

Section 11: Alcohol Consumption

Questionnaire

11.1	Last month, did you have at least one drink of any alcoholic beverage, such as beer, wine, rum, whisky, <i>pisco</i> or other liquor?	1. Yes	<input type="checkbox"/>	11.5
		2. No	<input type="checkbox"/>	
		3. Don't recall/not sure	<input type="checkbox"/>	
		4. Don't care to respond	<input type="checkbox"/>	
11.2	Last month, what was the average number of days per week or per month that you consumed alcoholic beverages?	1. Days per week		
		2. Days per month		
		3. Don't recall/not sure	<input type="checkbox"/>	
		4. Don't care to respond	<input type="checkbox"/>	
11.3	For the purposes of this questionnaire, we will assume that one drink is the equivalent of one can/bottle of beer, one glass of wine, or one mixed drink. Approximately, what was the average number of drinks you had on the days you consumed alcohol?	1. Number of drinks		
		2. Don't recall/not sure	<input type="checkbox"/>	
		3. Don't care to respond	<input type="checkbox"/>	
11.4	With respect to alcoholic beverages of any kind, how many times last month did you have more than five drinks at once?	1. Number of times		
		2. Don't recall/not sure	<input type="checkbox"/>	
		3. Don't care to respond	<input type="checkbox"/>	
11.5	Have you ever felt you ought to Cut down on your drinking?	1. Yes	<input type="checkbox"/>	
		2. No	<input type="checkbox"/>	
		3. Don't recall/not sure	<input type="checkbox"/>	
		4. Don't care to respond	<input type="checkbox"/>	



11.6	Have people Annoyed you by criticizing your drinking?	1. Yes		<input type="checkbox"/>	
		2. No		<input type="checkbox"/>	
		3. Don't recall/not sure		<input type="checkbox"/>	
		4. Don't care to respond		<input type="checkbox"/>	
11.7	Have you ever felt bad or guilty about your drinking?	1. Yes		<input type="checkbox"/>	
		2. No		<input type="checkbox"/>	
		3. Don't recall/not sure		<input type="checkbox"/>	
		4. Don't care to respond		<input type="checkbox"/>	
11.8	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (Eye-opener)	1. Yes		<input type="checkbox"/>	
		2. No		<input type="checkbox"/>	
		3. Don't recall/not sure		<input type="checkbox"/>	
		4. Don't care to respond		<input type="checkbox"/>	
11.9	Did you operated a car o motorcycle, or bicycle last month?	1. Yes		<input type="checkbox"/>	11.7
		2. No		<input type="checkbox"/>	
11.10	Last month, how many times did you operate a car, motorcycle or bicycle after having more than one drink of an alcoholic beverage?	1. Number of times			
		2. None		<input type="checkbox"/>	
		3. Don't recall/not sure		<input type="checkbox"/>	
		4. Don't care to respond		<input type="checkbox"/>	
11.11	If you, a family member, or friend decided or wanted to stop drinking alcohol, do you know of any place you could go to for counseling or help with how to stop?	1. Yes	<input type="checkbox"/>	3. I don't know/not sure	<input type="checkbox"/>
		2. No	<input type="checkbox"/>		



Note

Questions 11.5-118 are part of CAGE Questionnaire. One or more “yes” responses constitute a positive screening test.

