

Section 2A – ALCOHOL CONSUMPTION



The next questions are about drinking alcohol. This includes coolers; beer; wine; champagne; liquor such as whiskey, rum, gin, vodka, bourbon, tequila, scotch, brandy, cognac, cordials, or liqueurs; and also any other type of alcohol.
N2ASTB

<p>1. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?</p>	<p>1 <input type="checkbox"/> Yes N2AQ1 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.1 and mark as lifetime abstainer</i></p>
<p>2. During the last 12 months, that is, since last (<i>Month one year ago</i>) did you have a total of at least 12 drinks of any kind of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 2.1 and mark as current drinker</i> 2 <input type="checkbox"/> No N2AQ2</p>
<p>3. During the last 12 months, did you have at least 1 drink of any kind of alcohol?</p>	<p>1 <input type="checkbox"/> Yes - <i>Go to Check Item 2.1 and mark as current drinker</i> N2AQ3 2 <input type="checkbox"/> No - <i>Go to Check Item 2.1 and mark as former drinker</i></p>
<p>CHECK ITEM 2.1 <i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Current drinker - <i>Go to 4a</i> NCONSUMER 2 <input type="checkbox"/> Former drinker - <i>SKIP to 11</i> 3 <input type="checkbox"/> Lifetime abstainer - <i>SKIP to Q3a6, Section 2B</i></p>
<p><i>(SHOW FLASHCARD 24)</i></p> <p>4a. During the last 12 months, about how often did you drink any kind of alcoholic beverage?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4A 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
<p>b. How many drinks did you USUALLY have on days when you drank during the last 12 months?</p>	<p>_____ Number N2AQ4B</p>
<p>c. During the last 12 months, what was the LARGEST number of drinks that you drank in a single day?</p>	<p>_____ Number – <i>Skip to 4e</i> N2AQ4C <i>(If D or R, ask 4d)</i></p>
<p>d. <i>(SHOW FLASHCARD 25)</i></p> <p>APPROXIMATELY what was the largest number of drinks that you drank in a single day?</p>	<p>1 <input type="checkbox"/> 1-2 drinks N2AQ4D 2 <input type="checkbox"/> 3-4 drinks 3 <input type="checkbox"/> 5-7 drinks 4 <input type="checkbox"/> 8-11 drinks 5 <input type="checkbox"/> 12-23 drinks 6 <input type="checkbox"/> 24+ drinks</p>
<p><i>(SHOW FLASHCARD 24)</i></p> <p>e. (Not counting times when you drank LESS than usual, about/About) how often during the last 12 months did you drink (<i>number of drinks reported in 4c/this largest number of drinks</i>) in a single day?</p> <p>N2AQ4E</p>	<p>1 <input type="checkbox"/> Every day N2AQ4E 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
<p>CHECK ITEM 2.2 <i>(Refer to 1c, Section 1.)</i></p> <p>Is the respondent a female (any age) or a male 65 years of age or older?</p>	<p>1 <input type="checkbox"/> Yes N2ACK22 2 <input type="checkbox"/> No – <i>SKIP to 4h</i></p>
<p><i>(SHOW FLASHCARD 23)</i></p> <p>4f. During the last 12 months, about how often did you drink FOUR OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4F 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year (<i>SKIP to Statement C</i>)</p>

Section 2A – ALCOHOL CONSUMPTION (Continued)

<p>(SHOW FLASHCARD 23)</p> <p>4g. And during the last 12 months, about how often did you drink FOUR OR MORE drinks in a period of TWO HOURS OR LESS?</p> <p>N2AQ4G</p>	<p>1 <input type="checkbox"/> Every day N2AQ4G</p> <p>2 <input type="checkbox"/> Nearly every day</p> <p>3 <input type="checkbox"/> 3 to 4 times a week</p> <p>4 <input type="checkbox"/> 2 times a week</p> <p>5 <input type="checkbox"/> Once a week</p> <p>6 <input type="checkbox"/> 2 to 3 times a month</p> <p>7 <input type="checkbox"/> Once a month</p> <p>8 <input type="checkbox"/> 7 to 11 times in the last year</p> <p>9 <input type="checkbox"/> 3 to 6 times in the last year</p> <p>10 <input type="checkbox"/> 1 or 2 times in the last year</p> <p>11 <input type="checkbox"/> Never in the last year</p>
<p>(SHOW FLASHCARD 23)</p> <p>h. During the last 12 months, about how often did you drink FIVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4H</p> <p>2 <input type="checkbox"/> Nearly every day</p> <p>3 <input type="checkbox"/> 3 to 4 times a week</p> <p>4 <input type="checkbox"/> 2 times a week</p> <p>5 <input type="checkbox"/> Once a week</p> <p>6 <input type="checkbox"/> 2 to 3 times a month</p> <p>7 <input type="checkbox"/> Once a month</p> <p>8 <input type="checkbox"/> 7 to 11 times in the last year</p> <p>9 <input type="checkbox"/> 3 to 6 times in the last year</p> <p>10 <input type="checkbox"/> 1 or 2 times in the last year</p> <p>11 <input type="checkbox"/> Never in the last year - <i>SKIP to Statement C</i></p>
<p>(SHOW FLASHCARD 23)</p> <p>i. And during the last 12 months, about how often did you drink FIVE OR MORE drinks in a period of TWO HOURS OR LESS?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4I</p> <p>2 <input type="checkbox"/> Nearly every day</p> <p>3 <input type="checkbox"/> 3 to 4 times a week</p> <p>4 <input type="checkbox"/> 2 times a week</p> <p>5 <input type="checkbox"/> Once a week</p> <p>6 <input type="checkbox"/> 2 to 3 times a month</p> <p>7 <input type="checkbox"/> Once a month</p> <p>8 <input type="checkbox"/> 7 to 11 times in the last year</p> <p>9 <input type="checkbox"/> 3 to 6 times in the last year</p> <p>10 <input type="checkbox"/> 1 or 2 times in the last year</p> <p>11 <input type="checkbox"/> Never in the last year</p>
<p>(SHOW FLASHCARD 23)</p> <p>j. During the last 12 months, about how often did you drink EIGHT OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4J</p> <p>2 <input type="checkbox"/> Nearly every day</p> <p>3 <input type="checkbox"/> 3 to 4 times a week</p> <p>4 <input type="checkbox"/> 2 times a week</p> <p>5 <input type="checkbox"/> Once a week</p> <p>6 <input type="checkbox"/> 2 to 3 times a month</p> <p>7 <input type="checkbox"/> Once a month</p> <p>8 <input type="checkbox"/> 7 to 11 times in the last year</p> <p>9 <input type="checkbox"/> 3 to 6 times in the last year</p> <p>10 <input type="checkbox"/> 1 or 2 times in the last year</p> <p>11 <input type="checkbox"/> Never in the last year - <i>SKIP to Statement C</i></p>
<p>(SHOW FLASHCARD 23)</p> <p>k. And during the last 12 months, about how often did you drink TWELVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ4K</p> <p>2 <input type="checkbox"/> Nearly every day</p> <p>3 <input type="checkbox"/> 3 to 4 times a week</p> <p>4 <input type="checkbox"/> 2 times a week</p> <p>5 <input type="checkbox"/> Once a week</p> <p>6 <input type="checkbox"/> 2 to 3 times a month</p> <p>7 <input type="checkbox"/> Once a month</p> <p>8 <input type="checkbox"/> 7 to 11 times in the last year</p> <p>9 <input type="checkbox"/> 3 to 6 times in the last year</p> <p>10 <input type="checkbox"/> 1 or 2 times in the last year</p> <p>11 <input type="checkbox"/> Never in the last year</p>
<p>Statement C The next few questions are about drinking coolers. By coolers, I mean wine-based, malt-based, and liquor-based coolers, hard lemonade, hard iced tea, hard cider, alcoholic energy drinks, and any prepackaged cocktails with the alcohol and mixer already combined in the container. Do not include mixed drinks you mix yourself or get in a restaurant or bar.</p> <p align="center">N2ASTC</p>	
<p>5a. During the last 12 months, did you drink any prepackaged alcoholic coolers?</p>	<p>1 <input type="checkbox"/> Yes N2AQ5A</p> <p>2 <input type="checkbox"/> No - <i>SKIP to Statement D</i></p>

Section 2A – ALCOHOL CONSUMPTION (Continued)

(SHOW FLASHCARD 24)

5b. During the last 12 months, about how often did you drink any coolers?

- 1 Every day **N2AQ5B**
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 26, 26A-26C)

c. What was the size of the TYPICAL bottle, can or glass of cooler that you USUALLY drank during the last 12 months?

- 1 8-ounce (small) bottle or can **N2AQ5C**
- 2 12-ounce (regular) bottle or can
- 3 16-ounce (large) bottle or can
- 4 2-ounce can or bottle
- 5 3-ounce glass
- 6 4-ounce glass
- 7 5-ounce glass
- 8 6-ounce glass
- 9 7-ounce glass
- 10 8-ounce glass
- 11 9-ounce glass
- 12 12-ounce glass
- 13 15-ounce glass
- 14 18-ounce glass
- 15 Other – Specify **N2AQ5CSP**

Code Size and type of container

d. How many (units reported in 5c) of cooler did you USUALLY drink on days when you drank coolers?

_____ Number **N2AQ5D**

e. During the last 12 months, what was the LARGEST number of (units reported in 5c) of cooler that you drank in a single day?

_____ Number **N2AQ5E**

(SHOW FLASHCARD 24)

f. (Not counting times when you drank LESS than usual, about/About) how often during the last 12 months did you drink (largest number and units reported in 5c and 5e) of cooler in a single day?

- 1 Every day **N2AQ5F**
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year

(SHOW FLASHCARD 23)

g. About how often during the last 12 months did you drink FIVE OR MORE (units reported in 5c) of cooler in a single day?

- 1 Every day **N2AQ5G**
- 2 Nearly every day
- 3 3 to 4 times a week
- 4 2 times a week
- 5 Once a week
- 6 2 to 3 times a month
- 7 Once a month
- 8 7 to 11 times in the last year
- 9 3 to 6 times in the last year
- 10 1 or 2 times in the last year
- 11 Never in the last year

h. During the last 12 months, did you USUALLY drink wine, malt, or liquor-based coolers, hard lemonade, hard iced tea, hard cider, alcoholic energy drinks, or prepackaged cocktails based on a liquor such as vodka, gin or tequila?

- 1 Wine, malt or liquor-based coolers **N2AQ5H**
- 2 Hard lemonade
- 3 Hard iced tea
- 4 Hard cider
- 5 Alcoholic energy drinks
- 6 Prepackaged cocktails

Mark (X) one and ONLY one.

Section 2A – ALCOHOL CONSUMPTION (Continued)

5i. During the last 12 months, did you **USUALLY** drink coolers in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?

- 1 In own home
 2 In homes of friends or relatives **N2AQ5I**
 3 In public places

Mark (X) one and ONLY one.

j. During the last 12 months, what brand of cooler, hard lemonade, hard iced tea, hard cider, alcoholic energy drink, or prepackaged cocktail did you drink the most often?

_____ Brand – *Specify* **N2AQ5J**

Statement D

Now I'd like to ask you about drinking beer, including light beer, ice beer and malt liquor. **N2ASTD**

6a. During the last 12 months, did you drink any beer or malt liquor? Do not count nonalcoholic beers.

- 1 Yes **N2AQ6A**
 2 No – *SKIP to Statement E*

(SHOW FLASHCARD 24)

b. During the last 12 months, about how often did you drink any beer or malt liquor?

- 1 Every day **N2AQ6B**
 2 Nearly every day
 3 3 to 4 times a week
 4 2 times a week
 5 Once a week
 6 2 to 3 times a month
 7 Once a month
 8 7 to 11 times in the last year
 9 3 to 6 times in the last year
 10 1 or 2 times in the last year

(SHOW FLASHCARD 27)

c. What was the size of the **TYPICAL** can, bottle, or glass of beer or malt liquor that you **USUALLY** drank during the last 12 months?

- 1 7 or 8-ounce (pony size) can, bottle or glass
 2 10-ounce (small) can, bottle or glass
 3 12-ounce (regular size) can, bottle or glass
 4 16-ounce (large) can, bottle or glass
 5 22 to 25-ounce (extra large) can, bottle or glass
 6 40 to 45-ounce (jumbo) can or bottle
 7 Mug
 8 Pint **N2AQ6C**
 9 Pitcher
 10 Other – *Specify* **N2AQ6CSP**

Code

Size and type of container

d. How many (*units reported in 6c*) of beer or malt liquor did you **USUALLY** drink on days when you drank beer?

_____ Number **N2AQ6D**

e. During the last 12 months, what was the **LARGEST** number of (*units reported in 6c*) of beer or malt liquor that you drank in a single day?

_____ Number **N2AQ6E**

(SHOW FLASHCARD 24)

f. (Not counting times when you drank **LESS** than usual, about/About) how often during the last 12 months did you drink (*largest number and units reported in 6c and 6e*) of beer or malt liquor in a single day?

- 1 Every day **N2AQ6F**
 2 Nearly every day
 3 3 to 4 times a week
 4 2 times a week
 5 Once a week
 6 2 to 3 times a month
 7 Once a month
 8 7 to 11 times in the last year
 9 3 to 6 times in the last year
 10 1 or 2 times in the last year

(SHOW FLASHCARD 23)

g. About how often during the last 12 months did you drink **FIVE OR MORE** (*units reported in 6c*) of beer or malt liquor in a single day?

- 1 Every day **N2AQ6G**
 2 Nearly every day
 3 3 to 4 times a week
 4 2 times a week
 5 Once a week
 6 2 to 3 times a month
 7 Once a month
 8 7 to 11 times in the last year
 9 3 to 6 times in the last year
 10 1 or 2 times in the last year
 11 Never in the last year

Section 2A – ALCOHOL CONSUMPTION (Continued)

<p>6h. During the last 12 months, did you USUALLY drink regular beer, malt liquor, light, extra light, reduced calorie or low-carb beer, or ice beer? <i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Regular beer N2AQ6H 2 <input type="checkbox"/> Malt liquor 3 <input type="checkbox"/> Light, extra light, reduced calorie, low-carb beer 4 <input type="checkbox"/> Ice beer</p>
<p>i. During the last 12 months, did you USUALLY drink beer or malt liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas? <i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> In own home 2 <input type="checkbox"/> In homes of friends or relatives N2AQ6I 3 <input type="checkbox"/> In public places</p>
<p>j. During the last 12 months, what brand of beer or malt liquor did you drink the most often?</p>	<p align="right">_____ Brand - <i>Specify</i> N2AQ6J</p>

Statement E

Now I'd like to ask you about drinking wine, including champagne, sparkling wine, fortified wines such as sherry, port and sake, and low-alcohol fruit-flavored wines. N2ASTE

<p>7a. During the last 12 months, did you drink any type of wine? Do not count any wine coolers you may have told me about earlier. <i>(SHOW FLASHCARD 24)</i></p>	<p>1 <input type="checkbox"/> Yes N2AQ7A 2 <input type="checkbox"/> No - <i>SKIP to Statement F</i></p>
<p>b. During the last 12 months, about how often did you drink any type of wine? <i>(SHOW FLASHCARD 28, 28A-28C)</i></p>	<p>1 <input type="checkbox"/> Every day N2AQ7B 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
<p>c. What was the size of the TYPICAL glass or bottle of wine that you USUALLY drank during the last 12 months? Please do not include the amount of any soda or ice that may have been added.</p>	<p>1 <input type="checkbox"/> 3-ounce glass N2AQ7C 2 <input type="checkbox"/> 4-ounce glass 3 <input type="checkbox"/> 5-ounce glass 4 <input type="checkbox"/> 6-ounce glass 5 <input type="checkbox"/> 7-ounce glass 6 <input type="checkbox"/> 8-ounce glass 7 <input type="checkbox"/> 9-ounce glass 8 <input type="checkbox"/> 12-ounce glass 9 <input type="checkbox"/> 15-ounce glass 10 <input type="checkbox"/> 18-ounce glass 11 <input type="checkbox"/> 187 ml. individual serving bottle (usually sold in 4-packs) 12 <input type="checkbox"/> 375 ml. bottle (half bottle of wine) or ½ carafe 13 <input type="checkbox"/> 750 ml. bottle (regular size wine bottle) or full carafe 14 <input type="checkbox"/> Other – <i>Specify</i> N2AQ7CSP</p> <p align="center"> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 15px; border: 1px solid black;" type="text"/> _____ Code Size and type of container </p>
<p>d. How many (<i>units reported in 7c</i>) of wine did you USUALLY drink on days when you drank wine?</p>	<p align="right">_____ Number N2AQ7D</p>
<p>e. During the last 12 months, what was the LARGEST number of (<i>units reported in 7c</i>) of wine that you drank in a single day? <i>(SHOW FLASHCARD 24)</i></p>	<p align="right">_____ Number N2AQ7E</p>
<p>f. (Not counting times when you drank LESS than usual, about/About) how often during the last 12 months did you drink (<i>largest number and units reported in 7c and 7e</i>) of wine in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ7F 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>

Section 2A – ALCOHOL CONSUMPTION (Continued)

<p><i>(SHOW FLASHCARD 23)</i></p> <p>7g. About how often during the last 12 months did you drink FIVE OR MORE (units reported in 7c) of wine in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ7G 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year</p>
<p>h. During the last 12 months, did you USUALLY drink wine in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> In own home N2AQ7H 2 <input type="checkbox"/> In homes of friends or relatives 3 <input type="checkbox"/> In public places</p>
<p>i. During the last 12 months, did you USUALLY drink regular wine, champagne or sparkling wine, fortified wine such as sherry, port or sake, or low-alcohol fruit-flavored wine?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Regular wine N2AQ7I 2 <input type="checkbox"/> Champagne or sparkling wine 3 <input type="checkbox"/> Fortified wine (including sherry, port, sake) 4 <input type="checkbox"/> Low-alcohol fruit-flavored wine</p>
<p>j. During the last 12 months, what brand of wine, champagne, sparkling wine, fortified wine, or low-alcohol fruit-flavored wine did you drink the most often?</p>	<p>_____ Brand – <i>Specify</i> N2AQ7J</p>
<p>k. Thinking about all the wine, sparkling wine, champagne, and fortified wine you drank in the last 12 months, how much of this was RED wine? Would you say all, most, some, a little, or none of it?</p>	<p>1 <input type="checkbox"/> All N2AQ7K 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Some 4 <input type="checkbox"/> A little 5 <input type="checkbox"/> None of it</p>

Statement F

The next questions are about drinking liquor, such as whiskey, rum, gin, vodka, bourbon, tequila, scotch, brandy, cognac, cordials or liqueurs. **N2ASTF**

<p>8a. During the last 12 months, did you drink any liquor, including mixed drinks and liqueurs? Do not count any liquor-based coolers or prepackaged cocktails that you may have told me about earlier.</p>	<p>1 <input type="checkbox"/> Yes N2AQ8A 2 <input type="checkbox"/> No - <i>SKIP to 9</i></p>
<p><i>(SHOW FLASHCARD 24)</i></p> <p>b. During the last 12 months, about how often did you drink any liquor?</p>	<p>1 <input type="checkbox"/> Every day N2AQ8B 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>
<p><i>(SHOW FLASHCARD 29, 29A-29C)</i></p> <p>c. How much liquor did you USUALLY have in a drink? Please do not include the amount of any soda, water, ice, cola, or juice that may have been added to your drink.</p>	<p>1 <input type="checkbox"/> 1 shot or ounce N2AQ8C 2 <input type="checkbox"/> 1 jigger 3 <input type="checkbox"/> Mini-bottle (type sold on airplanes) 4 <input type="checkbox"/> 1½ shots or ounces 5 <input type="checkbox"/> 2 shots or ounces (double) 6 <input type="checkbox"/> 2 jiggers 7 <input type="checkbox"/> 3 shots or ounces (triple) 8 <input type="checkbox"/> 3 jiggers 9 <input type="checkbox"/> 4 shots or ounces 10 <input type="checkbox"/> 4 jiggers 11 <input type="checkbox"/> ½ pint 12 <input type="checkbox"/> Pint 13 <input type="checkbox"/> Quart 14 <input type="checkbox"/> Fifth 15 <input type="checkbox"/> ½ gallon 16 <input type="checkbox"/> Other – <i>Specify</i></p> <p align="right">N2AQ8CSP</p> <p><input type="text"/> <input type="text"/> _____ Code Size and type of container</p>

Section 2A - ALCOHOL CONSUMPTION (Continued)

<p>8d. How many (<i>drinks of this size/units reported in 8c</i>) of liquor did you USUALLY drink on days when you drank liquor?</p>	<p>_____ Number</p>	<p>N2AQ8D</p>
<p>e. During the last 12 months, what was the LARGEST number of (<i>drinks of this size/units reported in 8c</i>) of liquor that you drank in a single day?</p>	<p>_____ Number</p>	<p>N2AQ8E</p>
<p>(<i>SHOW FLASHCARD 24</i>)</p> <p>f. (Not counting times when you drank LESS than usual, about/About) how often during the last 12 months did you drink (<i>largest number and units reported in 8c and 8e</i>) of liquor in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year</p>	<p>N2AQ8F</p>
<p>(<i>SHOW FLASHCARD 23</i>)</p> <p>g. About how often during the last 12 months did you drink FIVE OR MORE (<i>units reported in 8c</i>) of liquor in a single day?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year</p>	<p>N2AQ8G</p>
<p>h. During the last 12 months, did you USUALLY drink 80-proof liquor including brandy and cognac, 100-proof liquor, greater than 100-proof liquor, or cordials or liqueurs?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> 80-proof liquor, including brandy and cognac 2 <input type="checkbox"/> 100-proof liquor 3 <input type="checkbox"/> Greater than 100-proof liquor 4 <input type="checkbox"/> Cordials or liqueurs</p>	<p>N2AQ8H</p>
<p>i. During the last 12 months, did you USUALLY drink liquor in your own home, in the homes of friends or relatives or in public places such as bars, restaurants or sports arenas?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> In own home 2 <input type="checkbox"/> In homes of friends or relatives 3 <input type="checkbox"/> In public places</p>	<p>N2AQ8I</p>
<p>j. During the last 12 months, what brand of liquor or liqueur did you drink the most often?</p>	<p>_____ Brand – <i>Specify</i> N2AQ8J</p>	
<p>(<i>SHOW FLASHCARD 23</i>)</p> <p>9. During the last 12 months, about how often did you drink enough alcohol of any kind to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet, or you had blurred vision?</p>	<p>1 <input type="checkbox"/> Every day 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times in the last year 9 <input type="checkbox"/> 3 to 6 times in the last year 10 <input type="checkbox"/> 1 or 2 times in the last year 11 <input type="checkbox"/> Never in the last year</p>	<p>N2AQ9</p>
<p>10. You just told me how much and how often you drank in the last 12 months. For how many months or years have you been drinking about this amount with this frequency?</p> <p><i>Round up to nearest whole month or year.</i></p>	<p>_____ Month(s) _____ Year(s)</p>	<p>N2AQ10</p>
<p>11. How long has it been since you last had a drink of any kind of alcohol?</p>	<p>_____ Hour(s) ago OR _____ Day(s) ago OR _____ Week(s) ago OR _____ Month(s) ago OR _____ Year(s) ago</p> <p>N2AQ11CONT, N2AQ11UNIT</p>	

Section 2A - ALCOHOL CONSUMPTION (Continued)

12a. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?	_____ Age N2AQ12A, N2AQ12APROBE
CHECK ITEM 2.2A Is age reported in 12a within a year of respondent's current age or D or R?	1 <input type="checkbox"/> Yes N2ACK22A 2 <input type="checkbox"/> No - <i>SKIP to 12c</i>
12b. Was that in the last 12 months?	1 <input type="checkbox"/> Yes N2AQ12B 2 <input type="checkbox"/> No
c. About how old were you when you first drank enough alcohol to feel intoxicated or drunk, that is, when your speech was slurred, you felt unsteady on your feet or you had blurred vision?	_____ Age N2AQ12C 0 <input type="checkbox"/> Never drank enough to feel intoxicated
CHECK ITEM 2.2B Is "1" marked in 12b or is age reported in 12a respondent's current age? Did respondent first drink in last year?	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item 2.4</i> 2 <input type="checkbox"/> No N2ACK22B
13. Has there ever been a period of at least one year when you drank more heavily than in the past 12 months?	1 <input type="checkbox"/> Yes N2AQ13 2 <input type="checkbox"/> No - <i>SKIP to Check Item 2.4</i>
CHECK ITEM 2.3 Is "1" marked in 2? Did respondent drink 12+ drinks in last year?	1 <input type="checkbox"/> Yes - <i>SKIP to 15</i> N2ACK23 2 <input type="checkbox"/> No
14. Has there been any one year period during your life when you had a total of at least 12 drinks of any kind of alcohol?	1 <input type="checkbox"/> Yes N2AQ14 2 <input type="checkbox"/> No
15. Now I would like you to think about the period in your life when you drank the most. About how old were you when that period began?	_____ Age N2AQ15
16. About how many years did that period last?	_____ Year(s) N2AQ16
(SHOW FLASHCARD 30) 17a. During that period when you drank the most, about how often did you drink?	1 <input type="checkbox"/> Every day N2AQ17A 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year
b. Counting all types of alcohol combined, how many drinks did you USUALLY have on days when you drank during that period?	_____ Number N2AQ17B
c. During that period when you drank the most, what was the LARGEST number of drinks that you drank in a single day?	_____ Number – <i>Skip to 17e (If D or R, ask 17d)</i> N2AQ17C
d. (SHOW FLASHCARD 25) APPROXIMATELY what was the largest number of drinks that you drank in a single day?	1 <input type="checkbox"/> 1 to 2 drinks N2AQ17D 2 <input type="checkbox"/> 3 to 4 drinks 3 <input type="checkbox"/> 5 to 7 drinks 4 <input type="checkbox"/> 8 to 11 drinks 5 <input type="checkbox"/> 12 to 23 drinks 6 <input type="checkbox"/> 24 or more drinks
(SHOW FLASHCARD 30) e. (Not counting times when you drank LESS than usual, about/About) how often during that period did you drink (number of drinks reported in 17c/this largest number of drinks) in a single day?	1 <input type="checkbox"/> Every day N2AQ17E 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year

Section 2A – ALCOHOL CONSUMPTION (Continued)

<p>(SHOW FLASHCARD 31)</p> <p>17f. During that period when you drank the most, about how often did you drink FIVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ17F 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year 11 <input type="checkbox"/> Never – <i>SKIP to 19</i></p>
<p>(SHOW FLASHCARD 31)</p> <p>g. During that period, about how often did you drink EIGHT OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ17G 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year 11 <input type="checkbox"/> Never – <i>Skip to 19</i></p>
<p>(SHOW FLASHCARD 31)</p> <p>h. During that period, about how often did you drink TWELVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ17H 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year 11 <input type="checkbox"/> Never</p>
<p>19. During that period when you drank the most, what was the MAIN type of alcohol you drank: coolers, beer, wine or liquor?</p> <p><i>Mark (X) one and ONLY one.</i></p>	<p>1 <input type="checkbox"/> Coolers N2AQ19 2 <input type="checkbox"/> Beer 3 <input type="checkbox"/> Wine 4 <input type="checkbox"/> Liquor</p>
<p>CHECK ITEM 2.4 Is age in 12a=17 or younger?</p>	<p>1 <input type="checkbox"/> Yes N2ACK24 2 <input type="checkbox"/> No – <i>SKIP to Check Item 2.4A</i></p>
<p>20a. Now I'd like you to think back to the time when you were drinking before you reached the age of 18. Before you were 18, what was the LARGEST number of drinks that you drank in a single day?</p>	<p>_____ Number – <i>SKIP to 20c</i> N2AQ20A (<i>If D or R, ask 20b</i>)</p>
<p>(SHOW FLASHCARD 25)</p> <p>b. APPROXIMATELY what was the LARGEST number of drinks that you drank in a single day before you were 18?</p>	<p>1 <input type="checkbox"/> 1-2 drinks N2AQ20B 2 <input type="checkbox"/> 3-4 drinks 3 <input type="checkbox"/> 5-7 drinks 4 <input type="checkbox"/> 8-11 drinks 5 <input type="checkbox"/> 12-23 drinks 6 <input type="checkbox"/> 24+ drinks</p>
<p>(SHOW FLASHCARD 31)</p> <p>c. During that time when you were drinking before you reached the age of 18, about how often did you drink FIVE OR MORE drinks in a single day?</p>	<p>1 <input type="checkbox"/> Every day N2AQ20C 2 <input type="checkbox"/> Nearly every day 3 <input type="checkbox"/> 3 to 4 times a week 4 <input type="checkbox"/> 2 times a week 5 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> 2 to 3 times a month 7 <input type="checkbox"/> Once a month 8 <input type="checkbox"/> 7 to 11 times a year 9 <input type="checkbox"/> 3 to 6 times a year 10 <input type="checkbox"/> 1 or 2 times a year 11 <input type="checkbox"/> Never</p>

Section 2A – ALCOHOL CONSUMPTION (Continued)

**CHECK
ITEM 2.4A**

(Refer to Q2, 4a, 4c, 4d, 4h, 14, 17a, 17c, 17d, 17f.)

Did respondent ever drink at least 12 drinks in any year or 5+ drinks in a single day in any year?

1 Yes

2 No – *SKIP to Q3a6, Section 2B N2ACK24A*

**CHECK
ITEM 2.4B**

(Refer to Check Item 2.1.)

Is respondent a former drinker?

1 Yes – *Go to Section 2B and ask/fill columns a, c and d only*

2 No

N2ACK24B

**CHECK
ITEM 2.4C**

Is 12a = current age or is 12b = 1 (did respondent start drinking in the past year)?

N2ACK24C

1 Yes – *Go to Section 2B and ask/fill columns a and b*

2 No – *Go to Section 2B and ask/fill columns a-d*