

**Section 2B - ALCOHOL EXPERIENCES**

**1a. Now I'm going to ask you about some experiences you may have had with your drinking. As I read each experience, please tell me if this has ever happened to you.**

**b. Did this happen in the last 12 months?**

**In your entire life, did you EVER... (PAUSE)**  
*(Repeat phrase frequently)*

- (1) Find that your usual number of drinks had much less effect on you than it once did?**

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- (2) Find that you had to drink much more than you once did to get the effect you wanted?**

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- (3) Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?**

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- (4) Increase your drinking because the amount you used to drink didn't give you the same effect anymore?**

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- (5) More than once WANT to stop or cut down on your drinking?**

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- (6) More than once TRY to stop or cut down on your drinking but found you couldn't do it?**

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- (7) Have a period when you ended up drinking more than you meant to?**

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- (8) Have a period when you kept on drinking for longer than you had intended to?**

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- (9) The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down. Did you EVER...**
  - Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?

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- (10) Find yourself shaking or your hands trembling?**

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- (11) Feel anxious or nervous?**

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- (12) Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?**

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- (13) Feel more restless than is usual for you?**

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- (14) Find yourself sweating or your heart beating fast?**

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- (15) See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?**

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- (16) Have fits or seizures?**

1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A1</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B1</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A2</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B2</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A3</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B3</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A4</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B4</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A5</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B5</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A6</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B6</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A7</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B7</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A8</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B8</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A9</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B9</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A10</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B10</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A11</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B11</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A12</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B12</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A13</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B13</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A14</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B14</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A15</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B15</b> <i>in column c</i>
1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Go to next experience</i> <b>N2BQ1A16</b>	1 <input type="checkbox"/> Yes <span style="float: right;">—————&gt;</span> 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B16</b> <i>in column c</i>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<p><b>c. Did this happen before 12 months ago, that is before last (Month one year ago)?</b></p>	<p><b>d.</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B1 <b>N2BQ1C1</b> 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>B1</b></p> <p>1 <input type="checkbox"/> <b>Had to drink much more to get an effect or drank the equivalent of a fifth of liquor</b></p> <p align="center"><b>N2BCKB1</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B1 <b>N2BQ1C2</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B1 <b>N2BQ1C3</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B1 <b>N2BQ1C4</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B2 <b>N2BQ1C5</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B2 <b>N2BQ1C6</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B3 <b>N2BQ1C7</b> 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>B3</b></p> <p>1 <input type="checkbox"/> <b>Drank more or longer than you meant to</b></p> <p align="center"><b>N2BCKB3</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B3 <b>N2BQ1C8</b> 2 <input type="checkbox"/> No - Go to next experience</p>		
<p align="center"><b>N2BQ1C9</b></p> <p>1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C10</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C11</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C12</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C13</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C14</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C15</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		
<p>1 <input type="checkbox"/> Yes } <b>N2BQ1C16</b> 2 <input type="checkbox"/> No } <i>Go to next experience</i></p>		

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<b>CHECK ITEM 2.11</b>	Are at least 2 items marked "Yes" in column b, item 9-16	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item 2.12</i>	<b>N2BCK211</b>
(17) You just mentioned that you had <b>SOME</b> bad aftereffects when stopping or cutting down on drinking in the last 12 months. Did at least 2 of these experiences happen around the same time <b>DURING</b> the last 12 months?			1 <input type="checkbox"/> Yes <b>N2BQ1B17</b> 2 <input type="checkbox"/> No
<b>CHECK ITEM 2.12</b>	Are at least 2 items marked "Yes" in column c, item 9-16)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to (19)</i>	<b>N2BCK212</b>
(18) You (also/just) mentioned that you had <b>SOME</b> bad aftereffects when stopping or cutting down on drinking before 12 months ago. Did at least 2 of these experiences happen around the same time <b>BEFORE</b> 12 months ago?			
<b>1a. In your entire life, did you EVER... (PAUSE)</b> <i>(Repeat phrase frequently)</i>		<b>b. Did this happen in the last 12 months?</b>	
(19)	Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to <b>GET OVER</b> any of the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A19</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B19</b> in column c
(20)	Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to <b>KEEP FROM</b> having any of these bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A20</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B20</b> in column c
(21)	Have a period when you spent a lot of time drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A21</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B21</b> in column c
(22)	Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A22</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B22</b> in column c
(23)	Give up or cut down on activities that were important to you in order to drink - like work, school, or associating with friends or relatives?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A23</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B23</b> in column c
(24)	Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A24</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B24</b> in column c
(25)	Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A25</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B25</b> in column c
(26)	Continue to drink even though you knew it was causing you a health problem or making a health problem worse?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A26</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B26</b> in column c
(27)	Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A27</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B27</b> in column c
(28)	Feel a very strong urge or desire to drink?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A28</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B28</b> in column c
(29)	Want a drink so badly that you couldn't think of anything else?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A29</b> experience	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B29</b> in column c

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

1 <input type="checkbox"/> Yes – Mark Box B4-1 2 <input type="checkbox"/> No <b>N2BQ1C18</b>	<p align="center"><b>B4-1</b></p> 1 <input type="checkbox"/> <b>Had bad aftereffects after stopping or cutting down on drinking</b> <b>N2BCKB41</b>	
<b>c. Did this happen before 12 months ago, that is before last (Month one year ago)?</b>	<b>d.</b>	
1 <input type="checkbox"/> Yes - Mark Box B4-2 <b>N2BQ1C19</b> 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>B4-2</b></p> 1 <input type="checkbox"/> <b>Took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking</b>  <b>N2BCKB42</b>	
1 <input type="checkbox"/> Yes - Mark Box B4-2 <b>N2BQ1C20</b> 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box B5 <b>N2BQ1C21</b> 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>B5</b></p> 1 <input type="checkbox"/> <b>Spent a lot of time drinking or getting over being sick from drinking</b>  <b>N2BCKB5</b>	
1 <input type="checkbox"/> Yes - Mark Box B5 <b>N2BQ1C22</b> 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box B6 <b>N2BQ1C23</b> 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>B6</b></p> 1 <input type="checkbox"/> <b>Gave up or cut down on activities that were important to you in order to drink</b>  <b>N2BCKB6</b>	
1 <input type="checkbox"/> Yes - Mark Box B6 <b>N2BQ1C24</b> 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box B7 <b>N2BQ1C25</b> 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>B7</b></p> 1 <input type="checkbox"/> <b>Drank even though it affected your mood or health</b>  <b>N2BCKB7</b>	
1 <input type="checkbox"/> Yes - Mark Box B7 <b>N2BQ1C26</b> 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box B7 <b>N2BQ1C27</b> 2 <input type="checkbox"/> No - Go to next experience		
1 <input type="checkbox"/> Yes - Mark Box B8 <b>N2BQ1C28</b> 2 <input type="checkbox"/> No - Go to next experience	<p align="center"><b>B8</b></p> 1 <input type="checkbox"/> <b>Had a strong desire or urge to drink</b>  <b>N2BCKB8</b>	
1 <input type="checkbox"/> Yes - Mark Box B8 <b>N2BQ1C29</b> 2 <input type="checkbox"/> No - Go to next experience		

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<b>1a. In your entire life, did you EVER... (PAUSE)</b> <i>(Repeat phrase frequently)</i>	<b>b. Did this happen in the last 12 months?</b>	
<b>(30)</b> Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A30</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B30</b> <i>in column c</i>
<b>(31)</b> Have job or school troubles because of your drinking or being sick from drinking – like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled or dropping out of school?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A31</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B31</b> <i>in column c</i>
<b>(32)</b> Continue to drink even though it was causing you problems at school or at work?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A32</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B32</b> <i>in column c</i>
<b>(33)</b> More than once drive a car or other vehicle <b>WHILE</b> you were drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A33</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B33</b> <i>in column c</i>
<b>(34)</b> Drive a car, motorcycle, truck, boat or other vehicle and have an accident <b>WHILE</b> you were under the influence of alcohol?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A34</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B34</b> <i>in column c</i>
<b>(35)</b> More than once drive a car, motorcycle, truck boat, or other vehicle <b>AFTER</b> having too much to drink?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A35</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B35</b> <i>in column c</i>
<b>(36)</b> Get into situations while drinking or after drinking that increased your chances of getting hurt – like swimming, using machinery, or walking in a dangerous area or around heavy traffic?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A36</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B36</b> <i>in column c</i>
<b>(37)</b> Have arguments or problems with your spouse or partner or family or friends because of your drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A37</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B37</b> <i>in column c</i>
<b>(38)</b> Continue to drink even though it was causing you trouble with your family or friends?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ1A38</b> <i>experience</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B38</b> <i>in column c</i>
<b>(39)</b> Get into physical fights while drinking or right after drinking?	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Go to Check</i> <b>N2BQ1A39</b> <i>Item 2.14</i>	1 <input type="checkbox"/> Yes —————→ 2 <input type="checkbox"/> No - <i>Mark "Yes"</i> <b>N2BQ1B39</b> <i>in column c</i>

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

<p><b>c. Did this happen before 12 months ago, that is before last (Month one year ago)?</b></p>	<p><b>d.</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B9 N2BQ1C30 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>B9</b></p> <p>1 <input type="checkbox"/> <b>Were drunk or hung over when you were supposed to be doing something important</b></p> <p align="center"><b>N2BCKB9</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B9 N2BQ1C31 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B9 N2BQ1C32 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B10 N2BQ1C33 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>B10</b></p> <p>1 <input type="checkbox"/> <b>Were in a situation while drinking or after drinking where you could have been hurt</b></p> <p align="center"><b>N2BCKB10</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B10 N2BQ1C34 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B10 N2BQ1C35 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B10 N2BQ1C36 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B11 N2BQ1C37 2 <input type="checkbox"/> No - Go to next experience</p>	<p align="center"><b>B11</b></p> <p>1 <input type="checkbox"/> <b>Drank even though it affected your relationships with other people</b></p> <p align="center"><b>N2BCKB11</b></p>	
<p>1 <input type="checkbox"/> Yes - Mark Box B11 N2BQ1C38 2 <input type="checkbox"/> No - Go to next experience</p>		
<p>1 <input type="checkbox"/> Yes - Mark Box B11 N2BQ1C39 2 <input type="checkbox"/> No - Go to Check Item 2.14</p>		

**Section 2B – ALCOHOL EXPERIENCES (Continued)**

<b>CHECK ITEM 2.14</b>	Are there <b>AT LEAST 2 BOXES</b> marked “Yes” for Boxes 1-3, (4-1 or 4-2), 5-11 in 1, column d?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a2</i>	<b>N2BCK214</b>				
<b>2a.</b>	<b>You mentioned that before 12 months ago, you...</b> (Read ALL summary statements marked in Boxes B1, B2, B3, B4-1, B4-2, B5-B12 in 1, column d).  Before last (Month one year ago), was there <b>EVER</b> a period when <b>SOME</b> of these experiences were happening around the same time <b>ON AND OFF FOR A FEW MONTHS OR LONGER?</b>	1 <input type="checkbox"/> Yes - <i>SKIP to 2d</i> 2 <input type="checkbox"/> No	<b>N2BQ2A</b>				
<b>b.</b>	Before last (Month one year ago), was there <b>EVER</b> a period when <b>SOME</b> of these experiences were happening around the same time <b>MOST DAYS FOR AT LEAST A MONTH?</b>	1 <input type="checkbox"/> Yes - <i>SKIP to 2d</i> 2 <input type="checkbox"/> No	<b>N2BQ2B</b>				
<b>c.</b>	Before last (Month one year ago), was there <b>EVER</b> a time when <b>SOME</b> of these experiences happened within the same 1-year period?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a2</i>	<b>N2BQ2C</b>				
<b>d.</b>	About how old were you the <b>FIRST</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?	_____ Age	<b>N2BQ2D</b>				
<b>e.</b>	In your <b>ENTIRE LIFE</b> , how many separate periods like this did you have when <b>SOME</b> of these experiences were happening around the same time?  By separate periods, I mean times that were separated by at least 1 year when you <b>EITHER STOPPED</b> drinking entirely ( <i>PAUSE</i> ) <b>OR</b> you didn't have any of the experiences you mentioned with alcohol at all.	_____ Number	<b>N2BQ2E</b>				
<b>CHECK ITEM 2.15</b>	Is number entered in 2e, 2 or more or unknown?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2h</i>	<b>N2BCK215</b>				
<b>2f.</b>	What was the <b>LONGEST</b> period you had when <b>SOME</b> of these experiences were happening around the same time?	_____ Month(s) OR _____ Year(s)	<b>N2BQ2FCONT, N2BQ2FUNIT</b>				
<b>g.</b>	How old were you the <b>MOST RECENT</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?	_____ Age - <i>SKIP to Check Item 2.16</i>	<b>N2BQ2G</b>				
<b>h.</b>	How long did this period last when <b>SOME</b> of these experiences were happening around the same time?	_____ Month(s) OR _____ Year(s)	<b>N2BQ2HCONT, N2BQ2HUNIT</b>				
<b>CHECK ITEM 2.16</b>	Is at least 1 item marked in 1b, items (1) – (16), (19) – (27) or (30) – (39)?	1 <input type="checkbox"/> Yes - <i>SKIP to 3a2</i> 2 <input type="checkbox"/> No	<b>N2BCK216</b>				
<b>2i.</b>	About how old were you when you <b>FINALLY STOPPED</b> having these experiences with alcohol? By finally stopped, I mean they never started happening again.	_____ Age	<b>N2BQ2I</b>				
<b>3a.</b>	In your <b>ENTIRE LIFE</b> , did you <b>EVER ...</b> ( <i>PAUSE</i> ) ( <i>Repeat phrase frequently</i> )						
	<b>(2) Ride in a car as a passenger while YOU were drinking?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next</i> <b>N2BQ3A2</b> experience	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><b>b. Did this happen in the last 12 months?</b></td> <td style="width:33%;"><b>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</b></td> </tr> <tr> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Mark “Yes”</i> <b>N2BQ3B2</b>in column c</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>N2BQ3C2</b></td> </tr> </table>	<b>b. Did this happen in the last 12 months?</b>	<b>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Mark “Yes”</i> <b>N2BQ3B2</b> in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>N2BQ3C2</b>
<b>b. Did this happen in the last 12 months?</b>	<b>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</b>						
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>Mark “Yes”</i> <b>N2BQ3B2</b> in column c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>N2BQ3C2</b>						

**Section 2B - ALCOHOL EXPERIENCES (Continued)**

3a. In your ENTIRE LIFE, did you EVER ... (PAUSE) <i>(Repeat phrase frequently)</i>	b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is, before last (Month one year ago)?
<b>(3) Drive a car, motorcycle, truck or other vehicle and injure yourself or someone else in an accident while you were under the influence of alcohol?</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next <b>N2BQ3A3</b> experience	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Mark "Yes" <b>N2BQ3B3</b> column c
<b>(4) Accidentally injure yourself or someone else in any way other than motor vehicle accidents, like a bad fall or bad cut, while you were under the influence of alcohol?</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next <b>N2BQ3A4</b> experience	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Mark "Yes" <b>N2BQ3B4</b> column c
<b>(5) More than once get arrested, held at a police station, or have any other legal problems because of your drinking?</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to next experience <b>N2BQ3A5</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Mark "Yes" in column c <b>N2BQ3B5</b>
<b>(6) Ride in a car or other vehicle WHILE the driver was drinking?</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Go to Check Item 2.16A <b>N2BQ3A6</b>	1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No - Mark "Yes" in <b>N2BQ3B6</b> column c
<b>CHECK ITEM 2.16A</b> Does Check Item 2.4A=1 (did respondent ever drink at least 12 drinks in any year or 5+ drinks in a single day in any year)?	1 <input type="checkbox"/> Yes - Go to Section 2C <b>N2BCK216A</b> 2 <input type="checkbox"/> No (includes lifetime abstainers)- SKIP to Section 2D	