## Adult Questionnaire

For each question below, put an " $X$ " in the box that is your best answer.

One drink is the same as...


| QUESTIONS | 0 | 1 | 2 | 3 | 4 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| (1) How often do you have a drink containing alcohol? | Never | Monthly or less |  | 2 to 3 times a week | 4 or more times a week |
| How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
| 3 How often do you have 5 or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5 How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | $\qquad$ |
| How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | $\qquad$ $\begin{gathered} \text { or almost } \\ \text { daily } \end{gathered}$ |
| 9 Have you or someone else been injured because of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |
| (10 <br> Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |

