

PID: Visit Date:


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Visit: **ALCOHOL CONSUMPTION**

Count as a drink a can or bottle of beer; a wine cooler or a glass of wine; champagne or sherry; a shot of liquor or a mixed drink or cocktail.

1. In your entire life, have you had at least 1 drink of any kind of alcohol?
(**NOT** counting small tastes or sips.) Yes No  ***Skip to end of form.***
2. About how old were you when you first started drinking? (**NOT** counting small tastes or sips.) years **OR** Don't know
3. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage? days **OR** Don't know
Enter '00' if you did not drink in the past 30 days
4. On the days that you drank during the past 30 days, how many drinks did you usually have each day? drinks **OR** Don't know
Enter '00' if you did not drink in the past 30 days.
5. What was the LARGEST number of drinks that you ever drank in a single day? drinks **OR** Don't know

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