



Health Practices: Alcohol and Drug Use

FORM CODE: ADR
VERSION A 08/17/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the participant's clinic visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum, or vodka, and cocktails and mixed drinks containing liquor."
[SHOW RESPONSE CARD OF BEVERAGES] "Here are some kinds of alcoholic beverages people drink."

1. Have you ever consumed alcoholic beverages?Yes Y

— No N

Stopped drinking
more than one year ago S

2. During the past 12 months, on the average, how many days per week, month, or year did you drink any alcoholic beverage?

2a. Number of days:

2b. Per [UNIT OF TIME]: Week W

Month M

Year Y

3. On the average, on the days that you drank alcohol, how many drinks did you have a day? (By a drink, I mean a 12-ounce beer, a four-ounce glass of wine, or an ounce of liquor.)

[SHOW RESPONSE CARD OF SERVING SIZE]

Specify number of drinks:

[ENTER "88" IF DON'T KNOW]

4. When you drink, do you usually drink beer, wine, or liquor?
- | | |
|----------------------------|---|
| Beer | B |
| Wine | W |
| Liquor | L |
| No preference or can't say | N |

5. Was there ever a time or times in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?
- | | |
|-----|---|
| Yes | Y |
| No | N |

“The next few questions are about your experiences with drugs.”

6. Have you ever used crack or cocaine in any form?Yes Y
- [SHOW RESPONSE CARD OF CRACK/COCAINE FORMS]**
- | | | |
|--------------|------|---|
| Go to Item 8 | — No | N |
|--------------|------|---|

7. About how many times in your lifetime have you used crack or cocaine (in any form)?
- | | |
|-------------------|---|
| 1 or 2 times | A |
| 3–10 times | B |
| 11–99 times | C |
| 100 or more times | D |

8. Have you ever used any other kinds of drugs, including marijuana, heroine, or others?
- | | |
|-----|---|
| Yes | Y |
| No | N |
- [SHOW RESPONSE CARD OF OTHER DRUG FORMS]**

ADMINISTRATIVE INFORMATION

9. Date of data collection:
- | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | / | | | / | | | | |
| m | m | | d | d | | y | y | y | y |

10. Method of data collection:
- | | |
|------------|---|
| Computer | C |
| Paper form | P |

11. Code number of person completing this form:
- | | | |
|--|--|--|
| | | |
|--|--|--|