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# HCHS/SOL Alcohol Use Questionnaire

ID NUMBER:

FORM CODE: ALE  
VERSION: A 6/07/07

Contact Occasion   SEQ #

Acrostic: \_\_\_\_\_

## ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** Mark the appropriate box for the response. Unless instructed, mark ONLY one response.

*Serving sizes for alcohol use in "standard drink" units are as follows: Beer = 12oz. glass or 355ml bottle; Wine = 3.5oz glass, 1 bottle =750ml= 8 glasses; Hard spirits = 1.5oz. or 1 shot.*

1. Do you presently drink alcoholic beverages?

No 0  → **GO TO QUESTION 7**  
Yes 1

2. How many glasses of red wine do you usually have per week?

(if less than 1 per week enter "00")

3. How many glasses of white wine do you usually have per week?

(if less than 1 per week enter "00")

4. How many cans, bottles, or glasses of beer do you usually have per week? Beer includes more traditional beverages such as pulque and chicha.

(if less than 1 per week enter "00")

5. How many drinks of liquor, spirits, or mixed drinks do you usually have per week? Spirits includes liquor such as whiskey, vodka, tequila, rum, and mixed drinks such as martinis, as well as more traditional beverages such as aguardiente and cañita. (1 serving = 1.5 oz or 1 shot)

(if less than 1 per week enter "00")

6. How often did you have 4 or more drinks [for females] and 5 or more drinks [for males] containing any kind of alcohol within a two-hour period? (Mark only one)

- |                        |                            |
|------------------------|----------------------------|
| Every day              | 1 <input type="checkbox"/> |
| 5 to 6 days a week     | 2 <input type="checkbox"/> |
| 3 to 4 days a week     | 3 <input type="checkbox"/> |
| 2 days a week          | 4 <input type="checkbox"/> |
| 1 day a week           | 5 <input type="checkbox"/> |
| 2 to 3 days a month    | 6 <input type="checkbox"/> |
| 1 day a month          | 7 <input type="checkbox"/> |
| Less than once a month | 8 <input type="checkbox"/> |
| Never                  | 9 <input type="checkbox"/> |

**END OF QUESTIONNAIRE**

|            |  |  |  |  |  |  |  |  |                    |          |  |  |       |  |  |
|------------|--|--|--|--|--|--|--|--|--------------------|----------|--|--|-------|--|--|
| ID NUMBER: |  |  |  |  |  |  |  |  | FORM CODE: ALE     | Contact  |  |  | SEQ # |  |  |
|            |  |  |  |  |  |  |  |  | VERSION: A 6/07/07 | Occasion |  |  |       |  |  |

7. Did you ever drink alcohol? No 0  → **END OF QUESTIONNAIRE**  
Yes 1

8. About how long ago did you stop drinking alcohol? (*Mark only one*)  
Less than 1 year ago 1   
1 - 2 years ago 2   
More than 2 years ago 3

9. Did you stop drinking alcohol for health reasons?  
No 0   
Yes 1

10. Did you stop drinking alcohol on the advice of a doctor (or health worker)?  
No 0   
Yes 1