___ TIMES * |
| AD3RA4/B ADICD6 AA3RA2 | 1. Did this happen 3 or more times? | AL29b1 NO.....(SKIP TO AL31)..... 1 YES.....5* |
| AA4A2 | C. Did this happen 3 or more times in any 12-month period? | AL29c NO 1 YES 5 |
| (16) | AL30 OMITTED. | |

| | |
|--|---|
| (35) ALCFGNA2 | <p>AL31 There are several health problems that can result from long stretches of drinking. Did drinking ever cause you to have...</p> <p style="text-align: right;"><u>NO</u> <u>YES</u></p> <p>1. liver disease or yellow jaundice?..... 1 5 AL31_1</p> <p>2. stomach disease or make you vomit blood?..... 1 5 AL31_2</p> <p>3. pancreatitis?..... 1 5 AL31_3</p> <p>4. damage to your heart (cardiomyopathy)?..... 1 5 AL31_4</p> <p>5. your feet tingle or feel numb for many hours?..... 1 5 AL31_5</p> <p>6. memory problems even when you weren't drinking (so, not counting blackouts)?..... 1 5 AL31_6</p> <p>7. any other physical health problems?. 1 5 AL31_7</p> <p>IF YES, SPECIFY: _____ AL31_7SPECIFY</p> <p>IF ALL CODED 1, SKIP TO AL32. OTHERS CONTINUE.</p> <p>ONS. How old were you when you first found out that drinking had given you any of these health problems? AGE ONS: ____/____ AL31AgeOns ONS: 1 5 AL31Ons</p> |
| AD3RA6 AD47 ADICD6 AA3RA1 | <p>B. Did you continue to drink knowing that drinking caused you to have health problems? AL31b</p> <p>NO 1 YES.....5*</p> |
| (36) AD3RA6 AD47 ADICD6 AA3RA1 | <p>AL32 Have you ever continued to drink when you knew you had any (other) serious physical illness or condition that might be made worse by drinking? AL32</p> <p>NO.....(SKIP TO AL33)..... 1 YES.....(SPECIFY).....5*</p> <p>What illness or condition?</p> <p>SPECIFY: _____ AL32_specify1 CODE: ____ ____ AL32_code1 _____ AL32_specify2 CODE: ____ ____ AL32_code2</p> <p>ONS/REC. How old were you the (first/last) time? AGE ONS: ____/____ AL32AgeOns ONS: 1 5 AL32Ons AGE REC: ____/____ AL32AgeRec REC: 1 5 AL32Rec</p> <p>C. Did drinking make your illness or condition worse? AL32c</p> <p>NO 1 YES5</p> |

| | | |
|---|--|--|
| (37) | AL33 Has drinking ever caused you emotional or psychological problems like: | NO YES |
| | 1. feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning? | AL33_1 1 5 |
| | 2. feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning? | AL33_2 1 5 |
| | 3. having such trouble thinking clearly for more than 24 hours that it interfered with your functioning? | AL33_3 1 5 |
| | 4. feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships? | AL33_4 1 5 |
| | 5. hearing, seeing, or smelling things that weren't really there? | AL33_5 1 5 |
| IF ALL ARE CODED 1, SKIP TO AL34. OTHERS CONTINUE. | | |
| AD3RA6 AD47 ADICD6 AA3RA1 | A. Did you continue to drink after you knew it caused you any of these problems? | AL33a NO.....(SKIP TO AL34)..... 1 YES.....5* |
| | ONS/REC. How old were you the (first/last) time? | AGE ONS: ____/____ AL33AgeOns ONS: 1 5 AL33Ons AGE REC: ____/____ AL33AgeRec REC: 1 5 AL33Rec |
| (25) ALCFGND1 | AL34 Did you ever think that you were an excessive drinker or think that you drank too much for your own good? | AL34 NO.....(SKIP TO AL35)..... 1 YES5 |
| | A. How old were you the first time you thought that? | AGE ONS: ____/____ AL34AgeOns ONS: 1 5 AL34Ons |
| (26) ALCFGND5 | AL35 Have you ever felt guilty about drinking? | AL35 NO...(SKIP TO BOX AL36) ... 1 YES5 |
| | A. How old were you the first time? | AGE ONS: ____/____ AL35AgeOns ONS: 1 5 AL35Ons |
| (18) | AL36 OMITTED. | |
| <div style="border: 1px solid black; padding: 5px; text-align: center;"> BOX AL36 CHECK TALLY SHEET. IF NO MARKS, SKIP TO MJ1. OTHERS CONTINUE. </div> | | |

AL37 People who cut down, stop, or go without drinking after drinking steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover.

When you stopped, cut down or went without drinking, did you ever experience any of the following problems for most of the day for 2 days or longer? **REPEAT STEM OFTEN.**

CODE IN COL. I. (NO=1, YES=5)

| | I | II | III | IV |
|---------|---------|-----|---------|-----|
| II-AD3R | AL37_1 | | AL37a1 | |
| III-AD4 | 1 5 | 1 5 | 1 5 | 1 5 |
| IV-AICD | AL37_2 | | AL37a2 | |
| | 1 5 | 1 5 | 1 5 | 1 5 |
| | AL37_3 | | AL37a3 | |
| | 1 5 | 1 5 | 1 5 | |
| | AL37_4 | | AL37a4 | |
| | 1 5 | 1 5 | | |
| | AL37_5 | | AL37a5 | |
| | 1 5 | 1 5 | 1 5 | 1 5 |
| | AL37_6 | | AL37a6 | |
| | 1 5 | 1 5 | 1 5 | 1 5 |
| | AL37_7 | | AL37a7 | |
| | 1 5 | 1 5 | | 1 5 |
| | AL37_8 | | AL37a8 | |
| | 1 5 | 1 5 | | 1 5 |
| | AL37_9 | | AL37a9 | |
| | 1 5 | 1 5 | 1 5 | 1 5 |
| | AL37_10 | | AL37a10 | |
| | 1 5 | | 1 5 | 1 5 |

BOX AL37 IF NO 5'S CODED IN COL I, AL37.1-10, SKIP TO AL38.

IF R HAD SHAKES (AL37.1= 5), ASK A. IF NO SHAKES (AL37.1=1), SKIP TO B.

A. How old were you the (first/last) time you had the shakes (hands trembling)? AGE ONS: ____/____ AL37aAgeOns
ONS: 1 5 AL37aOns

AGE REC: ____/____ AL37aAgeRec
REC: 1 5 AL37aRec

AD3RB

B. What was the longest time that (this/any of these) problem(s) lasted? ____ DAYS AL37b

IF ONLY ONE SX IS CODED 5 IN AL37.1-10, SKIP TO H. OTHERS CONTINUE.

AL37c

C. Was there ever a time when two or more of these problems occurred together? NO.....(SKIP TO F)1
YES.....5

AD3RA8
AD42A
ADICD3

D. Which ones? **CODE IN COL. II, III, IV. (NO=1, YES=5) AL37a1-AL37a10—see above**

**IF SHAKES IN COL. II AND 1+ SX IN COL. II, MARK TALLY OR
IF 2+ SX IN COL. III, MARK TALLY OR
IF 3+ SX IN COL IV, MARK TALLY**

E. How old were you the (first/last) time these problems occurred together? AGE ONS: ____/____ AL37eAgeOns
ONS: 1 5 AL37eOns

AGE REC: ____/____ AL37eAgeRec
REC: 1 5 AL37eRec

AD3RB

- F. How many times did you have problems like these occur together? **IF DK, ASK F1. OTHERS SKIP TO G.**

AL37f

___ __ __ TIMES

AD3RB

1. Did this occur 3 or more times?

AL37f1

NO 1
YES 5

**IF NO 5'S IN COL. III, SKIP TO H.
OTHERS CONTINUE.**

- G. These are some of the experiences you said you had when you stopped or cut down or went without drinking (**REVIEW ALL 5'S CODED IN COL. III**). Did (this/these) problem(s) interfere with your functioning at school, work, or home?

AL37g

NO 1
YES 5

- H. Have you ever taken a drink to keep from having (this problem/any of these problems) or to make (it/them) go away? **REVIEW ALL 5'S CODED IN COL. I**

AL37h

NO.....(SKIP TO J)..... 1
YES 5

ONS/REC. How old were you the (first/last) time?

AGE ONS: __/__ AL37hAgeOns
ONS: 1 5 AL37hOns

AGE REC: __/__ AL37hAgeRec
REC: 1 5 AL37hRec

AD3RA9/B
AD42B
ADICD3

- I. Did this happen 3 or more times?

AL37i

NO 1
YES.....5*

- J. Did you ever take any medication or drug to avoid (this problem/any of these problems) or to make (it/them) go away?

AL37j

NO 1
YES.....(SPECIFY)..... 5

**DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO
COUNT MEDS GIVEN IN TREATMENT.**

Let's list these drugs. **SPECIFY:**

1. _____AL37_Specify
2. _____AL37_Specify2
3. _____AL37_Specify3
4. _____AL37_Specify4

CODE: __ __ __ AL37_Code

CODE: __ __ __ AL37_Code2

CODE: __ __ __ AL37_Code3

CODE: __ __ __ AL37_Code4

| | | |
|---|---|--|
| (33) AD3RA8 AD42A ADICD3 ALCFGNAI | AL38 When you stopped, cut down, or went without drinking, did you ever have fits, seizures, or convulsions, where you lost consciousness, fell to the floor, and had difficulty remembering what happened? | AL38 NO.....(SKIP TO AL39)..... 1 YES.....5* |
| | | |
| AD3RB | A. How old were you the (first/last) time this happened? | AGE ONS: __/__ AL38aAgeOns ONS: 1 5 AL38aOns AGE REC: __/__ AL38aAgeRec REC: 1 5 AL38aRec |
| | B. How many times did this happen? IF DK, ASK B1. OTHERS SKIP TO C. | ____ TIMES AL38B |
| AD3RA9/B AD42B ADICD3 | 1. Did this occur 3 or more times? | AL38b1 NO 1 YES 5 |
| | C. On 3 or more different occasions have you taken a drink to keep from having fits, seizures, or convulsions or to make them go away? | AL38c NO.....(SKIP TO D)..... 1 YES.....5* |
| | ONS/REC. How old were you the (first/last) time this happened? | AGE ONS: __/__ AL38cAgeOns ONS: 1 5 AL38cOns AGE REC: __/__ AL38cAgeRec REC: 1 5 AL38cRec |
| | D. Did you ever take any medication or drug to avoid having fits, seizures, or convulsions (that occurred because you went without drinking) or to make them go away? DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT. | AL38d NO 1 YES.....(SPECIFY) 5 |
| | Let's list these drugs. SPECIFY: | |
| | 1. _____AL38_Specify | CODE: ____ AL38_Code |
| | 2. _____AL38_Specify2 | CODE: ____ AL38_Code2 |
| | 3. _____AL38_Specify3 | CODE: ____ AL38_Code3 |
| | 4. _____AL38_Specify4 | CODE: ____ AL38_Code4 |

| | | |
|---|--|---|
| (34) AD3RA8 AD42A ADICD3 ALCFGNA1 | AL39 When you stopped, cut down, or went without drinking, did you ever have the DT's, that is, where you were very confused, extremely shaky, felt very frightened or nervous, or saw things that weren't really there? | AL39 NO...(SKIP TO BOX AL40) ... 1 YES.....5* |
| | | AGE ONS: __/__ AL39aAgeOns ONS: 1 5 AL39aOns AGE REC: __/__ AL39aAgeRec REC: 1 5 AL39aRec |
| AD3RB | A. How old were you the (first/last) time this happened? | __ __ __ TIMES AL39b |
| | | AL39b1 NO 1 YES 5 |
| AD3RA9/B AD42B ADICD3 | B. How many times did this happen? IF DK, ASK B1. OTHERS SKIP TO C. 1. Did this occur 3 or more times? C. On 3 or more different occasions have you taken a drink to keep from having the DT's or to make them go away? | AL39c NO.....(SKIP TO D)..... 1 YES.....5* |
| | | ONS/REC. How old were you the (first/last) time this happened? AGE ONS: __/__ AL39cAgeOns ONS: 1 5 AL39cOns AGE REC: __/__ AL39cAgeRec REC: 1 5 AL39cRec |
| | D. Did you ever take any medication or drug to avoid the DT's or to make them go away? DO NOT COUNT ASPIRIN, TYLENOL, ETC. DO COUNT MEDS GIVEN IN TREATMENT. | AL39d NO 1 YES..... (SPECIFY)..... 5 |
| | | Let's list these drugs. SPECIFY: 1. _____ AL39_Specify CODE: __ __ __ AL39_Code 2. _____ AL39_Specify2 CODE: __ __ __ AL39_Code2 3. _____ AL39_Specify3 CODE: __ __ __ AL39_Code3 4. _____ AL39_Specify4 CODE: __ __ __ AL39_Code4 |

BOX AL40 IF 3 OR MORE SX CHECKED ON TALLY SHEET , CONTINUE. OTHERS SKIP TO BOX AL43.

HAND R ALCOHOL TALLY.

(40)
AD3RB

AL40 Now, I'd like you to think about the 12-month period of time when you had the greatest number of the problems or experiences we've talked about. These experiences might not have occurred together – one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period.

During this period of 12 months when you had the greatest number of problems, did you . . .

READ SX CHECKED ON THE TALLY SHEET. CIRCLE YES OR NO FOR EACH SX IN "12-MONTH" COLUMN.

IF LESS THAN 3 SX CIRCLED IN 12-MONTH COLUMN, SKIP TO BOX AL43. OTHERS CONTINUE.

ONS. We were just talking about the time in your life when you had the greatest number of problems or experiences with alcohol. Now I'd like you think about the very first time you had several of these problems or experiences within a 12-month period. It might have been the same period, or it could have been earlier. How old were you when this period began?

AGE ONS: ____/____ [AL40AgeOns](#)
ONS: 1 5 [AL40Ons](#)

REC. How old were you the last time you had several of these experiences within a 12-month period? It might have been the same period we just talked about or it could have been later.

AGE REC: ____/____ [AL40AgeRec](#)
REC: 1 5 [AL40Rec](#)

A. Now, I'd like you to think about the period of 30 days when you had the greatest number of the problems or experiences we've talked about.

During this period of 30 days when you had the greatest number of problems, did you . . .

READ SX CHECKED ON THE TALLY SHEET. CIRCLE YES OR NO FOR EACH SX IN "30 DAY" COLUMN.

AL41 & AL42 OMITTED.

**BOX AL43 IF 2+ SX MARKED ON TALLY SHEET,
CONTINUE. OTHERS SKIP TO AL44.**

(8) AL43 (Since (AGE OF REGULAR DRINKING IN AL5)), what _____ MONTHS AL43
is the longest period of time you have gone without
drinking?

IF LESS THAN 3 MONTHS, SKIP TO AL44.

A. How many times have you gone without drinking for 3 _____ TIMES AL43a
months or longer?

Can you tell me when these periods occurred?

IF MORE THAN 4 ABSTINENT PERIODS, RECORD THE 4 LONGEST.

AL43FromMnth1 AL43FromYr1 AL43ToMnth1 AL43ToYR1
PERIOD 1: FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR

AL43FromMnth2 AL43FromYr2 AL43ToMnth2 AL43ToYR2
PERIOD 2: FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR

AL43FromMnth3 AL43FromYr3 AL43ToMnth3 AL43ToYR3
PERIOD 3: FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR

AL43FromMnth4 AL43FromYr4 AL43ToMnth4 AL43ToYR4
PERIOD 4: FROM ____/____/____ TO ____/____/____ t
MO YEAR MO YEAR

(38) AL44 Have you ever brought up any problem you might have had NO.....(SKIP TO AL45)..... 1
with drinking with any professional? YES 5

A. Did you talk with a: NO YES

| | | |
|--|---|----------|
| 1. Psychiatrist..... | 1 | 5 AL44a1 |
| 2. Another medical doctor..... | 1 | 5 AL44a2 |
| 3. Psychologist..... | 1 | 5 AL44a3 |
| 4. Another mental health professional..... | 1 | 5 AL44a4 |
| 5. Member of the clergy..... | 1 | 5 AL44a5 |
| 6. Another professional: | 1 | 5 AL44a6 |

IF YES, SPECIFY: _____ AL44a6_specify

ONS/REC. How old were you the (first/last) time you brought up AGE ONS: ____/____ AL44AgeOns
any problem you had with drinking? ONS: 1 5 AL44Ons

AGE REC: ____/____ AL44AgeRec
REC: 1 5 AL44Rec

C. With whom did you speak first? CODE: ____ AL44c
RECORD CODE (1-6)

REFER TO MH9 BEFORE ASKING**AL45**

(39) AL45 Have you ever been treated for a drinking problem? NO.....(SKIP TO D).....1
YES5

- A. Were you treated: NO YES
- | | | | |
|---|---|---|--------|
| 1. at AA or another self-help group? | 1 | 5 | AL45a1 |
| 2. at an outpatient alcohol program? | 1 | 5 | AL45a2 |
| 3. at an outpatient program for something other than alcohol? | 1 | 5 | AL45a3 |
| 4. at an inpatient alcohol program? | 1 | 5 | AL45a4 |
| 5. when you were an inpatient for medical complications due to alcohol? | 1 | 5 | AL45a5 |
| 6. at any other place or program?... (IF YES, SPECIFY) | 1 | 5 | AL45a6 |
- SPECIFY: _____AL45a6_Specify

- B. How old were you the (first/last) time you were treated? AGE ONS: __/__ AL45bAgeOns
ONS: 1 5 AL45bOns
AGE REC: __/__ AL45bAgeRec
REC: 1 5 AL45bRec
- C. Where were you first treated? **RECORD CODE** CODE: __ AL45c
(1-6) AND THEN SKIP TO MJ1.

- AL45d**
- D. Did you ever attend a self-help group (like AA) for your drinking? NO.....(SKIP TO MJ1).....1
YES5

ONS/REC. How old were you the (first/last) time you attended a self-help group for your drinking? AGE ONS: __/__ AL45dAgeOns
ONS: 1 5 AL45dOns
AGE REC: __/__ AL45dAgeRec
REC: 1 5 AL45dRec

ALCOHOL TALLY SHEET

| ITEM | SYMPTOM | 12 MO | 30 DAY |
|------------|--|----------------------|----------------------|
| | | <u>NO</u> <u>YES</u> | <u>NO</u> <u>YES</u> |
| ____AL9D | Need 50% more alcohol to get an effect | 1 5 AL9dYrCl | 1 5 AL9dMnthCl |
| ____AL9I | Find that you could drink 50% more alcohol before getting drunk | 1 5 AL9iYrCl | 1 5 AL9iMnthCl |
| ____AL10 | Want to stop or cut down | 1 5 AL10YrCl | 1 5 AL10MnthCl |
| ____AL10C | Try but not able to stop or cut down | 1 5 AL10cYrCl | 1 5 AL10cMnthCl |
| ____AL10D | Try but not able to stop or cut down on drinking 3+ times | 1 5 AL10dYrCl | 1 5 AL10dMnthCl |
| ____AL12C | Drink more than intended, more days in row than intended, or when promised self wouldn't | 1 5 AL12cYrCl | 1 5 AL12cMnthCl |
| ____AL13B | Become drunk when you didn't want to | 1 5 AL13bYrCl | 1 5 AL13bMnthCl |
| ____AL14B | Give up or greatly reduce important activities to drink | 1 5 AL14bYrCl | 1 5 AL14bMnthCl |
| ____AL15A | Find that drinking or recovering left little time for anything else | 1 5 AL15aYrCl | 1 5 AL15aMnthCl |
| ____AL16B | Neglect responsibilities when bingeing | 1 5 AL16bYrCl | 1 5 AL16bMnthCl |
| ____AL19 | Have a strong desire for alcohol | 1 5 AL19YrCl | 1 5 AL19MnthCl |
| ____AL21 | Mix alcohol & medications/drugs when you knew this was dangerous | 1 5 AL21YrCl | 1 5 AL21MnthCl |
| ____AL21D | Experience negative effects from mixing alcohol and drugs when knew it was dangerous | 1 5 AL21dYrCl | 1 5 AL21dMnthCl |
| ____AL22B | Become drunk in situations where you could have injured self | 1 5 AL22bYrCl | 1 5 AL22bMnthCl |
| ____AL23B | Were arrested for drunk driving | 1 5 AL23bYrCl | 1 5 AL23bMnthCl |
| ____AL24B | Had accidents because of drinking while driving | 1 5 AL24bYrCl | 1 5 AL24bMnthCl |
| ____AL25 | Find that drinking or being hung over often interfered with your responsibilities | 1 5 AL25YrCl | 1 5 AL25MnthCl |
| ____AL26B1 | Find that drinking caused problems with family or friends 3+ times | 1 5 AL26a1YrCl* | 1 5 AL26a1MnthCl* |
| ____AL26B2 | Lose friends because of drinking 3+ times | 1 5 AL26a2YrCl* | 1 5 AL26a2MnthCl* |
| ____AL26B3 | Have problems at work/school because of drinking 3+ times | 1 5 AL26a3YrCl* | 1 5 AL26a3MnthCl* |
| ____AL27C | Drink knowing it caused problems with love relationships | 1 5 AL27cYrCl | 1 5 AL27cMnthCl |
| ____AL28B | Were you arrested or detained by the police for drunk behavior | 1 5 AL28bYrCl | 1 5 AL28bMnthCl |
| ____AL29B | Become accidentally injured because of drinking | 1 5 AL29bYrCl | 1 5 AL29bMnthCl |
| ____AL31B | Continue to drink knowing alcohol caused health problems | 1 5 AL31bYrCl | 1 5 AL31bMnthCl |
| ____AL32 | Continue to drink despite serious physical illness | 1 5 | 1 5 |

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|-----------|---|----------------------------------|------------------------------------|
| | | AL32YrCl | AL32MnthCl |
| ____AL33A | Continue to drink knowing alcohol caused emotional problems | 1 5 AL33aYrCl | 1 5 AL33aMnthCl |
| ____AL37D | Experience withdrawal symptoms | 1 5 AL37dYrCl | 1 5 AL37dMnthCl |
| ____AL37I | Drink to relieve or avoid withdrawal symptoms | 1 5 AL37iYrCl | 1 5 AL37iMnthCl |
| ____AL38 | Have fits or seizures from drinking | 1 5 AL38YrCl | 1 5 AL38MnthCl |
| ____AL38C | Drink to avoid or relieve fits or seizures | 1 5 AL38cYrCl | 1 5 AL38cMnthCl |
| ____AL39 | Have the DT's from drinking | 1 5 AL39YrCl | 1 5 AL39MnthCl |
| ____AL39C | Drink to relieve or avoid the DT's | 1 5 AL39cYrCl | 1 5 AL39cMnthCl |

NOTE: The program correctly checks whether R endorsed the behavior 3 or more times. That is, the program checks AL26b1, AL26b2 and AL26b3.