

Section 01 – ALCOHOL SCREENING AND ABSTAINER – Continued

<p>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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> DK } (7)</p>	<p>60</p>
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<p>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 align="right"><i>Ask 6c for each person in 6b.</i></p> <p>c. For how long did you live with (person in 6b) while (person in 6b) was a problem drinker or alcoholic?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">61-62</td> <td style="width:10%; text-align: center;">_____</td> <td style="width:10%; text-align: center;">{</td> <td style="width:10%;">1 <input type="checkbox"/> Days</td> <td style="width:10%; text-align: center;">63-65</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 <input type="checkbox"/> Weeks</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 <input type="checkbox"/> Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 <input type="checkbox"/> Years</td> <td></td> </tr> <tr> <td colspan="5">1) _____</td> </tr> <tr> <td style="text-align: center;">66-67</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">{</td> <td>1 <input type="checkbox"/> Days</td> <td style="text-align: center;">68-70</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 <input type="checkbox"/> Weeks</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 <input type="checkbox"/> Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 <input type="checkbox"/> Years</td> <td></td> </tr> <tr> <td colspan="5">2) _____</td> </tr> <tr> <td style="text-align: center;">71-72</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">{</td> <td>1 <input type="checkbox"/> Days</td> <td style="text-align: center;">73-75</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 <input type="checkbox"/> Weeks</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 <input type="checkbox"/> Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 <input type="checkbox"/> Years</td> <td></td> </tr> <tr> <td colspan="5">3) _____</td> </tr> <tr> <td style="text-align: center;">76-77</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">{</td> <td>1 <input type="checkbox"/> Days</td> <td style="text-align: center;">78-80</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 <input type="checkbox"/> Weeks</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 <input type="checkbox"/> Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 <input type="checkbox"/> Years</td> <td></td> </tr> <tr> <td colspan="5">4) _____</td> </tr> <tr> <td style="text-align: center;">81-82</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">{</td> <td>1 <input type="checkbox"/> Days</td> <td style="text-align: center;">83-85</td> </tr> <tr> <td></td> <td></td> <td></td> <td>2 <input type="checkbox"/> Weeks</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 <input type="checkbox"/> Months</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 <input type="checkbox"/> Years</td> <td></td> </tr> <tr> <td colspan="5">5) _____</td> </tr> </table>	61-62	_____	{	1 <input type="checkbox"/> Days	63-65				2 <input type="checkbox"/> Weeks					3 <input type="checkbox"/> Months					4 <input type="checkbox"/> Years		1) _____					66-67	_____	{	1 <input type="checkbox"/> Days	68-70				2 <input type="checkbox"/> Weeks					3 <input type="checkbox"/> Months					4 <input type="checkbox"/> Years		2) _____					71-72	_____	{	1 <input type="checkbox"/> Days	73-75				2 <input type="checkbox"/> Weeks					3 <input type="checkbox"/> Months					4 <input type="checkbox"/> Years		3) _____					76-77	_____	{	1 <input type="checkbox"/> Days	78-80				2 <input type="checkbox"/> Weeks					3 <input type="checkbox"/> Months					4 <input type="checkbox"/> Years		4) _____					81-82	_____	{	1 <input type="checkbox"/> Days	83-85				2 <input type="checkbox"/> Weeks					3 <input type="checkbox"/> Months					4 <input type="checkbox"/> Years		5) _____				
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<p>7a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> DK } (8)</p>	<p>86</p>
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<p>b. Who was this? Anyone else? Mark all mentioned. If necessary, probe as indicated in 6b.</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>1 <input type="checkbox"/> Biological mother</td><td style="text-align: right;">87</td></tr> <tr><td>2 <input type="checkbox"/> Biological father</td><td style="text-align: right;">88</td></tr> <tr><td>1 <input type="checkbox"/> Biological brother(s)</td><td style="text-align: right;">89</td></tr> <tr><td>2 <input type="checkbox"/> Biological sister(s)</td><td style="text-align: right;">90</td></tr> <tr><td>1 <input type="checkbox"/> Half brother(s)</td><td style="text-align: right;">91</td></tr> <tr><td>2 <input type="checkbox"/> Half sister(s)</td><td style="text-align: right;">92</td></tr> <tr><td>1 <input type="checkbox"/> Biological son(s)</td><td style="text-align: right;">93</td></tr> <tr><td>2 <input type="checkbox"/> Biological daughter(s)</td><td style="text-align: right;">94</td></tr> <tr><td>1 <input type="checkbox"/> Grandmother(s)</td><td style="text-align: right;">95</td></tr> <tr><td>2 <input type="checkbox"/> Grandfather(s)</td><td style="text-align: right;">96</td></tr> <tr><td>1 <input type="checkbox"/> Aunt(s)</td><td style="text-align: right;">97</td></tr> <tr><td>2 <input type="checkbox"/> Uncle(s)</td><td style="text-align: right;">98</td></tr> <tr><td>1 <input type="checkbox"/> Niece(s)</td><td style="text-align: right;">99</td></tr> <tr><td>2 <input type="checkbox"/> Nephew(s)</td><td style="text-align: right;">100</td></tr> <tr><td>1 <input type="checkbox"/> Cousin(s)</td><td style="text-align: right;">101</td></tr> <tr><td>2 <input type="checkbox"/> Other blood relative(s)</td><td style="text-align: right;">102</td></tr> <tr><td>1 <input type="checkbox"/> DK</td><td style="text-align: right;">103</td></tr> </table>	1 <input type="checkbox"/> Biological mother	87	2 <input type="checkbox"/> Biological father	88	1 <input type="checkbox"/> Biological brother(s)	89	2 <input type="checkbox"/> Biological sister(s)	90	1 <input type="checkbox"/> Half brother(s)	91	2 <input type="checkbox"/> Half sister(s)	92	1 <input type="checkbox"/> Biological son(s)	93	2 <input type="checkbox"/> Biological daughter(s)	94	1 <input type="checkbox"/> Grandmother(s)	95	2 <input type="checkbox"/> Grandfather(s)	96	1 <input type="checkbox"/> Aunt(s)	97	2 <input type="checkbox"/> Uncle(s)	98	1 <input type="checkbox"/> Niece(s)	99	2 <input type="checkbox"/> Nephew(s)	100	1 <input type="checkbox"/> Cousin(s)	101	2 <input type="checkbox"/> Other blood relative(s)	102	1 <input type="checkbox"/> DK	103
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<p>8. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>104</p>
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Notes

Section 01 — ALCOHOL SCREENING AND ABSTAINER — Continued

3-4

5-6

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.

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

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.

7

8-9

b. What about — drinking?

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

10

11-12

c. What about — drinking?

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

13

14-15

d. What about — drinking?

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

16

17-18

e. What about — drinking?

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

19

20-21

f. What about — drinking?

Person No. _____

- 1 Heavy, 2 Moderate, 3 Light, 4 Very light or occasional, 5 Quit drinking, 6 Never drank, 9 DK

22

10. 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 (excluding during pregnancy)?
b. Hardening of the arteries?
c. Any heart disease?
d. Arthritis or rheumatism?
e. An ulcer, not including skin ulcers?
f. Diabetes?
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?
h. Cancer, other than skin cancer?
i. Alcoholism?

- Yes No
1 1 2
1 1 2
1 1 2
1 1 2
1 1 2
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1 1 2
1 1 2
1 1 2

23

24

25

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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 99 <input type="checkbox"/> DK	33-34
2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?	00 <input type="checkbox"/> None _____ Drinks 99 <input type="checkbox"/> DK	35-36
3. When did you have your last drink of any kind of alcoholic beverage?	_____ 19 _____ Month Year 9999 <input type="checkbox"/> DK	37-40
4. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor? <i>Mark only one box.</i>	1 <input type="checkbox"/> Beer 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 9 <input type="checkbox"/> DK	41
5. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself? <i>Mark only one box.</i>	1 <input type="checkbox"/> Friends 2 <input type="checkbox"/> Relatives 3 <input type="checkbox"/> People from work 4 <input type="checkbox"/> Other people 5 <input type="checkbox"/> Self 9 <input type="checkbox"/> DK	42
<i>Hand Card 01, read list if telephone interview.</i> 6a. (Please look at this list and tell me) What are your reasons for not drinking very much? Anything else? <i>Mark all mentioned.</i>	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68 69-70 71-72 73-74
<i>If only one reason in 6a, mark box without asking; otherwise, ask:</i> b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking very much?	01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK	75-76
Notes		

Section 02 -- LIFETIME INFREQUENT DRINKER -- Continued

<p>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.</p> <p>7a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?</p>	<p style="text-align: right;">77-80</p> <p>0000 <input type="checkbox"/> Everyday _____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 9999 <input type="checkbox"/> DK (8)</p>																		
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?</p>	<p style="text-align: right;">81-82</p> <p>_____ Drinks 99 <input type="checkbox"/> DK</p>																		
<p>8a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?</p>	<p style="text-align: right;">83-86</p> <p>0000 <input type="checkbox"/> Everyday _____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 9999 <input type="checkbox"/> DK (9)</p>																		
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?</p>	<p style="text-align: right;">87-88</p> <p>_____ Drinks 99 <input type="checkbox"/> DK</p>																		
<p>9a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?</p>	<p style="text-align: right;">89-92</p> <p>0000 <input type="checkbox"/> Everyday _____ Days per { 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 9999 <input type="checkbox"/> DK (10)</p>																		
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?</p>	<p style="text-align: right;">93-94</p> <p>_____ Drinks 99 <input type="checkbox"/> DK</p>																		
<p>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?</p>	<p style="text-align: right;">95</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (11) 9 <input type="checkbox"/> DK</p>																		
<p>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>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:30%; text-align: center;"> <p style="text-align: right;">96-97</p> </td> <td style="width:40%; padding-left: 20px;"> <p>Ask 10c for each person in 10b.</p> <p>C. For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?</p> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">98-100</p> </td> </tr> <tr> <td>1) _____</td> <td style="text-align: center;">101-102</td> <td style="padding-left: 20px;"> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">103-105</p> </td> </tr> <tr> <td>2) _____</td> <td style="text-align: center;">106-107</td> <td style="padding-left: 20px;"> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">108-110</p> </td> </tr> <tr> <td>3) _____</td> <td style="text-align: center;">111-112</td> <td style="padding-left: 20px;"> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">113-115</p> </td> </tr> <tr> <td>4) _____</td> <td style="text-align: center;">116-117</td> <td style="padding-left: 20px;"> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">118-120</p> </td> </tr> <tr> <td>5) _____</td> <td></td> <td></td> </tr> </table>		<p style="text-align: right;">96-97</p>	<p>Ask 10c for each person in 10b.</p> <p>C. For how long did you live with (person in 10b) while (person in 10b) was a problem drinker or alcoholic?</p> <p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">98-100</p>	1) _____	101-102	<p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">103-105</p>	2) _____	106-107	<p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">108-110</p>	3) _____	111-112	<p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">113-115</p>	4) _____	116-117	<p>_____ { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years</p> <p style="text-align: right;">118-120</p>	5) _____		
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5) _____																			

Section O2 – LIFETIME INFREQUENT DRINKER – Continued

3-4	
<p>11 a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (12)</p>
5	
<p>b. Who was this? Anyone else? Mark all mentioned. If necessary, probe as indicated in 10b.</p>	<p>1 <input type="checkbox"/> Biological mother 2 <input type="checkbox"/> Biological father 1 <input type="checkbox"/> Biological brother(s) 2 <input type="checkbox"/> Biological sister(s) 1 <input type="checkbox"/> Half brother(s) 2 <input type="checkbox"/> Half sister(s) 1 <input type="checkbox"/> Biological son(s) 2 <input type="checkbox"/> Biological daughter(s) 1 <input type="checkbox"/> Grandmother(s) 2 <input type="checkbox"/> Grandfather(s) 1 <input type="checkbox"/> Aunt(s) 2 <input type="checkbox"/> Uncle(s) 1 <input type="checkbox"/> Niece(s) 2 <input type="checkbox"/> Nephew(s) 1 <input type="checkbox"/> Cousin(s) 2 <input type="checkbox"/> Other blood relative(s) 1 <input type="checkbox"/> DK</p>
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	
<p>12. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
23	
<p>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.</p> <p>13 a. 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.</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
24-25	
<p>b. What about — drinking?</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
26 27-28	
<p>c. What about — drinking?</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
29 30-31	
<p>d. What about — drinking?</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
32 33-34	
<p>e. What about — drinking?</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
35 36-37	
<p>f. What about — drinking?</p>	<p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
38 39-40	
41	

Section O2 — 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 —

Yes

No

- a. Hypertension or high blood pressure (excluding during pregnancy)?
- b. Hardening of the arteries?
- c. Any heart disease?
- d. Arthritis or rheumatism?
- e. An ulcer, not including skin ulcers?
- f. Diabetes?
- g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?
- h. Cancer, other than skin cancer?
- i. Alcoholism?

1

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42

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51

**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 03 – CURRENT DRINKER

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?	_____ Years 99 <input type="checkbox"/> DK	52-63
2a. On the average, how often do you drink any alcoholic beverages?	0000 <input type="checkbox"/> Everyday _____ Days per 9999 <input type="checkbox"/> DK <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year </div>	54-57
b. On the average, on the days that you drink alcohol, how many drinks do you have a day?	_____ Drinks per day 99 <input type="checkbox"/> DK	58-59
<i>Hand calendar.</i> 3a. Did you have a drink during the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (3c)	60
b. During that period, when did you last have a drink?	_____ 19 _____ (4) Month Date Year	61-66
c. When was your last drink prior to that 2-week period?	_____ 19 _____ (10) Month Date Year	67-72
4a. During that 2-week period, on how many days did you drink any beer?	00 <input type="checkbox"/> None or never (5) _____ Days	73-74
b. On the day(s) when you drank beer, about how many beers did you drink a day?	_____ Beers 99 <input type="checkbox"/> DK	75-76
c. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?	_____ Ounces 99.99 <input type="checkbox"/> DK	77-81
5a. During that 2-week period, on how many days did you drink any wine?	00 <input type="checkbox"/> None or never (6) _____ Days	82-83
b. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?	_____ Glasses 99 <input type="checkbox"/> DK	84-85
c. About how many ounces of wine were in a typical glass that you drank during that period?	_____ Ounces 99.99 <input type="checkbox"/> DK	86-90
6a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?	00 <input type="checkbox"/> None or never (Check item 3) _____ Days	91-92
b. On the day(s) when you drank liquor, about how many drinks did you have a day?	_____ Drinks 99 <input type="checkbox"/> DK	93-94
c. About how many ounces of liquor were in a typical drink that you had during that period?	_____ Ounces 99.99 <input type="checkbox"/> DK	95-99
<div style="border: 1px solid black; padding: 5px; width: 150px;"> CHECK ITEM 3 </div>	Refer to 4a, 5a, and 6a. Mark first appropriate box.	100
7. I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined. 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 (8) 01 <input type="checkbox"/> One day only (9)	101-102

Section 03 – CURRENT DRINKER – Continued

RT 85

INTRO

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

3-4

<p>8a. Refer to questions 4b, 5b, and 6b. During that 2-week period, did you have more than (largest number in 4b, 5b, or 6b) drink(s) on a single day?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (9)</p>	5
<p>b. On how many days did you have more than (largest number in 4b, 5b, or 6b) drink(s) of beer, or wine, or liquor?</p>	<p>_____ Days 01 <input type="checkbox"/> One day only (8e)</p>	6-7
<p>c. What was the largest number of drinks you had on any one of those days?</p>	<p>_____ Drinks</p>	8-9
<p>d. On how many days during that 2-week period did you have (number in 8c) drinks?</p>	<p>_____ Days (9)</p>	10-11
<p>e. How many drinks did you have on that day?</p>	<p>_____ Drinks</p>	12-13
<p>9a. Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes (9c) 2 <input type="checkbox"/> No</p>	14
<p>b. Was the amount of your drinking during that 2-week period MORE OR LESS than your drinking during the past 12 months?</p>	<p>1 <input type="checkbox"/> More } (16) 2 <input type="checkbox"/> Less }</p>	15
<p>c. For how many years has this been typical of your drinking?</p>	<p>_____ Years } (16) 00 <input type="checkbox"/> Less than one }</p>	16-17
<p>Let's talk about the 2-week period ending the day you had your last drink. Please include that last day.</p>		
<p>10a. During that 2-week period, on how many days did you drink any beer?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (11)</p>	18-19
<p>b. On the day(s) when you drank beer, about how many beers did you drink a day?</p>	<p>99 <input type="checkbox"/> DK _____ Beers</p>	20-21
<p>c. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	22-26
<p>11a. During that 2-week period, on how many days did you drink any wine?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (12)</p>	27-28
<p>b. On the day(s) when you drank wine, about how many glasses of wine did you drink a day?</p>	<p>99 <input type="checkbox"/> DK _____ Glasses</p>	29-30
<p>c. About how many ounces of wine were in a typical glass that you drank during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	31-35
<p>12a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p>	<p>_____ Days 00 <input type="checkbox"/> None or never (Check Item 4)</p>	36-37
<p>b. On the day(s) when you drank liquor, about how many drinks did you have a day?</p>	<p>99 <input type="checkbox"/> DK _____ Drinks</p>	38-39
<p>c. About how many ounces of liquor were in a typical drink that you had during that period?</p>	<p>_____ Ounces 99.99 <input type="checkbox"/> DK</p>	40-44
<p>CHECK ITEM 4</p>	<p>Refer to 10a, 11a, and 12a. Mark first appropriate box.</p>	45
<p>1 <input type="checkbox"/> Only one beverage type (14) 2 <input type="checkbox"/> 14 days in 10a, 11a, or 12a (14) 3 <input type="checkbox"/> Other (13)</p>		

Section 03 – CURRENT DRINKER – Continued

<p>13. I have asked you about beer, wine and liquor separately. Now I want you to think about them combined.</p> <p>Still thinking about the same 2-week period, on how many days altogether did you drink alcoholic beverages, that is, beer, wine, or liquor?</p>	<p align="right">46-47</p> <p>01 <input type="checkbox"/> One day only</p> <p>_____ Days</p>
<p>14a. Was the amount of your drinking during that 2-week period typical of your drinking during the previous 12 months?</p>	<p align="right">48</p> <p>1 <input type="checkbox"/> Yes (14c)</p> <p>2 <input type="checkbox"/> No</p>
<p>b. During that 2-week period, did you drink MORE OR LESS than usual?</p>	<p align="right">49</p> <p>1 <input type="checkbox"/> More } (15)</p> <p>2 <input type="checkbox"/> Less }</p>
<p>c. For how many years has this been typical of your drinking?</p>	<p align="right">50-51</p> <p>00 <input type="checkbox"/> Less than one year</p> <p>_____ Years</p>
<p><i>Hand Card O1, read list if telephone interview.</i></p> <p>15a. (Please look at this list and tell me) What are your reasons for not drinking since (date in 3c)?</p> <p>Anything else?</p> <p>Mark all mentioned</p>	<p>01 <input type="checkbox"/> Don't socialize very much 52-53</p> <p>02 <input type="checkbox"/> Don't care for it/dislike it 54-55</p> <p>03 <input type="checkbox"/> Am an alcoholic 56-57</p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic 58-59</p> <p>05 <input type="checkbox"/> Had problems with my drinking 60-61</p> <p>06 <input type="checkbox"/> Have a responsibility to my family 62-63</p> <p>07 <input type="checkbox"/> Family member an alcoholic or problem drinker 64-65</p> <p>08 <input type="checkbox"/> Medical or health reasons 66-67</p> <p>09 <input type="checkbox"/> Religious or moral reasons 68-69</p> <p>10 <input type="checkbox"/> Brought up not to drink 70-71</p> <p>11 <input type="checkbox"/> Makes me sick 72-73</p> <p>12 <input type="checkbox"/> Can't control my drinking 74-75</p> <p>13 <input type="checkbox"/> Costs too much or can't afford it 76-77</p> <p>14 <input type="checkbox"/> Dieting or too fattening 78-79</p> <p>88 <input type="checkbox"/> Other 80-81</p> <p>99 <input type="checkbox"/> DK 82-83</p>
<p><i>If only one reason in 15a, mark box without asking; otherwise ask:</i></p> <p>b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking since (date in 3c)?</p>	<p align="right">84-85</p> <p>01 <input type="checkbox"/> Don't socialize very much</p> <p>02 <input type="checkbox"/> Don't care for it/dislike it</p> <p>03 <input type="checkbox"/> Am an alcoholic</p> <p>04 <input type="checkbox"/> Thought I might become an alcoholic</p> <p>05 <input type="checkbox"/> Had problems with my drinking</p> <p>06 <input type="checkbox"/> Have a responsibility to my family</p> <p>07 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>08 <input type="checkbox"/> Medical or health reasons</p> <p>09 <input type="checkbox"/> Religious or moral reasons</p> <p>10 <input type="checkbox"/> Brought up not to drink</p> <p>11 <input type="checkbox"/> Makes me sick</p> <p>12 <input type="checkbox"/> Can't control my drinking</p> <p>13 <input type="checkbox"/> Costs too much or can't afford it</p> <p>14 <input type="checkbox"/> Dieting or too fattening</p> <p>88 <input type="checkbox"/> Other</p> <p>99 <input type="checkbox"/> DK</p>
<p>c. Do you think you will probably drink again or have you stopped drinking permanently?</p>	<p align="right">86</p> <p>1 <input type="checkbox"/> Will probably drink again</p> <p>2 <input type="checkbox"/> Stopped permanently</p> <p>8 <input type="checkbox"/> Other</p> <p>9 <input type="checkbox"/> DK</p>
<p>16a. (Thinking about the 12 months before your last drink) Did you have at least one drink in every month [last year/of that year]?</p>	<p align="right">87</p> <p>1 <input type="checkbox"/> Yes (17)</p> <p>2 <input type="checkbox"/> No</p>
<p>b. In how many months did you have at least one drink?</p>	<p align="right">88-89</p> <p>_____ Months</p> <p>00 <input type="checkbox"/> None (18)</p>
<p>17a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?</p>	<p align="right">90-92</p> <p>_____ Days</p> <p>000 <input type="checkbox"/> None</p>
<p>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 17a) days you had 9 or more drinks.)</p>	<p align="right">93-95</p> <p>_____ Days</p> <p>000 <input type="checkbox"/> None</p>

Section 03 — CURRENT DRINKER — Continued

18. Do you NOW consider yourself to be a heavy, moderate, light, very light or occasional drinker?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input type="checkbox"/> Very light or occasional <input type="checkbox"/> Quit drinking	3-4 5
19a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Week} \\ 2 \text{ } \square \text{ Month} \\ 3 \text{ } \square \text{ Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK	6-9
b. On these days, about how many drinks did you have a day?	_____ Drinks 99 <input type="checkbox"/> DK	10-11
c. For how long of a period did you drink this amount?	Number $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Days} \\ 2 \text{ } \square \text{ Weeks} \\ 3 \text{ } \square \text{ Months} \\ 4 \text{ } \square \text{ Years} \end{array} \right.$ 9999 <input type="checkbox"/> DK	12-15
20. (Before you stopped drinking) What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor? <i>Mark only one box.</i>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/> No preference <input type="checkbox"/> DK	16
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? <i>Mark only one box.</i>	<input type="checkbox"/> Friends <input type="checkbox"/> Relatives <input type="checkbox"/> People from work <input type="checkbox"/> Other people <input type="checkbox"/> Self <input type="checkbox"/> DK	17
22a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Week} \\ 2 \text{ } \square \text{ Month} \\ 3 \text{ } \square \text{ Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (23)	18-21
b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?	_____ Drinks 99 <input type="checkbox"/> DK	22-23
23a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Week} \\ 2 \text{ } \square \text{ Month} \\ 3 \text{ } \square \text{ Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (24)	24-27
b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?	_____ Drinks 99 <input type="checkbox"/> DK	28-29
24a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?	0000 <input type="checkbox"/> Everyday _____ Days per $\left\{ \begin{array}{l} 1 \text{ } \square \text{ Week} \\ 2 \text{ } \square \text{ Month} \\ 3 \text{ } \square \text{ Year} \end{array} \right.$ 9999 <input type="checkbox"/> DK (25)	30-33
b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?	_____ Drinks 99 <input type="checkbox"/> DK	34-35

Section 03 – 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (26)	36
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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.	Ask 25c for each person in 25b. C. For how long did you live with (person in 25b) while (person in 25b) was a problem drinker or alcoholic? 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
1) _____	_____ { 37-38 } _____ { 39-41 }
2) _____	_____ { 42-43 } _____ { 44-46 }
3) _____	_____ { 47-48 } _____ { 49-51 }
4) _____	_____ { 52-53 } _____ { 54-56 }
5) _____	_____ { 57-58 } _____ { 59-61 }

26a. Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (27)	62
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b. Who was this? Anyone else? Mark all mentioned. If necessary, probe as indicated in 25b.	1 <input type="checkbox"/> Biological mother 2 <input type="checkbox"/> Biological father 1 <input type="checkbox"/> Biological brother(s) 2 <input type="checkbox"/> Biological sister(s) 1 <input type="checkbox"/> Half brother(s) 2 <input type="checkbox"/> Half sister(s) 1 <input type="checkbox"/> Biological son(s) 2 <input type="checkbox"/> Biological daughter(s) 1 <input type="checkbox"/> Grandmother(s) 2 <input type="checkbox"/> Grandfather(s) 1 <input type="checkbox"/> Aunt(s) 2 <input type="checkbox"/> Uncle(s) 1 <input type="checkbox"/> Niece(s) 2 <input type="checkbox"/> Nephew(s) 1 <input type="checkbox"/> Cousin(s) 2 <input type="checkbox"/> Other blood relative(s) 1 <input type="checkbox"/> DK	63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79
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27. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	80
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Notes

Section O3 — CURRENT DRINKER — Continued

<p>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.</p> <p>28a. Please look at this card and tell me which number best describes — drinking during the past year.</p> <p>I am going to read a list of different drinking categories, please tell me which best describes — drinking in the past year.</p>	<p align="right">81-82</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
<p>b. What about — drinking?</p>	<p align="right">83 84-85</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
<p>c. What about — drinking?</p>	<p align="right">86 87-88</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
<p>d. What about — drinking?</p>	<p align="right">89 90-91</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
<p>e. What about — drinking?</p>	<p align="right">92 93-94</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>
<p>f. What about — drinking?</p>	<p align="right">95 96-97</p> <p>Person No. _____</p> <p>1 <input type="checkbox"/> Heavy 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Light 4 <input type="checkbox"/> Very light or occasional</p> <p>5 <input type="checkbox"/> Quit drinking 6 <input type="checkbox"/> Never drank 9 <input type="checkbox"/> DK</p>

<p>29. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —</p>	<p align="right">98</p>				
<p>a. Hypertension or high blood pressure (excluding during pregnancy)?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">99</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>b. Hardening of the arteries?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">100</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>c. Any heart disease?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">101</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>d. Arthritis or rheumatism?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">102</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>e. An ulcer, not including skin ulcers?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">103</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>f. Diabetes?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">104</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">105</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>h. Cancer, other than skin cancer?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">106</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				
<p>i. Alcoholism?</p>	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Yes</td> <td style="width:50%; text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> </tr> </table> <p align="right">107</p>	Yes	No	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yes	No				
1 <input type="checkbox"/>	2 <input type="checkbox"/>				

<p>CHECK ITEM 5</p>	<p>Mark one box, then read "Intro" for HIS-2, Alcohol Questionnaire.</p>	<p>1 <input type="checkbox"/> SP alone during interview 2 <input type="checkbox"/> Child(ren) present during interview 3 <input type="checkbox"/> Other adult(s) present during interview 4 <input type="checkbox"/> Child(ren) and other adult(s) present during interview 5 <input type="checkbox"/> Telephone interview</p> <p align="right">108</p>
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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?)

<p>METHOD OF INTERVIEW 109</p> <p>1 <input type="checkbox"/> Read to SP (HIS-2) 2 <input type="checkbox"/> Self-administered (Instructions) 3 <input type="checkbox"/> Telephone interview (HIS-2) 4 <input type="checkbox"/> Refused HIS-2 (next Supplement)</p>	<p>INSTRUCTIONS — In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS. Complete column 1 for each question first. Then go back and in COLUMN 2, 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.</p>
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Section 04 — FORMER DRINKER

<p>1. Not counting small tastes, how old were you when you started drinking alcoholic beverages?</p>	<p>_____ Years <input type="checkbox"/> DK</p>	<p>3-4 5-6</p>
<p>2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have?</p>	<p>00 <input type="checkbox"/> None _____ Drinks <input type="checkbox"/> DK</p>	<p>7-8</p>
<p>3. When did you have your last drink of any kind of alcoholic beverage?</p>	<p>_____ 19 _____ Month Year <input type="checkbox"/> DK</p>	<p>9-12</p>
<p>4a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?</p>	<p>0000 <input type="checkbox"/> Everyday _____ Days per <input type="checkbox"/> DK</p> <p> <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year </p>	<p>13-16</p>
<p>b. On those days, about how many drinks did you have a day?</p>	<p>00 <input type="checkbox"/> None _____ Drinks <input type="checkbox"/> DK</p>	<p>17-18</p>
<p>c. For how long of a period did you drink this amount?</p>	<p>_____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> DK</p>	<p>19-22</p>
<p>5. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?</p> <p><i>Mark only one box</i></p>	<p>1 <input type="checkbox"/> Beer 2 <input type="checkbox"/> Wine 3 <input type="checkbox"/> Liquor 4 <input type="checkbox"/> No preference 9 <input type="checkbox"/> DK</p>	<p>23</p>
<p>6. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?</p> <p><i>Mark only one box.</i></p>	<p>1 <input type="checkbox"/> Friends 2 <input type="checkbox"/> Relatives 3 <input type="checkbox"/> People from work 4 <input type="checkbox"/> Other people 5 <input type="checkbox"/> Self 9 <input type="checkbox"/> DK</p>	<p>24</p>
<p><i>Hand Card 01, read list if telephone interview.</i></p> <p>7a. (Please look at this list and tell me) What are your reasons for drinking less than 12 drinks in the past year?</p> <p>Anything else?</p> <p><i>Mark all mentioned.</i></p>	<p>01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>25-26 27-28 29-30 31-32 33-34 35-36 37-38 39-40 41-42 43-44 45-48 47-48 49-50 51-52 53-54 55-56</p>
<p><i>If only one reason in 7a, mark box without asking; otherwise, ask:</i></p> <p>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?</p>	<p>01 <input type="checkbox"/> Don't socialize very much 02 <input type="checkbox"/> Don't care for it or dislike it 03 <input type="checkbox"/> Am an alcoholic 04 <input type="checkbox"/> Thought I might become an alcoholic 05 <input type="checkbox"/> Had problems with my drinking 06 <input type="checkbox"/> Have a responsibility to my family 07 <input type="checkbox"/> Family member an alcoholic or problem drinker 08 <input type="checkbox"/> Medical or health reasons 09 <input type="checkbox"/> Religious or moral reasons 10 <input type="checkbox"/> Brought up not to drink 11 <input type="checkbox"/> Makes me sick 12 <input type="checkbox"/> Can't control my drinking 13 <input type="checkbox"/> Costs too much or can't afford it 14 <input type="checkbox"/> Dieting or too fattening 88 <input type="checkbox"/> Other 99 <input type="checkbox"/> DK</p>	<p>57-58</p>

Section 04 — FORMER DRINKER

<p>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.</p> <p>8a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?</p>	<p>0000 <input type="checkbox"/> Everyday _____ Days per 9999 <input type="checkbox"/> DK (9)</p> <p><math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week} \\ 2 \text{ <input type="checkbox"/> Month} \\ 3 \text{ <input type="checkbox"/> Year} \end{array} \right.</math></p> <p>68-62</p>
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?</p>	<p>_____ Drinks 99 <input type="checkbox"/> DK</p> <p>63-64</p>
<p>9a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?</p>	<p>0000 <input type="checkbox"/> Everyday _____ Days per 9999 <input type="checkbox"/> DK (10)</p> <p><math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week} \\ 2 \text{ <input type="checkbox"/> Month} \\ 3 \text{ <input type="checkbox"/> Year} \end{array} \right.</math></p> <p>65-68</p>
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?</p>	<p>_____ Drinks 99 <input type="checkbox"/> DK</p> <p>69-70</p>
<p>10a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?</p>	<p>0000 <input type="checkbox"/> Everyday _____ Days per 9999 <input type="checkbox"/> DK (11)</p> <p><math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Week} \\ 2 \text{ <input type="checkbox"/> Month} \\ 3 \text{ <input type="checkbox"/> Year} \end{array} \right.</math></p> <p>71-74</p>
<p>b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?</p>	<p>_____ Drinks 99 <input type="checkbox"/> DK</p> <p>75-76</p>
<p>11 a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?</p> <p>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>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK } (12)</p> <p>76-79</p> <p>Ask 11c for each person in 11b.</p> <p>C. For how long did you live with (person in 11b) while (person in 11b) was a problem drinker or alcoholic?</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>1) _____</p> <p>80-82</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>2) _____</p> <p>83-84</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>3) _____</p> <p>85-87</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>4) _____</p> <p>88-89</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>5) _____</p> <p>90-92</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>93-94</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>95-97</p> <p>_____ <math>\left\{ \begin{array}{l} 1 \text{ <input type="checkbox"/> Days} \\ 2 \text{ <input type="checkbox"/> Weeks} \\ 3 \text{ <input type="checkbox"/> Months} \\ 4 \text{ <input type="checkbox"/> Years} \end{array} \right.</math></p> <p>98-99</p> <p>100-102</p>

Section 04 - FORMER DRINKER - Continued

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

- 1 Yes
2 No
9 DK (13)

3-4
5

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 11b.

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

6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

13. 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

23

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.

24-25

14a. 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.

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

26
27-28

b. What about -- drinking?

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

29
30-31

c. What about -- drinking?

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

32
33-34

d. What about -- drinking?

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

35
36-37

e. What about -- drinking?

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

38
39-40

f. What about -- drinking?

Person No. _____

- 1 Heavy
2 Moderate
3 Light
4 Very light or occasional

- 5 Quit drinking
6 Never drank
9 DK

41

Section O4 — FORMER DRINKER — Continued

	Yes	No	
15. 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 (excluding during pregnancy)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	42
b. Hardening of the arteries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	43
c. Any heart disease?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	44
d. Arthritis or rheumatism?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	45
e. An ulcer, not including skin ulcers?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	46
f. Diabetes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	47
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	48
h. Cancer, other than skin cancer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	49
i. Alcoholism?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	50

CHECK ITEM 6

Mark one box, then read "Intro" for HIS-3, 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-3)
- 2 Self-administered (Instructions)
- 3 Telephone interview (HIS-3)
- 4 Refused HIS-3 (next Supplement)

52

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 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

HIS-501 (1988) (10-30-87)

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 N3

Card O1

(Cut along broken line.)

HIS 501 (1988) (10-30-87)

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 O2

Card P1

(Cut along this line)