

Participant ID #: _____

Staff Initials: _____

Date __ / __ / _____

Florida Cohort Wave 3

ALCOHOL QUESTIONNAIRE

(v1.0 - 9/25/2022)

Thank you for taking the time to fill out this survey!

The following questionnaire asks about your current drinking. We are trying to understand the amount you drink, the frequency at which you drink, your reasons for drinking, and your thoughts and experiences with alcohol-related treatment. Your answers will remain confidential, so please answer as honestly as possible.

You will be compensated \$15 for completing this survey.

Sincerely,

The Florida Cohort Team



Reasons for Drinking

There are many different reasons why people drink. We want to understand your personal reasons for drinking. Some of the most common reasons for drinking are included in the following table. Some of these ask about alcohol and sex. For each reason, just answer how often you drink for that reason. Please answer as honestly as possible, all answers will remain confidential.

1. In the last 12 months, how often did you drink... (check one option for each reason)

	Almost never/ never	Some of the time	Half of the time	Most of the time	Almost always/ always
Because it helps you enjoy a party	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it helps you when you feel depressed or nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To cheer up when you are in a bad mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because you like the feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it makes social gatherings more fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To fit in with a group you like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it improves parties and celebrations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To forget about your problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it's fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To be liked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
So you won't feel left out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because it helps you enjoy sex more or to feel less nervous about sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patterns of Alcohol Use

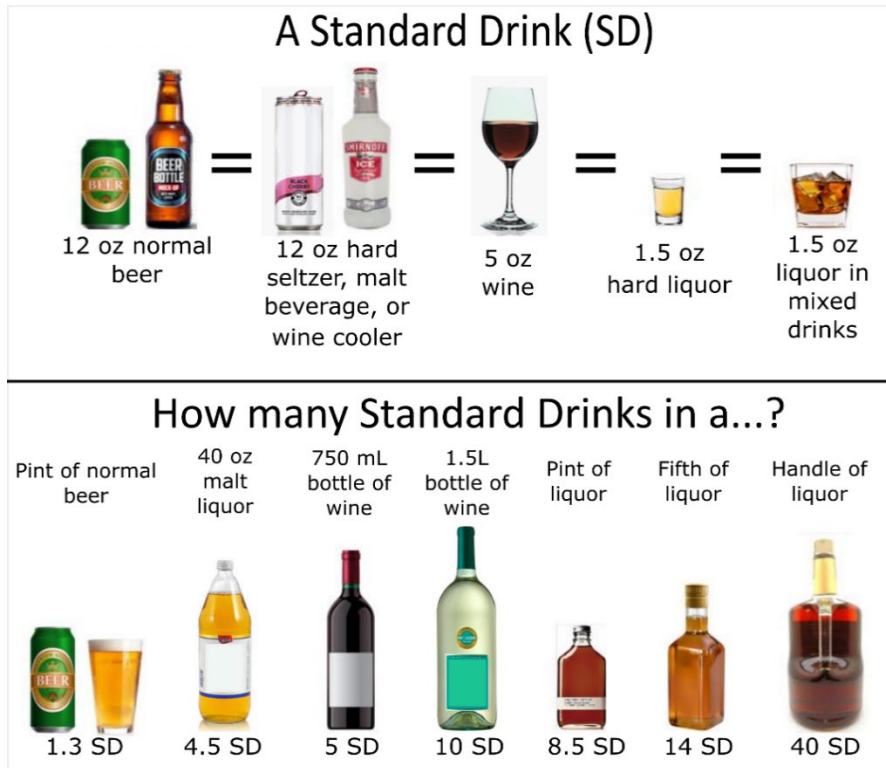
The following questions refer to your drinking in the past 12 months

2. When you drink, how often do you drink each of the following types of alcohol?

	Almost never/ never	Some of the time	Half of the time	Most of the time	Almost always/ always
Beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malt liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (<i>Please specify</i>) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In the past 12 months, how often do you have a drink containing alcohol?

- Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week



Try to answer the next questions in terms of "Standard Drinks" – Please refer to the image above.

4. In the past 12 months, 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

5. In the past 12 months, how often did you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. How often during the last 12 months 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

7. How often during the last 12 months have you failed to do what was normally expected from you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. How often during the last 12 months 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

9. How often during the last 12 months have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

10. How often during the last 12 months have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

11. Have you or someone else ever been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

12. Has a relative, friend, doctor, or another health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, during the last year

13. During the last 12 months, what was the largest number of drinks containing alcohol that you drank within a 24-hour period?

- 36 drinks or more
- 12 to 35 drinks
- 8 to 11 drinks
- 5 to 7 drinks
- 2 to 4 drinks
- 1 drink or less

14. In the last 30 days, did you drink any alcoholic beverage to relieve physical pain?

- Yes
- No

14a. How much relief did drinking alcoholic beverages provide for physical pain?

- None
- Some relief
- Moderate relief
- Almost complete relief
- Complete relief

15. In the last 30 days, did you drink any alcoholic beverage to relieve emotional pain?

- Yes
- No

SKIP TO PAGE 8, ANSWER QUESTION 16

15a. How much relief did drinking alcoholic beverages provide for emotional pain?

- None
- Some relief
- Moderate relief
- Almost complete relief
- Complete relief

Alcohol-Related Problems

People who drink alcohol may report different problems that they experience when they drink.

16. During the last 3 months, about how often has this happened to you?

	Never	Once or a few times	Once or twice a week	Daily or almost daily	Don't know/ not applicable
I have been unhappy because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of my drinking I have not eaten properly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have failed to do what is expected of me because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt guilty or ashamed because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken foolish risks when I have been drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When drinking, I have done impulsive things that I regretted later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical health has been harmed by my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had money problems because of my alcohol use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My physical appearance has been harmed by my alcohol use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has been hurt by my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friendship or close relationship has been damaged by my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has gotten in the way of my growth as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My drinking has damaged my social life, popularity, or reputation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have spent too much or lost a lot of money because of my drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had an accident while drinking or intoxicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drank to the point of throwing up, passing out, or blacking out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have had a hangover after drinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol Reduction

We are trying to understand why some people have difficulties cutting back or quitting using alcohol. The following questions first ask about cutting back on and then about completely quitting alcohol.

17. In the last 12 months, have you ever stopped drinking alcohol for at least 48 hours?

Yes

No

GO TO QUESTION 19

18. In the last 12 months, when you stopped drinking for more than 48 hours, did you experience any withdrawal symptoms? Some withdrawal symptoms include feeling nervous, sweating, tremors, feeling nauseous or vomiting, having abdominal pain, experiencing seizures, having chills, having a headache, feeling depressed or anxious, and having sleep disturbances.

Yes

No

18a. How bad were your symptoms?

Mild (barely noticeable)

Moderate (noticeable symptoms but could be handled at home)

Severe (had to seek medical care or could not function normally)

19. How confident are you that you could cut back your alcohol use by at least half for at least 30 days, if you wanted to?

Not at all confident

Somewhat confident

Very confident

20. What are your current thoughts about quitting drinking – not drinking alcohol anymore?

Not interested (or have not really thought about it)

Would like to cut back sometime, but not now

Currently trying to cut back


21. How confident are you that you could quit using alcohol for at least 30 days, if you wanted to?

- Not at all confident
- Somewhat confident
- Very confident

22. If you wanted to stop drinking completely, for up to 30 days, which of the following is true?

- I could stop on my own without any help
- I would need some counseling or other support
- I would need to go to detox

23. Researchers have many ways to measure drinking. Please indicate how willing you would be to do the following for a research study.

	Yes, willing to try	Might be willing to try	No, not willing to try
Wear a wrist alcohol monitor 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter data into a mobile app	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blow into a breathalyzer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take a blood (fingerstick) or urine test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

THANK YOU FOR COMPLETING THE
SURVEY!

----- SINCERELY-----

THE FLORIDA COHORT TEAM

