

# **APPENDICES**

## **Alcohol's Harm to Others: Multinational Cultural Contexts and Policy Implications**

**Thomas K. Greenfield, PhD,  
Sharon C. Wilsnack, PhD, and  
Kim Bloomfield, DrPH  
Multiple Principal Investigators**

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| <b>APPENDIX A (Part 1):</b> | <b>Questionnaire Summary:<br/>GENACIS-H2O<br/>(WHO-TH H2O-GENACIS LITE)</b>                |
| <b>APPENDIX A (Part 2):</b> | <b>Questionnaire: GENACIS-H2O<br/>(WHO-TH H2O-GENACIS LITE)</b>                            |
| <b>APPENDIX B:</b>          | <b>Questionnaire: GENACIS<br/>Gender, Alcohol, and Culture:<br/>An International Study</b> |

# **APPENDIX A (Part 1)**

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## APPENDIX A (Part 1)

### Questionnaire Summary: GENACIS-H2O (WHO-TH H2O-GENACIS LITE)

Pages 1-7: A. **DEMOGRAPHICS** A1 gender; A2 DOB (age—Note—if refused should ask age in brackets); A3 Highest grade or year of school; A4 ethnic group (society appropriate); A5 region/province (locally appropriate); A6 Rural/urban; A7 Marital status including living with; A8 close romantic follow-up to A7; A9 sex of partner; A10 How many people in household including family; A11 household composition; A12 ever had children; A13A How many children live with you; A13B How many children aged 18+; A13C [optional] How many aged 12 or younger; A13D (Females) Pregnant or trying to become pregnant; A13E How much of the time do you do something to keep from getting pregnant (always, most of time, sometimes, not at all); A14 Occupation (list); A15 Employment status; A15A [optional] regular, seasonal, short-term); A16 working hours/week; A17 Total household income (before taxes, all sources); A18 Proportion of income you provide; A19 active member society or church; A20 Religious preference; A21 How often felt lonely (12 Months).

Pp. 8-12: B. **DRINKING VARIABLES** B1A beverage alcohol frequency; B1B wine frequency; B1C beer frequency; B1D spirits/liquor frequency; B1E homemade alcoholic beverage [or substitute local beverages]; B2A1 Frequency 36+ grams EtOH; B2A2 Frequency 60+ g EtOH; B2B Frequency 96+ g EtOH; B2C Frequency 144+ g EtOH; B3A Usual quantity / day {continuous}; B3B Typical drinking day, time spent drinking {mts OR hrs}; B4 maximum drinks in any day 12 months {continuous}.

[NOTE: See also p 20 Lifetime vs 12-month Abstinence and reasons for not drinking]

Pp. 13-14: B5 Drinking Context : 12 month frequency (a. meal; b. party/celebration; c. own home; d. friend's home; e. workplace; f. bar/ pub /disco; g. restaurant; h. street/ park /outdoors); B6 Frequency drink with others( a. spouse /partner /romantic; b. other family member; c. work/school mates; d. friends; e. when with small child/children under 12; f. when no one is with you).

P. 15: **DRINKING CONSEQUENCES** B7 Harms – Life Areas: 12 months dichotomous – a. work/studies; b. housework/home chores; c. marriage intimate-relationships; d. relationships with other family members inc children; e. friendships/social life; f. your physical health; g. your finances.

P. 16: B8 Tangible Consequences: a. trouble with law; b. physical fight; c. illness kept from working on regular activities 1 week+; d. lost job or nearly; e. spouse/ lived with threatened to leave or did; f. lost friendship; g. people annoyed by criticizing your drinking.

P. 17: B9 Acute Alcohol-related Problems: a. Drunk enough feel effects – speech or gait; b. headache or nauseated as result; c. taken a drink to get over bad effects; d. sick or shaking when cut down or stopped; e. not able to start once started; f. failed to do normally expected; g. eye-opener; h. guilt or remorse; i. blackout (unable to remember the night before) -- because drinking. [See also C4, p 26] tried cut down/quit but unable]

P. 18: B10 You or someone else Injured-your drinking; B11 relative, friend, doctor, health worker concerned re drinking or suggest cut down.

[NOTE: B9 e.-i and B10 to B11 scored per AUDIT]

Pp. 19-20: Pressures on Self to Drink Less: B12 Persons attempt to influence you to drink less or cut down? a. spouse partner; b. child/children; c. other female family member; d. other male family member; e. Someone at work/school; f. female friend/acquaintance; g. male friend/acquaintance; h. doctor/health worker; B12A Overall effect of your drinking on other people 12 months: Scale 1-10 (1= a little to 10 = a lot).

P. 20: Lifetime or 12-Month Abstinence: B13A Current abstainers: Did you ever have a drink of any beverage containing alcohol? (Lifetime vs Current Abstinence) B13B Was ever a time when your drinking caused any problems in your life (family, health, work, law or police)? B14. Reason you don't drink {check all list w 12 items with Other (specify)}

P. 21-22: **SPOUSE/PARTNER** Spouse/Partner Drinking: B15A 12 month frequency of drinking; B15B typical quantity;

P. 22: B15C Physical aggression: a. most physically aggressive thing done to you in last 2 years- someone in close romantic relationship, spouse partner, dating/going out with? {open-ended (no scale)}; b. Scale of 1-10 (1 = minor 10 = life-threatening) how rate aggression? c. Self, other, both, neither - drinking when incident occurred?

P. 23: B16 Pressures on Others to Drink Less: Attempt to influence other to drink less or less often? a. spouse/ partner; b. child/children; c. other female family member; d. other male family member; e. Someone at work/school; f. female friend/acquaintance; g. male friend/acquaintance

P. 24: Injunctive Drinking/Drunkenness Norms: B17 GENACIS Situational Norms scale: a. party someone else's home; b. parent w small children; c. husband, dinner out w wife; d. wife, dinner out w husband; e. man at bar w friends; f. woman at bar w friends; g coworkers out to lunch; h. w friends at home; i. w friends after work; j. when drive a car; k. w friends in street.

P. 25: C. **HEALTH & LIFESTYLE** C1A. Sexual Identity; C1B. General physical health 12-months; C2 Emotional/Mental Health 12-months ; C3 sought medical or other professional help for physical health – 12 months; C4 Tried to cut down or quit but unable to; C5A. Ever considered seeking help for own alcohol-related problem? C5B. If yes, ever receive help? C5C. If yes, in last 12 months? C6. Present time smoke cigarettes? C6A. How many cigarettes per day? C7. Last 12 months used any prescription drugs in any way other than the one prescribed? C8. Last 12 months used Marijuana, pot, or hashish? C9. Last 12 months used any other drugs (with list)?

Pp. 28-29: D. **PERSONAL WELLNESS & EuroQOL-5** D1. How satisfied w life as a whole? 0 = completely dissatisfied, 5 = neutral, 10 = completely satisfied; D2 to D 6. Euro QOL-5 (3 levels - No problems, some problems/moderate, unable/extreme) : Which best describes your state of health today: D2. walking about; D3. self-care/washing/dressing; D4. performing usual activities; D5. pain or discomfort; D6. Anxious or depressed;

Pp. 30-32: E. **BRIEF ASSESSMENT OF HARMS FROM OTHERS' DRINKING** E1. Overall effect on your life 12 last months of other people's drinking: very positive, somewhat positive, neutral, somewhat negative, very negative. Now problems that can occur because of someone else's dinking, last 12 months: E2. Called you names or insulted you? (Y/N); E2a. (family member/friend, stranger, both); E3. Someone drinking pushed or shoved you? (Y/N); E3a. (family member/friend, stranger, both); E4. Someone drinking harmed you physically? (Y/N); E4a. (family member/friend, stranger, both); E5. Someone drinking ruined your clothes or other belongings? (Y/N); E5a. (family member/friend, stranger, both); E6. Someone drinking responsible for traffic accident you were involved in? (Y/N); E6a. (family member/friend, stranger, both); E7. Your house, car or property damaged because of someone else's drinking? (Y/N); E7a. (family member/friend, stranger, both); [following assumed to be family or friend] E8. Been a passenger with a driver who had too much to drink? E9. (Y/N) Someone drinking harassed or bothered you at a party/other private setting? (Y/N); E10. Feel threatened or afraid because of someone else's drinking at home/other private setting? (Y/N); E11. Had family problems or marriage difficulties due to someone else's drinking? (Y/N); E12. Had problems with a friend or neighbor due to their drinking? (Y/N); E13. Had financial trouble because of someone else's drinking (Y/N).

Pp. 33-37: F. **HEAVY DRINKERS IN YOUR LIFE** F1. Last 12 months, think of anyone [else – if repeated] in your life who you would consider to be a fairly heavy drinker, or drinks a lot sometimes? (Y/N); [if Y] F2. Relationship to you (Indicate any of 17 responses + Other, specify-record up to 9); F3. Person live in same household any time in last 12 months?

(Y/N); F4. Would you say your [relationship given]'s drinking negatively affected you in some way in last 12 months? (Y/N) [Repeat if multiple].

Pp. 35-36: [for Family/friend harms] F5. Last 12 months, has the following happened because of drinking of any of people just mentioned (because intoxicated/ feeling effects/ hung over): a. emotionally hurt or neglected; b. stopped seeing any of them because of their drinking; c. forced/pressured into sex/something sexual; d. negatively affect social occasion you were at; e. fail to do something they were counted on to do; f. did not do share of household work; g. do not see your friends because embarrassed about someone in household's drinking; h. gone without food; i. have to leave home to stay somewhere else; j. take your money or valuables; k. less money for household expenses because of someone in household's drinking? F6. Overall negative effect of family, friends, acquaintances whose drinking negatively affected you last 12 months - scale 1 to 10 (1 = a little, 10 = a lot).

Pp. 36-37: G. **CARING FOR DRINKERS** G1. Last 12 months did you spend time caring for family member/friend because of their drinking? (Y/N); G2. Take on extra responsibilities caring for children or others because... (Y/N); G3. Clean up after family/friend because...; G4. Take them somewhere or pick them up because of their drinking? (Y/N).

Pp. 37-41: H. **DEMOGRAPHICS OF IDENTIFIED DRINKERS** H1 [If 2 or more fairly heavy drinkers] Which person mentioned earlier [Question F2] has most negatively affected you in last 12 months because of their drinking? [list of F2]. H2. Record gender [ask if necessary]; H3. Age (in deciles - younger than 20, in their 20's, ... in their 70's, older); H4. How much on average drink/drank when fairly heavily or a lot [GF levels in EtOH grams]; H4A [alternative] How drunk does he/she usually get when he/she drinks fairly heavily or a lot? (unable to stand, or passed out, staggering or not walking straight, or with slurred speech, tell s/he's been drinking/ breath smelling of alcohol); H5. How often drink this way? (Frequency responses of B1A—Every day ... about 1 day/month, less often/no longer drinking – quit in last 12 months). H5A [ask if quit] How often DID s/he drink this way? (same frequency categories). H6. How often 60+ g EtOH? (same frequency categories).

Pp. 41-43: I. **CHILDREN SECTION** I1. Apart from children in household 17 or younger, are any NOT in household for whom you have some parental responsibility? (Y/N); I2. How many? (N);

Pp. 43-44: J. **IMPACT ON WORK** [If currently working/volunteering & have coworkers ask] J1. Past 12 months problems with co-worker or boss due to their drinking? (Y/N); J2. Because of co-worker's drinking 12 months- a. had to cover for them; b. your productivity reduced; c. ability to do job negatively affected; d. involved in accident or a close call at work; e. had to work extra hours? (Y/N). J3. Your co-workers or a boss negatively affected you in last 12 months? (scale 1=a little to 10=a lot).

Pp. 44-45: K **IMPACT ON COMMUNITY** [ask all] K1. Instruction: Strangers and people you don't know very well. What happens in your community or neighborhood and elsewhere. K1. a. someone who had been drinking harassed you or bothered you on the street or some other public place; b. ...made you feel afraid when you encountered them on the street; c. kept awake at night by drunken noise; d. felt unsafe in public place because of someone's drinking (Y/N); K2. Bothered by strangers last 12 months? Y/N K2a. How much bothered by drinking of people you didn't know? (scale 1 = a little to 10 = a lot).

Pp. 46-47: L. **SEEKING HELP** [If R harmed / negatively affected ask] L1. Thinking of services you may have used last 12 months because of someone else's drinking (people you know and strangers): did you call police; L2. You admitted to hospital or ED; L3. Received any other medical treatment; L4. counseling/professional advice/help line/ self-help group; L5. Religious leader, friend/neighbor/ some other source of support (all Y/N); L6. How many days take off work...because of someone else's drinking. (Number).

# **APPENDIX A (Part 2)**

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**Questionnaire:  
GENACIS-H2O  
(WHO-TH H2O-GENACIS LITE)**

## APPENDIX A (Part 2)

## WHO-TH H2O-GENACIS LITE

SECTION A. HOUSEHOLD AND DEMOGRAPHIC QUESTIONS

A1. What is your gender? (ASK ONLY IF NEEDED)

Male	1
Female	2

A2. What is your date of birth?

_ _ _	_ _ _	_ _ _
DAY	MONTH	YEAR

DON'T KNOW	98
REFUSED	99

A3. What is the highest grade or year of school you have completed? (ADAPT AS NEEDED FOR LOCAL SYSTEM)

No formal schooling	1
Primary school	2
Some high school	3
Completed high school	4
Some college/university or finished 2-year degree or apprenticeship	5
University bachelor's degree	6
Graduate or professional school degree	7
DON'T KNOW	98
REFUSED	99

A4. What best describes your ethnic group? (PROVIDE CATEGORIES APPROPRIATE FOR SOCIETY)

A4x. (ALTERNATIVE IF MORE APPROPRIATE: what country did most of your ancestors come from?)

A5. In what region/province do you live? (PROVIDE CATEGORIES AS LOCALLY APPROPRIATE)

A6. Which of these categories comes closest to the type of place where you presently live?

In open country but not on a farm	1
On a farm	2
In a small city or town (under 50,000)	3
In a medium-size city (50,000-250,000)	4
In a suburb near a large city	5
In a large city	6
DON'T KNOW	98
REFUSED	99

A7. What is your marital status? (Are you married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or have you never been married?)

Married	1
Living with a partner/ common-law marriage	2
Widowed	3
Divorced	4
Married but separated	5
Never married	6
IF VOLUNTEERED:	
MARRIED (SAME-SEX PARTNER)	7
DON'T KNOW	98
REFUSED	99

(THE RELATIONSHIP TERMS SHOULD BE AS LOCALLY APPROPRIATE)

**ATTENTION:** IF RESPONDENT IS WIDOWED, DIVORCED, SEPARATED, OR HAS NEVER BEEN MARRIED (Q. A7 = 3, 4, 5, OR 6), CONTINUE WITH Q. A8.

IF RESPONDENT IS MARRIED (Q. A7 = 1 or 7), SKIP TO Q. A10

IF RESPONDENT IS LIVING WITH A PARTNER (Q. A7 = 2), SKIP TO Q. A10.

A8. Among the people who you now know, is there someone with whom you have a very close romantic relationship?

Yes	1 (GO TO Q. A9)
No	2 (SKIP TO Q. A10)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A9. Is (this person/your partner) male or female?

Male	1
Female	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A10. How many people are living in your household, including yourself, your spouse or partner, and any other family members living with you?

|\_\_|\_\_| people (IF LIVING ALONE, SKIP TO Q. A14)

DON'T KNOW	998
REFUSED	999

A11. Who do you live with? **CIRCLE ALL THAT APPLY**

Spouse/partner/common-law spouse	yes	1	no	2
Your or your spouse's/partner's children	yes	1	no	2
Your or your spouse's/partner's parents	yes	1	no	2
Other relatives	yes	1	no	2
Others	yes	1	no	2
NOT APPLICABLE		97		
DON'T KNOW		98		
REFUSED		99		

A12. Have you ever had any children, including adopted or stepchildren?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

**(INTERVIEWER: IF Q. A12 = 2, SKIP TO Q. A14.)**

A13A. How many children live with you, including adopted, stepchildren, your partner's children, or grandchildren?

__ __  child/children	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

A13B. How many of those children are aged 18 or older?

__ __  child/children aged 18 or older	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

[OPTIONAL:]

A13C. How many of the children living with you are aged 12 or younger?

__ __  child/children aged 12 or younger	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

[IF RESPONDENT IS MALE, SKIP TO A14. IF RESPONDENT IS FEMALE:]

A13D. Are you currently pregnant or trying to become pregnant?

Currently pregnant	1 (SKIP TO A14)
Currently trying to become pregnant	2 (SKIP TO A14)
No, neither pregnant nor trying to become pregnant	3
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

[New item for Aim 3:]

A13E. How much of the time do you do something to keep from getting pregnant -- always, most of the time, sometimes, or not at all?

Always	1
Most of the time	2
Sometimes	3
Not at all	4
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A14. What is your present occupation or occupations? **INCLUDE  
HOMEMAKER/HOUSEWIFE/HOUSEHUSBAND AS AN OCCUPATION.**

---

NO PRESENT OCCUPATION	0 (SKIP TO Q. A17)
DON'T KNOW	98
REFUSED	99

(IF APPROPRIATE, USE THIS CLASSIFICATION:)

Manager / administrator	1
Professional	2
Associate professional	3
Trades persons	4
Advanced clerical or service	5
Intermediate clerical or service	6
Intermediate production or transport	7
Elementary clerical or service	8
Labourers and related workers	9
Homemaker/housewife/househusband	10
Not employed	11
Other (SPECIFY _____)	12
(Refused)	99

A15. What is your present daily occupation/employment status? **CIRCLE ONE.**

Self-employed	9
Working for pay	8
Involuntarily unemployed	7 (SKIP TO Q. A17)
Student (and not working)	6 (SKIP TO Q. A17)
Retired	5 (SKIP TO Q. A17)
Not working due to illness	4 (SKIP TO Q. A17)
Parental or pregnancy leave	3 (SKIP TO Q. A17)
Homemaker	2 (SKIP TO Q. A17)
Voluntarily unemployed for other reasons	1 (SKIP TO Q. A17)
DON'T KNOW	98
REFUSED	99

A15A [OPTIONAL:] Is your present work a regular job which continues, a job which is seasonal or on-call, or is it short-term or casual?

Regular job, which continues	4
Seasonal or on-call job (regular arrangement, but work is intermittent)	3
Short-term or casual job	2
Other: _____	1
DON'T KNOW	98
REFUSED	99

A16. What are your present working hours in your current job(s)?

61 hours or more a week	6	11-20 hours/week	2
41 - 60 hours/week	5	1-10 hours/week	1
31 - 40 hours/week	4	NOT APPLICABLE	97
21 - 30 hours/week	3	DON'T KNOW	98
		REFUSED	99

A17 What is your total monthly household income, before taxes and from all sources? By household income we mean income earned by you (**IF APPLICABLE:** and by your spouse/cohabiting partner, and by other family members living with you) and any income from other sources, such as child support or pensions. (**SHOW FLASH CARD**) (**USE APPROPRIATE CATEGORIES OF TIME PERIOD AND MONEY FOR LOCAL ECONOMY**)

DON'T KNOW	98
REFUSED	99

A18. How much of the total household income, from all sources, do you yourself provide?

All of it	5
More than half	4
About half	3
Less than half	2
None	1
DON'T KNOW	98
REFUSED	99

A18A: [ALTERNATIVE TO A18:] And what is your own personal income, before taxes and from all sources? **(SAME CATEGORIES AS FOR A18)**

A19. Are you an active member of any society or church?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A20. What is your religious preference? (SPECIFY APPROPRIATE CATEGORIES)

A21. How often during the last 12 months have you felt lonely?

Very often	6
Often	5
From time to time	4
Seldom	3
Very seldom	2
Never	1
DON'T KNOW	98
REFUSED	99

**SECTION B: DRINKING VARIABLES**

The next few questions are about the use of alcoholic beverages, such as wine, beer, and liquor, by yourself and by people you know.

B1A. During the last 12 months, how often did you usually have any kind of beverage containing alcohol – whether it was wine, beer, liquor, or any homemade alcoholic beverages?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B13A)
DON'T KNOW	98
REFUSED	99

IF RESPONDENT DID NOT CONSUME ALCOHOL IN THE PAST 12 MONTHS SKIP TO Q. B13A

B1B. How often do you usually drink wine?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B1C)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1C How often do you usually drink beer?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B1D)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1D. How often do you usually have drinks containing rum, whiskey or any other liquor?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B1E)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1E. How often do you usually have homemade alcoholic beverages (OR SUBSTITUTE LOCAL BEVERAGES (as B1E, B1F, B1G, etc)?)

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B2A-1 )
NOT APPLICABLE	97

DON'T KNOW 98  
REFUSED 99

MEASUREMENT OF GENERIC CONSUMPTION [ADAPT THE CHART FOR LOCAL CONTAINER AND DRINK SIZES]

**(DO NOT READ. FOR REFERENCE ONLY.)**

QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)

RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE

144 gm = 12 cans of beer	60 gm = 5 cans of beer
4-1/4 quarts of beer	1-3/4 quarts of beer
2 regular-size bottles of wine	3/4 bottle of wine
1/2 gallon of wine	1/5 a fifth of liquor
1/2 fifth of liquor	1/3 pint of liquor
3/4 pint of liquor	
96 gm = 8 cans of beer	36 gm = 3 cans of beer
3 quarts of beer	1 quart of beer
1-1/4 bottles of wine	1/2 bottle of wine
1/2 pint of liquor	1/3 of a 1/2 pint of liquor
1/3 fifth of liquor	

B2A-1. Think of all kinds of alcoholic beverages combined, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind. - How often during the last 12 months did you drink [36 GRAMS OR MORE OF ALCOHOL] on any single day?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q.B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2A-2. During the last 12 months, how often did you have at least 60 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q.B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2B. During the last 12 months, how often did you have at least 96 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2C. During the last 12 months, how often did you have at least 144 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B3A. On those days when you had any kind of beverage containing alcohol, how many drinks did you usually have per day?

|\_\_|\_\_| drinks

NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

B3B. On a typical day when you drank, about how much time would you spend drinking?

|\_\_|\_\_| minutes OR |\_\_|\_\_| hours

NOT APPLICABLE 997  
DON'T KNOW 998  
REFUSED 999

B4. During the last 12 months, what was the largest number of drinks you had in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind?

|\_\_|\_\_| drinks

NOT APPLICABLE 997  
DON'T KNOW 998  
REFUSED 999

#### FAMILIAL AND OTHER DRINKING CONTEXTS

B5. Thinking back over the last 12 months, about how often did you drink in the following circumstances? Think of all the times that apply in each situation. For example, having a drink with a meal in your own home should be included under both "(a) at a meal", and "(c) in your own home."

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. at a meal	7	6	5	4	3	2	1	97	98	99
b. at a party or celebration	7	6	5	4	3	2	1	97	98	99
c. in your own home	7	6	5	4	3	2	1	97	98	99
d. at a friend's home	7	6	5	4	3	2	1	97	98	99
e. at your workplace	7	6	5	4	3	2	1	97	98	99
f. in a bar/pub/disco	7	6	5	4	3	2	1	97	98	99
g. in a restaurant	7	6	5	4	3	2	1	97	98	99
h. on the street or in a park or outdoors	7	6	5	4	3	2	1	97	98	99

B6. How often in the last 12 months have you had a drink when you were with the following persons? Think of all the times that apply for each person. For example, having a drink with your spouse or partner and friends should be included under both “(a) with your spouse or partner,” and “(d) with friends.”

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	RE-FUSED
a. with your spouse/partner/romantic (non-cohabiting) partner whether or not other people were present?	7	6	5	4	3	2	1	97	98	99
b. with a family member other than your spouse/partner/romantic (non-cohabiting) partner?	7	6	5	4	3	2	1	97	98	99
c. with people you work with or go to school with?	7	6	5	4	3	2	1	97	98	99
d. with friends other than your spouse or partner?	7	6	5	4	3	2	1	97	98	99
e. when a small child or children (under 12) were around	7	6	5	4	3	2	1	97	98	99
f. when no one happened to be with you?	7	6	5	4	3	2	1	97	98	99

DRINKING CONSEQUENCES

Next are some questions about drinking-related experiences many people have during their lifetime.

B7. During the last 12 months, has YOUR drinking had a harmful effect...

a. on your work, studies or employment opportunities?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
b. on your housework or chores around the house?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
c. on your marriage/intimate relationships?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
d. on your relationships with other family members, including your children?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
e. on your friendships or social life?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
f. on your physical health?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
g. on your finances?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED

B8. In the last 12 months, have you had any of the following experiences?

a. Have you had trouble with the law about your drinking and driving?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
b. Have you gotten in a physical fight while drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
c. Have you had an illness connected with your drinking that kept you from working on your regular activities for a week or more?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
d. Have you lost a job, or nearly lost one, because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
e. Has your spouse or someone you lived with threatened to leave or actually left because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
f. Have you lost a friendship because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
g. Have people annoyed you by criticizing your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED

B9. How often during the last 12 months have you .....

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never	NOT APPLI- CABLE	DON'T KNOW	RE- FUSED
a. drunk enough to feel the effects of the alcohol—for example, your speech was slurred and/or you had trouble walking steadily?	4	3	2	1	0	97	98	99
b. had a headache and/or felt nauseated as a result of your drinking?	4	3	2	1	0	97	98	99
c. taken a drink to get over any of the bad after-effects of drinking?	4	3	2	1	0	97	98	99
d. felt sick or found yourself shaking <u>when you cut down or stopped drinking?</u>	4	3	2	1	0	97	98	99
e. found that you were not able to stop drinking once you had started?	4	3	2	1	0	97	98	99
f. failed to do what was normally expected from you because of drinking?	4	3	2	1	0	97	98	99
g. needed a first drink in the morning to get yourself going after a heavy drinking session?	4	3	2	1	0	97	98	99
h. had a feeling of guilt or remorse after drinking?	4	3	2	1	0	97	98	99
i. been unable to remember what happened the night before because you had been drinking?	4	3	2	1	0	97	98	99

B10. Have you or someone else been injured as a result of your drinking?

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B11. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

NOTE TO RESEARCHER: Q. B9e–j, Q. B10, and Q. B11 are coded to be consistent with the AUDIT.

B12. During the last 12 months, have any of the following persons attempted to influence your drinking so that you would drink less or cut down on your drinking?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
h. A doctor or health worker?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

B12A. Overall, on a scale of 1 to 10, where 1 is a little and 10 is a lot, how much would you say your drinking has negatively affected other people in the last 12 months?

Number given: \_\_\_\_ (RANGE 1 to 10)

DON'T KNOW 998 (SKIP TO Q. B14)

REFUSED 999 (SKIP TO Q. B14)

ASK Qs. B13A–B and Q. B14 ONLY OF CURRENT ABSTAINERS (NEVER DRANK IN THE LAST 12 MONTHS).

B13A. Did you ever have a drink of any beverage containing alcohol?

Yes	1 (ASK Q. B13B)
No	2 (SKIP TO Q. B14)
NOT APPLICABLE	997 (SKIP TO Q. B14)
DON'T KNOW	998 (SKIP TO Q. B14)
REFUSED	999 (SKIP TO Q. B14)

B13B. Was there ever a time when your drinking caused any problems in your life (for example, problems with family, health, or work, or with the law or the police)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B14. What is the reason you do not drink? (CHECK ALL THAT APPLY)

No occasion came up where I wanted to drink	12
My responsibilities require me to be sober	11
My religion	10
It does not interest me	9
Brought up not to drink	8
My health is bad/on medication	7
Too expensive	6
It would have a bad effect on my activities	5
I would be afraid I would have problems with alcohol/become alcoholic	4
I have no reason	3
I am pregnant/trying to get pregnant	2
Other (specify _____)	1
DON'T KNOW	998
REFUSED	999

IF THE RESPONDENT HAS A SPOUSE, PARTNER, OR A ROMANTIC (NON-COHABITING) PARTNER, ASK Q. B15A AND Q. B15B. IF NOT, SKIP TO Q. B16.

B15A. Thinking back over the last 12 months, about how often did your spouse/partner/romantic (non-cohabiting) partner drink alcoholic beverages? Remember to include all kinds of alcoholic beverages... spirits, wine, beer, or homemade alcoholic beverages.

Every day	7
Five or six times a week	6
Three or four times a week	5
Once or twice a week	4
One to three times a month	3
Less than once a month	2
Never	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B15B. Again, thinking back over the last 12 months, about how many drinks would your spouse/partner/romantic (non-cohabiting) partner have on a typical day when he/she drank? Please think of all kinds of alcoholic beverages combined.

__ __  drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

B15C. People can be physically aggressive in many ways, for example, pushing, punching, or slapping, or physically aggressive in some other way....

- a. What is the MOST PHYSICALLY AGGRESSIVE thing done to you during the LAST TWO YEARS by someone who is or was in a close romantic relationship with you such as a spouse/partner, lover, or someone you are or were dating or going out with?

(WRITE RESPONSE HERE) \_\_\_\_\_

NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**IF VOLUNTEERED:** IF RESPONDENT SAYS THAT NOTHING LIKE THIS HAS HAPPENED, SKIP TO Q. B16.

- b. On a scale of one to ten, where one is minor aggression and ten is life threatening aggression, how would you rate their aggression towards you?

| \_\_\_\_ | \_\_\_\_ |

DON'T KNOW	98
REFUSED	99

- c. Had you, the other person, both of you, or neither of you been drinking when the incident occurred?

Only me	1
Only other person	2
Both of us	3
Neither of us	4
DON'T KNOW	98
REFUSED	99

B16. During the last 12 months, have you attempted to influence the drinking of any of the following persons so that he or she would drink less or less often?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

B17. Now I'll describe situations that people sometimes find themselves in. For each one, please tell me how much a person in that situation should feel free to drink. How much drinking is all right (READ ITEM)? Would you say no drinking, 1 or 2 drinks, enough to feel effects but not drunk, or getting drunk is sometimes all right?

	No Drinking	1 or 2 Drinks	Feel effects, but not drunk	Getting drunk is sometimes all right	DON'T KNOW	REFUSED
a. At a party, at someone else's home	1	2	3	4	98	99
b. As a parent, spending time with small children	1	2	3	4	98	99
c. For a husband having dinner out with his wife	1	2	3	4	98	99
d. For a wife having dinner out with her husband	1	2	3	4	98	99
e. For a man out at a bar with friends	1	2	3	4	98	99
f. For a woman out at a bar with friends	1	2	3	4	98	99
g. For a couple of co-workers out for lunch	1	2	3	4	98	99
h. When with friends at home	1	2	3	4	98	99
i. When getting together with friends after work before going home	1	2	3	4	98	99
j. When going to drive a car	1	2	3	4	98	99
k. With friends, in the street	1	2	3	4	98	99

**SECTION C: HEALTH AND LIFESTYLE**

Now I would like to ask you some questions about your health and lifestyle.

C1A. Recognizing that sexual identity is only one part of your identity how do you define your sexual identity? Would you say that you are...

Only lesbian/gay/homosexual	1
Mostly lesbian/gay/homosexual	2
Bisexual	3
Mostly heterosexual	4
Only heterosexual, or	5
Other (SPECIFY _____)	6
DON'T KNOW	98
REFUSED	99

C1B. In general, how has your physical health been in the last 12 months?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C2. In general, how has your emotional/mental health been in the last 12 months?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C3. In the last 12 months, have you sought medical or other professional help related to your physical health?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C4. In the last 12 months, have you tried to cut down or quit drinking but were unable to do so?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C5A. Did you ever consider seeking help for your own drinking or alcohol-related problems?

YES	1 (ASK Q. C5B)
NO	2 (SKIP TO Q. C6)
NOT APPLICABLE	97 (SKIP TO Q. C6)
DON'T KNOW	98 (SKIP TO Q. C6)
REFUSED	99 (SKIP TO Q. C6)

C5B. If yes, did you ever receive help?

YES	1 (ASK Q. C5C)
NO	2 (SKIP TO Q. C6)
NOT APPLICABLE	97 (SKIP TO Q. C6)
DON'T KNOW	98 (SKIP TO Q. C6)
REFUSED	99 (SKIP TO Q. C6)

C5C. If yes, did you receive help in the last 12 months?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C6 The next questions are about smoking. At the present time, do you smoke cigarettes daily, occasionally, or not at all?

Daily	1
Occasionally	2 (SKIP TO C7)
Not at all	3 (SKIP TO Q. C7)
NOT APPLICABLE	97 (SKIP TO Q. C7)
DON'T KNOW	98 (SKIP TO Q. C7)
REFUSED	99 (SKIP TO Q. C7)

C6A. On average, how many cigarettes do you smoke a day?

|\_\_|\_\_| cigarettes

NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

C7. In the last 12 months, have you used any prescription drugs or medicines in a way other than the one prescribed?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C8. In the last 12 months, have you used marijuana (pot or hashish)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C9. In the last 12 months, have you used any other drugs, such as cocaine or crack, heroin, stimulants (such as methamphetamines or "ice"), hallucinogens (such as LSD), or party drugs (such as ecstasy)?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**\*SECTION D. PERSONAL WELLBEING AND EUROQOL-5**

\*(ALL)

D intro As part of the study, we would like to know a little about your health and wellbeing in the last 12 months.....

The first question uses a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And 5 means you feel neutral - neither satisfied nor dissatisfied.

D1 So, thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole?....

RESPONSE FRAME

Completely dissatisfied	0
	1
	2
	3
	4
Neutral – neither satisfied nor dissatisfied	5
	6
	7
	8
	9
Completely satisfied	10
DON'T KNOW	98
REFUSED	99

- D2. Which of these statements best describes your own state of health today.....
- |   |    |
|---|----|
| I have NO problems in walking about       | 1  |
| I have SOME problems in walking about, or | 2  |
| I am confined to bed                      | 3  |
| DON'T KNOW                                | 98 |
| REFUSED                                   | 99 |
- D3. (Which of these statements best describes your own state of health today.....)
- |  |    |
|--|----|
| I have NO problems with self care                  | 1  |
| I have SOME problems washing or dressing myself or | 2  |
| I am unable to wash or dress myself                | 3  |
| DON'T KNOW   | 98 |
| REFUSED  | 99 |
- D4. (Which of these statements best describes your own state of health today.....)
- |  |    |
|--|----|
| I have NO problems with performing my usual activities       | 1  |
| I have SOME problems with performing my usual activities, or | 2  |
| I am unable to perform my usual; activities                  | 3  |
| DON'T KNOW   | 98 |
| REFUSED  | 99 |
- D5. (Which of these statements best describes your own state of health today.....)
- |  |    |
|--|----|
| I have NO pain or discomfort           | 1  |
| I have MODERATE pain or discomfort, or | 2  |
| I have EXTREME pain or discomfort      | 3  |
| DON'T KNOW                             | 98 |
| REFUSED                                | 99 |
- D6. (Which of these statements best describes your own state of health today.....)
- |  |    |
|--|----|
| I am NOT anxious or depressed            | 1  |
| I am MODERATELY anxious or depressed, or | 2  |
| I am EXTREMELY anxious or depressed      | 3  |
| DON'T KNOW                               | 98 |
| REFUSED                                  | 99 |

**SECTION E. BRIEF ASSESSMENT OF HARMS FROM OTHERS' DRINKING**

E1. Now let me ask you about the overall effect on your life in the last twelve months of other people's drinking of alcoholic beverages. Would you say the overall effect has been very positive, somewhat positive, neutral, somewhat negative, or very negative?

Very positive	1
Somewhat positive	2
Neutral	3
Somewhat negative	4
Very negative	5
DON'T KNOW	98
REFUSED	99

E2. Now let me ask you some questions about various problems that can occur because of someone else's drinking. In the last twelve months has someone who had been drinking called you names or otherwise insulted you?

Yes	1
No	2

E2a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

E3. (In the last 12 months has someone who had been drinking) pushed or shoved you?

Yes	1
No	2

E 3a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

E4. (In the last 12 months has someone who had been drinking) harmed you physically?

Yes	1
No	2

E4a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

E5. (In the last 12 months has someone who had been drinking) ruined your clothes or other belongings?

Yes	1
No	2

E5a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

E6. (In the last 12 months has someone who has been drinking) been responsible for a traffic accident you were involved in?

Yes	1
No	2

E6a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

E7. (In the last 12 months) was your house, car or property damaged because of someone else's drinking?

Yes	1
No	2

E7a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

family member or friend (code F)	1
stranger	2
both (code F)	3

**[Note: the following six items are assumed to refer to a family member or friend]**

E8. (In the last 12 months have you) been a passenger with a driver who had had too much to drink?

Yes (code F)	1
No	2

E9 (In the last 12 months has someone who had been drinking) harassed or bothered you at a party or some other private setting?

Yes (code F)	1
No	2

E10 (In the last 12 months) did you feel threatened or afraid because of someone's drinking at home or in some other private setting?

Yes (code F)	1
No	2

E11 (In the last 12 months) have you had family problems or marriage difficulties due to someone else's drinking?

Yes (code F)	1
No	2

E12 (In the last 12 months have you) had problems with a friend or neighbor due to their drinking?

Yes (code F)	1
No	2

E13 (In the last 12 months have you had) financial trouble because of someone else's drinking?

Yes (code F)	1
No	2

**SECTION F. HEAVY DRINKERS IN YOUR LIFE**

F intro Now we are interested in the people you have been in contact with over the last 12 months and their drinking. We do not need to know names, just their relationships to you.

F1 Thinking about the last 12 months, can you think of anyone [else] among the people in your life -- your family, friends, coworkers or others -- who you would consider to be a fairly heavy drinker, or someone who drinks a lot sometimes?

(F1A Anyone else among the people in your life...?)

Yes	1
No	2 (SKIP TO Q. F5)

F2 What is their relationship to you?

Spouse/partner	1
Ex-spouse/ex-partner	2
Adult child (including stepchild)	3
Child under 18 (including stepchild)	4
Father	5
Mother	6
Grandfather	7
Grandmother	8
Brother	9
Sister	10
Other MALE relative	11
Other FEMALE relative	12
Boyfriend/girlfriend [a romantic relationship, not just a friend]	13
MALE friend / flatmate	14
FEMALE friend / flatmate	15
Work colleague (including employer or employee)	16
Neighbour	17
Other (SPECIFY _____)	18
REFUSED	99

F3 Did this person live in the same household as you at any time in the last 12 months?

Yes 1  
No 2

F4 Would you say your <INSERT RESPONSE TO <D2>'s drinking negatively affected you in some way in the last 12 months?

REPEAT F1A-F4 UNTIL RESPONDENT ANSWERS "NO" TO F1A

CODING MATRIX FOR ITERATIONS OF F1 – F4:

Persons identified in F1-F4

	#1	#2	#3	#4	#5	#6	#7	#8	#9
F1 /F1A									
F2									
F3									
F4									

(CONTINUE HERE FOR ANY RESPONDENT WHO HAS ANY CODE "F". OTHERS SKIP TO G1)

- F5 Thinking about the last 12 months, please tell me if each of the following has happened because of the drinking of any of the people you have just mentioned, including because they were intoxicated, feeling the effects of alcohol or hung over?

RESPONSE FRAME

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

So, in the last 12 months, because of the drinking of any of these people ....

STATEMENTS

- a. Were you emotionally hurt or neglected because of any of these people's drinking?
- b. Did you stop seeing any of these people because of their drinking?
- c. Were you forced or pressured into sex or something sexual because of any of these people's drinking?
- d. Did the drinking of any of these people negatively affect a social occasion you were at?
- e. Did any of these people fail to do something they were being counted on to do because of their drinking?
- f. Did someone in the household not do their share of work around the house because of their drinking?
- g. Do you not see friends or family as much because you are embarrassed about someone in the household's drinking?
- h. Have you gone without food because of someone in the household's drinking?
- i. Did you have to leave home to stay somewhere else because of someone in the household's drinking?
- j. Did a family member or friend take money or valuables that were yours because of their drinking?
- k. Was there less money for household expenses because of someone in the household's drinking?

- F6 Now please think of the overall negative effect on you of drinking by family and friends and acquaintances whose drinking has negatively affected you in the last 12

months. Overall in the last 12 months, on a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of (this person)/(all these people) affected you negatively?

Number given: \_\_\_\_ (RANGE 1 to 10)

DON'T KNOW 98

REFUSED 99

### SECTION G. CARING FOR DRINKERS

G1 intro Next, some questions about things that you may have chosen or had to do for a family member or friend because of their drinking.

G1 In the last 12 months did you have to SPEND TIME CARING FOR A FAMILY MEMBER OR FRIEND because of their drinking?

Yes 1

No 2

DON'T KNOW 98

REFUSED 99

G2 In the last 12 months did you have to TAKE ON EXTRA RESPONSIBILITIES CARING FOR CHILDREN OR OTHERS because of a family member or friend's drinking?

Yes 1

No 2

DON'T KNOW 98

REFUSED 99

G3 In the last 12 months have you had to CLEAN UP AFTER A FAMILY MEMBER OR FRIEND because of their drinking?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

G4 In the last 12 months did you have to take a family member or friend somewhere or pick them up because of their drinking?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

#### \*SECTION H. DEMOGRAPHICS OF IDENTIFIED DRINKER

\*(ASKED OF RESPONDENTS IDENTIFYING TWO OR MORE PERSONS AS FAIRLY HEAVY DRINKER)

H1 And thinking about all of the people you mentioned earlier, those whose drinking has negatively affected you, overall, which one person would you say has most negatively affected you in the last 12 months because of their drinking?

Spouse/Partner	1
Other member of household	2
Other immediate family member – parent, child, sibling	3
Other relative – brother in law, etc.	4
Ex-spouse, ex-partner	5
Boyfriend/girlfriend	6
Other friend	7
Co-worker	8
Other person – neighbour, etc.	9
DON'T KNOW	98
REFUSED	99

Now a few questions about this person...

H2 PERSON IS: <DISPLAY RESPONSE TO H1>

RECORD GENDER OF PERSON (ASK ONLY IF NECESSARY)

Is your <INSERT RESPONSE TO H1> male or female?

Male	1
Female	2

H3 How old is your <INSERT RESPONSE TO H1>?

IF UNSURE: Would you say they are.. (READ OUT AS APPROPRIATE)

Younger than 20	1
In their 20's	2
In their 30's	3
In their 40's	4
In their 50's	5
In their 60's	6
In their 70's	7
Older	8
DON'T KNOW	98
REFUSED	99

H4 How much (does / did) (he / she) have on average when (he / she) (drinks / drank) fairly heavily or a lot? Would you say...

[equivalent of 144 gm or more]	1 (GO TO H6)
[equivalent of 96 gm or more, but less than 144 gm]	2 (GO TO H6)
[equivalent of 60 gm or more, but less than 96 gm]	3 (GO TO H6)
[equivalent of 36 gm or more, but less than 60 gm]	4 (GO TO H6)
[less than 60 gm] (SKIP TO Q. H7)	5
DON'T KNOW	98
REFUSED	99 (SKIP TO Q. H6)

(CHANGE CATEGORIES BELOW )

(DO NOT READ. FOR REFERENCE ONLY.)

QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)

**RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE**

144 gm = 12 cans of beer	60 gm = 5 cans of beer
4¼ quarts of beer	1¾ quarts of beer
2 regular-size bottles of wine	¾ bottle of wine
½ gallon of wine	1/5 of a fifth of liquor
½ fifth of liquor	⅓ pint of liquor
96 gm = 8 cans of beer	36 gm = 3 cans of beer
3 quarts of beer	1 quart of beer
1¼ bottles of wine	½ bottle of wine
½ pint of liquor	⅓ of a half pint of liquor
⅓ of a fifth of liquor	

H4A [ALTERNATIVE TO H4, if H4 cannot be successfully adapted]

How drunk does he/she usually get when he/she drinks fairly heavily or a lot?

Unable to stand, or passed out	1
Staggering or not walking straight, or with slurred speech	2
So you can tell s/he's been drinking, or with breath smelling of alcohol	3

H5 How often does (he / she) drink in this way?

Every day	1
5 to 6 days a week	2
3 to 4 days a week	3
1 to 2 days a week	4
2 to 3 days a month	5
About 1 day a month	6
Less often	7
(No longer drink, gave up in the last 12 months)	8 (GO TO H5a)
DON'T KNOW	98
REFUSED	99

\*(ASK ONLY IF REFERENCE DRINKER NO LONGER DRINKS) (H5=8)

H5a How often did (he / she) drink in this way?

Every day	1
5 to 6 days a week	2
3 to 4 days a week	3
1 to 2 days a week	4
2 to 3 days a month	5
About 1 day a month	6
Less often	7
DON'T KNOW	98
REFUSED	99

H6	How often (did / does) (he / she) have [60 gm or more]?	
	Every day	1
	5 to 6 days a week	2
	3 to 4 days a week	3
	1 to 2 days a week	4
	2 to 3 days a month	5
	About 1 day a month	6
	Less often	7
	Never	8
	DON'T KNOW	98
	REFUSED	99

**\*SECTION I. CHILDREN SECTION**

\* (ALL)

I-intro The next few questions relate to the effects of drinking by others on children for whom you have some parental responsibility (whether the children do or don't live with you). The questions are about any adult's drinking, including your own....

I1	(Apart from the children in your household,) Are there any children 17 or younger NOT living in your household for whom you have some parental responsibility?	
	Yes	1
	No	2 (SKIP TO SEC. I3)
	DON'T KNOW	98 (SKIP TO SEC..J)
	REFUSED	99 (SKIP TO SEC. J)

\*(HAS OTHER CHILDREN 17 AND UNDER NOT LIVING IN HOUSEHOLD) (I1=1)

I2	How many?	
	__  RECORD NUMBER (9 = 9 or more)	
	REFUSED	99

- I3 Thinking about all the children under 18 you've mentioned, whether they live with you or not, in the last 12 months .....

#### STATEMENTS

- a. Was one or more left in an unsupervised or unsafe situation because of someone's drinking?
- b. Was one or more yelled at, criticised or otherwise verbally abused because of someone's drinking?
- c. Was one or more physically hurt because of someone's drinking?
- d. Did one or more of these children witness serious violence in the home because of someone's drinking?
- e. Was the child protection agency or family services called because of someone's drinking?
- f. Was there not enough money for the things [needed by] the child/children because of someone's drinking?

#### RESPONSE FRAME

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

- I4 So, would you say, was a child you are responsible for negatively affected by someone else's drinking in the last 12 months?

Yes	1
No	2 (SKIP to Q. I6)

\*(IF “yes” to Q. I4, ASK:)

I5 What was the relationship to the child(ren) of that person/those people?  
(MULTIPLES ACCEPTED) [NOTE: IF THE RESPONDENT SAYS “ME”, PROBE FOR THE  
RELATIONSHIP, AND CODE I6 YES AND DO NOT ASK IT.]

Parent	1
Step-parent, or spouse or partner of the child’s parent	2
Child’s guardian (A PERSON WITH AN ONGOING LEGAL RESPONSIBILITY FOR THE CARE AND PROTECTION OF THE CHILD)	3
Sibling	4
Another relative	5
Family friend or person with whom the child comes into contact, such as a sports coach, teacher, or priest	6
Someone else (SPECIFY _____ )	7

I6 Would you say that a child you are responsible for was negatively affected by your  
own drinking in the last 12 months?

Yes	1
No	2
DON’T KNOW	98
REFUSED	99

I7 [IF YES to any of I3, I4 or I6:] On a scale of 1 to 10, where 1 is a little and 10 is a lot,  
how much has the drinking of adults negatively affected (this child / these children)  
in the last 12 months?

Number given: ____ (RANGE 1 to 10)	
DON’T KNOW	98
REFUSED	99

#### **\*SECTION J. IMPACT OF OTHERS’ DRINKING ON WORK**

\*(IF CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS, ASK:)

J1. In the last 12 months have you had problems with someone you worked with or a boss  
due to their drinking?

Yes	1
No	2 [SKIP to section K]

- J2 Now we are interested in specific effects on you of your co-workers' drinking. Because of your co-workers' drinking, in the last 12 months.....

STATEMENTS

- a. Have you had to cover for them because of their drinking?
- b. Has your productivity at work been reduced because of a colleague's drinking?
- c. Has your ability to do your job been negatively affected?
- d. Were you involved in an accident or a close call at work?
- e. Have you had to work extra hours?

RESPONSE FRAME

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

\*(ASK IF "YES" TO J1 OR ANY OF J2 QUESTIONS)

- J3 On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of your co-workers or a boss negatively affected you in the last 12 months?

Number given: ____ (RANGE 1 to 10)	
DON'T KNOW	98
REFUSED	99

**\*SECTION K. ALCOHOL-RELATED HARM IN THE COMMUNITY**

\*(ALL)

- K1 We would now like to ask you about STRANGERS or PEOPLE YOU DON'T KNOW VERY WELL. This includes what happens in your community or neighbourhood, as well as elsewhere. In the last 12 months, ...

- a. ... has someone who had been drinking harassed or bothered you on the street or in some other public place?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

b. (In the last 12 months has someone who had been drinking) made you afraid when you encountered them on the street

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

c. (In the last 12 months) have you been kept awake at night by drunken noise?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

d. (In the last 12 months) have you felt unsafe in a public place because of someone's drinking?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

K2 So would you say you have been bothered at all by the drinking of strangers or people you don't know very well in the last 12 months?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

K2a. [IF YES TOK2:] On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of people you didn't know negatively affected you in the last 12 months?

Number given: \_\_\_\_ (RANGE 1 to 10)

DON'T KNOW	98
REFUSED	99

\*SECTION L. SEEKING HELP

\*(IF RESPONDENT HAS EXPERIENCED HARM / BEEN NEGATIVELY AFFECTED DUE TO OTHERS' DRINKING, ASK:)

L1 Now thinking about services you may have used in the last 12 months because of people's drinking, including people you know AND strangers...

Did you call the police (because of other people's drinking)?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

L2 (In the last 12 months)

Have YOU been admitted to hospital or an emergency department (due to other people's drinking )?

INTERVIEWER NOTE: THIS QUESTION ASKS ABOUT RESPONDENT'S INJURIES, NOT THE DRINKER'S

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

L3 (In the last 12 months have you...)

Received any OTHER medical treatment (due to other people's drinking)?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

L4 (In the last 12 months have you)

Received counseling or professional advice, including calling a helpline or going to a self-help group,, because of other people's drinking or the problems it was causing?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

L5 (In the last 12 months have you)

Received advice or help from a religious leader, or from friends or neighbours, or some other source of support, because of other people's drinking or the problems it was causing?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

L6 And how many days, if any, have you had to take off work or away from your normal activities in the last 12 months due to other people's drinking?

Number of days given (SPECIFY\_\_\_\_\_) (RANGE 1 TO 365)

NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

# **Appendix B**

## **Alcohol's Harm to Others: Multinational Cultural Contexts and Policy Implications**

**Thomas K. Greenfield, PhD,  
Sharon C. Wilsnack, PhD, and  
Kim Bloomfield, DrPH  
Multiple Principal Investigators**

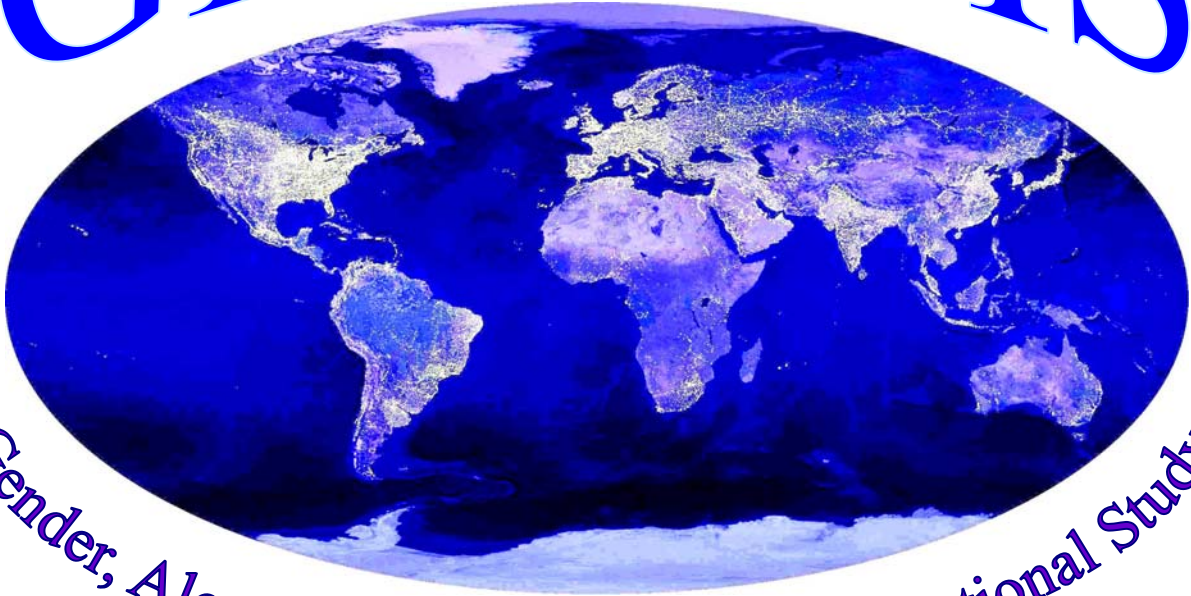
## **Questionnaire:**

### **GENACIS**

## **Gender, Alcohol, and Culture: An International Study**

APPENDIX B  
GENACIS QUESTIONNAIRE

# GENACIS



*Gender, Alcohol, and Culture: An International Study*

For permission to use the GENACIS Questionnaire and for more information, please contact Sharon C. Wilsnack ([sharon.wilsnack@med.und.edu](mailto:sharon.wilsnack@med.und.edu)).

GENACIS-related websites:

<http://www.med.und.edu/genacis/>

<http://www.genacis.org/>

REVISION 5 (04-06-2011)

CASE ID: |\_\_|\_\_|\_\_|\_\_|

INTERVIEWER ID: |\_\_|\_\_|\_\_|\_\_|

## GENDER, ALCOHOL, AND CULTURE: AN INTERNATIONAL STUDY (GENACIS: WAVE 1)

### QUESTIONNAIRE

#### DEMOGRAPHICS

1. What is your gender?

Male	1
Female	2

2. What is your date of birth?

__ __	__ __	__ __
DAY	MONTH	YEAR

DON'T KNOW	98
REFUSED	99

---

3. What is the highest grade or year of school you have completed? **REVISE TO FIT EACH COUNTRY'S EDUCATIONAL SYSTEM**

No formal schooling	1
Primary school	2
Some high school	3
Completed high school	4
Some college/university	
or 2-year degree	5
Bachelor's degree (4 years)	6
Graduate or professional school	7
DON'T KNOW	98
REFUSED	99

4. What best describes your ethnic group? **USE CULTURALLY APPROPRIATE ETHNICITY CATEGORIES**

DON'T KNOW	98
REFUSED	99

5A. In what region/province do you live? **USE CULTURALLY APPROPRIATE CATEGORIES**

DON'T KNOW	98
REFUSED	99

5B. Which of these categories comes closest to the type of place where you presently live?

In open country but not on a farm	1
On a farm	2
In a small city or town (under 50,000)	3
In a medium-size city (50,000-250,000)	4
In a suburb near a large city	5
In a large city	6
DON'T KNOW	98
REFUSED	99

6A. What is your marital status? (Are you married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or have you never been married?)

Married	1
Living with a partner/ common-law marriage	2
Widowed	3
Divorced	4
Married but separated	5
Never married	6 (SKIP to Q. 7)
IF VOLUNTEERED:	
MARRIED (SAME-SEX PARTNER)	7
DON'T KNOW	98
REFUSED	99

6B. And in what year did (you get married/that happen)?

YEAR  __ __ __ __  (SKIP TO Q. 8)	
NOT APPLICABLE	9997
DON'T KNOW	9998
REFUSED	9999

**ATTENTION: IF RESPONDENT HAS NEVER BEEN MARRIED, ASK Q. 7.**

7. Have you ever lived with a partner in a marriage-like relationship?

Yes	1
No	2 (SKIP TO Q. 9)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

8. How many times have you been married or lived with a partner in a marriage-like relationship?

____ time(s)	
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**ATTENTION: IF RESPONDENT IS WIDOWED, DIVORCED, SEPARATED, OR HAS NEVER BEEN MARRIED (Q. 6A = 3, 4, 5, OR 6), GO TO Q. 9.**

**IF RESPONDENT IS MARRIED (Q. 6A = 1), SKIP TO Q. 12.**

**IF RESPONDENT IS LIVING WITH A PARTNER (Q. 6A = 2), SKIP TO Q. 11.**

9. Among the people who you now know, is there someone with whom you have a very close romantic relationship?

Yes	1 (GO TO Q. 10)
No	2 (SKIP TO Q. 12)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

10. How long have you been close to this person?

Years	____	Months	____
NOT APPLICABLE			997
DON'T KNOW			998
REFUSED			999

11. Is (this person/your partner) male or female?

Male	1
Female	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

12. How many people are living in your household, including yourself, your spouse or partner, and any other family members living with you?

____ people (IF LIVING ALONE, SKIP TO Q. 14)	
DON'T KNOW	998
REFUSED	999

13. Who do you live with? **CIRCLE ALL THAT APPLY**

Spouse/partner/common-law spouse	yes	1	no	2
Your or your spouse's/partner's underage children	yes	1	no	2
Your or your spouse's/partner's adult children	yes	1	no	2
Your or your spouse's/partner's parents	yes	1	no	2
Other relatives	yes	1	no	2
Others	yes	1	no	2
NOT APPLICABLE				97
DON'T KNOW				98
REFUSED				99

**(INTERVIEWER: FOR FEMALES ASK Q. NPRGA. MALES SKIP TO Q. 14.)**

NPRGA. Are you pregnant?

YES	1 (SKIP TO Q.14)
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

NPRGB. Are you trying to conceive?

YES	1 (SKIP TO Q.14)
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

NPRGC. Are you doing anything to keep from getting pregnant?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

14. Have you ever had any children, including adopted or stepchildren?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

**(INTERVIEWER: IF Q. 12 > 1 AND Q. 14 = 2, SKIP TO Q. 16A. IF Q. 12 = 1 AND Q. 14 = 2, SKIP TO Q. 17.)**

15. How many of your children are still living?

_ _  child/children	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

16A. How many children live with you, including adopted, stepchildren, your partner's children, or grandchildren?

_ _  child/children (IF NONE, SKIP TO Q. 17)	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

16B. How many are under the age of 18?

_ _  child/children	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

---

## **WORK EXPERIENCES**

17. What is your present occupation or occupations? **INCLUDE HOMEMAKER/HOUSEWIFE/HOUSEHUSBAND AS AN OCCUPATION.**

NO PRESENT OCCUPATION	0 (SKIP TO Q. 19A)
DON'T KNOW	98
REFUSED	99

**OPTION: If the respondent has difficulty answering this question, the interviewer may provide a locally appropriate set of occupational categories.**

18. Do you have a management position?

Yes, at the top level	4
Yes, at the medium level	3
Yes, at the low level	2
No	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

19A. What is your present daily occupation/employment status? **CIRCLE ONE. REFERENCE TO EMPLOYMENT STATUS AND EMPLOYMENT CATEGORIES MAY NEED TO USE LOCAL TERMS WITH SIMILAR MEANINGS.**

Working for pay	8 (SKIP TO Q. 22A)
Involuntarily unemployed	7 (GO TO Q. 19B)
Student	6 (SKIP TO Q. 26)
Retired	5 (SKIP TO Q. 26)
Not working due to illness	4 (SKIP TO Q. 19C)
Parental or pregnancy leave	3 (SKIP TO Q. 26)
Homemaker	2 (SKIP TO Q. 26)
Voluntarily unemployed for other reasons	1 (SKIP TO Q. 26)
DON'T KNOW	98
REFUSED	99

19B. How long have you been involuntarily unemployed?

_ _  MONTHS (SKIP TO Q. 26)	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

19C. How long have you been not working due to illness?

___ ___  MONTHS (SKIP TO Q. 26)	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

20. What is your present employment situation?

Employed until I quit or retire	4
Employed until I am laid off or fired	3
Employed until the (project/task/job) I was hired for is finished	2
Employed only temporarily or (off-and-on/intermittently)	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

21. Are you self-employed or are you employed by others?

Self-employed	1
Employed by others	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

22A. What are your present working hours in your current job(s)?

61 hours or more a week	6
41 - 60 hours/week	5
31 - 40 hours/week	4
21 - 30 hours/week	3
11 - 20 hours/week	2
1 - 10 hours/week	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

22B. Are you working one job or more than one job?

More than one job	2
One job	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

23. Do you usually work: CIRCLE ALL THAT APPLY.

	Yes	No	NOT APPLICABLE	DON'T KNOW	REFUSED	
A) Day time			1      2	97	98	99
B) Evenings			1      2	97	98	99
C) Night time			1      2	97	98	99
D) Shift work			1      2	97	98	99

24. Which of the following best describes the people you work with or who work alongside you?

All or nearly all are men	6
A majority are men	5
Half are women, half are men	4
A majority are women	3
All or nearly all are women	2
I work alone or by myself	1

25. How stressful is your work situation? **NOTE TO INTERVIEWER: THIS REFERS TO NEGATIVE STRESS OR DISTRESS.**

Very stressful	4
Somewhat stressful	3
A little stressful	2
Not at all stressful	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

26. What is your total monthly **household** income, **before taxes and from all sources**? By household income we mean income earned by you (**IF APPLICABLE:** and by your spouse/cohabiting partner, and by other family members living with you) and any income from other sources, such as child support or pensions

**USE CULTURALLY APPROPRIATE INCOME CATEGORIES.**

---

DON'T KNOW	98
REFUSED	99

27. How much of the total household income, from all sources, do you yourself provide?

All of it	5
More than half	4
About half	3
Less than half	2
None	1
DON'T KNOW	98
REFUSED	99

---

## **SOCIAL NETWORKS**

28. How many times during the **last 30 days** have you had informal and supportive contacts with the following persons, including letters, phone calls, or e-mails?

	Daily or almost every day	Several times a week	Once or twice a week	One to three times in the last 30 days	Not at all during the last 30 days	NOT APPLIC- ABLE	DON'T KNOW	REFUSED
a. Your spouse/ partner/romantic (non-cohabiting) partner	5	4	3	2	1	97	98	99
b. Your child/ children	5	4	3	2	1	97	98	99
c. Other female members of the family	5	4	3	2	1	97	98	99
d. Other male members of the family	5	4	3	2	1	97	98	99
e. Someone at work	5	4	3	2	1	97	98	99
f. Female friend(s) or acquaintance(s)	5	4	3	2	1	97	98	99
g. Male friend(s) or acquaintance(s)	5	4	3	2	1	97	98	99
h. A doctor or a health worker	5	4	3	2	1	97	98	99
i. Others	5	4	3	2	1	97	98	99

29. How often during the **last 12 months** have you felt lonely?

Very often	6
Often	5
From time to time	4
Seldom	3
Very seldom	2
Never	1
DON'T KNOW	98
REFUSED	99

30. Apart from your spouse/partner/romantic (non-cohabiting) partner, how many persons do you feel confident that you can talk to about an important personal problem?

6 or more	5
4-5	4
2-3	3
One	2
None	1
DON'T KNOW	98
REFUSED	99

31. How far away do your most important relatives/friends live?

Near me, in my own neighborhood	5
In the same city where I live	4
In the same region/state/province where I live	3
In the same country where I live	2
In another country	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

32A. Are you an active member of any society or church?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

32B. What is your religious preference?

Christianity	1
Hinduism	2
Muslim	3
Bahai	4
Other (specify_____)	5
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

---

## **DRINKING VARIABLES**

The next few questions are about the use of alcoholic beverages, such as wine, beer, and liquor, by yourself and by people you know.

33A. During the **last 12 months**, how often did you usually have any kind of beverage containing alcohol – whether it was wine, beer, liquor, or any homemade alcoholic beverages?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 48A)
DON'T KNOW	98
REFUSED	99

## **IF RESPONDENT DID NOT CONSUME ALCOHOL IN THE PAST 12 MONTHS SKIP TO Q. 48A**

33B. How often do you usually drink wine?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 33D)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

33C. How many drinks would you have on a typical day when you drank wine?

____ ____  DRINKS	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

33D. How often do you usually drink beer?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 33F)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

33E. How many drinks would you have on a typical day when you drank beer?

_ _  DRINKS	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

33F. How often do you usually have drinks containing rum, whiskey or any other liquor?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 33H)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

33G. How many drinks would you have on a typical day when you drank liquor?

_ _  DRINKS	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

33H. How often do you usually have homemade alcoholic beverages (**CIRCLE LOCAL BEVERAGE:** parakari/basi/other \_\_\_\_\_)?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 33J)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

33 I. How many drinks would you have on a typical day when you drank homemade alcoholic beverages  
(**CIRCLE LOCAL BEVERAGE:** parakari/basi/other \_\_\_\_\_)?

_ _  DRINKS	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

33 J. Think of all kinds of alcoholic beverages combined, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind. How often during the last 12 months did you drink 6 or more drinks on any single day?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. 34)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

### 34. MEASUREMENT OF GENERIC CONSUMPTION

**NOTE:** ALL INSTRUCTIONS TO THE RESEARCHER ARE IN CAPITAL LETTERS AND SHOULD NOT BE READ TO THE RESPONDENT. ALL QUESTIONS FOR THE RESPONDENT ARE IN BOLD-FACE TYPE.

- A1.** The next few questions are about how much wine, beer, and liquor (OR OTHER CULTURALLY UNIQUE DRINKS THAT MIGHT NOT BE RECOGNIZABLE TO THE RESPONDENT WITHOUT SPECIFYING THE COLLOQUIAL NAME) **you may have had during the last 12 months. When we say one drink, we mean....**(THE RESEARCHER SHOULD NOW DESCRIBE THE VARIOUS TYPES OF ALCOHOLIC BEVERAGES AND POSSIBLE SIZES TO APPROXIMATE A TYPICAL "DRINK SIZE" IN THAT PARTICULAR CULTURE. A STANDARD "DRINK" WILL BE DEFINED AS CONTAINING APPROXIMATELY 12 GRAMS OF ETHANOL, AND ALL SUBSEQUENT QUESTIONS WILL BE IN "GRAMS OF ETHANOL, " FOLLOWED BY THE NORTH AMERICAN EQUIVALENCY IN NUMBER OF DRINKS. THE RESEARCHER SHOULD CONVERT THE GRAMS OF ETHANOL ITEMS TO THE APPROPRIATE EQUIVALENT NUMBER OF DRINKS/UNITS FOR THAT CULTURE.)

Think of all kinds of alcoholic beverages combined, that is, any combination of cans, bottles or glasses of beer; glasses of wine; or drinks containing liquor of any kind (OR THE CULTURAL EQUIVALENT TO THIS STATEMENT). During the last 12 months, what is the largest number of drinks you had on any single day? Was it:

(ASK A2)	<b>240 grams or more of ethanol in a single day</b> (20 or more drinks in a single day,)	a
(ASK A2)	<b>at least 144, but less than 240 g</b> (at least 12, but less than 20 drinks,)	a
(SKIP TO A3)	<b>at least 96, but less than 144 g</b> (at least 8, but less than 12 drinks,)	b
(SKIP TO A4)	<b>at least 60, but less than 96 g</b> (at least 5, but less than 8 drinks,)	c
(SKIP TO A5)	<b>at least 36, but less than 60 g</b> (at least 3, but less than 5 drinks,)	d
(SKIP TO A6)	<b>at least 12, but less than 36 g</b> (at least 1, but less than 3 drinks,)	e
(SKIP TO A7)	<b>at least 1, but less than 12 g</b> (at least a sip, but less than one full drink,)	f
(SKIP TO Q. 48A)	<b>DID NOT DRINK AT ALL IN THE LAST 12 MONTHS</b>	g
(ASK A2)	<b>DON'T KNOW</b>	98
(ASK A2)	<b>REFUSED</b>	97

**(DO NOT READ. FOR REFERENCE ONLY.)**

QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)  
RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE

12 drinks = 12 cans of beer

4-1/4 quarts of beer

2 regular-size bottles of wine

1/2 gallon of wine

1/2 fifth of liquor

3/4 pint of liquor

5 drinks = 5 cans of beer

1-3/4 quarts of beer

3/4 bottle of wine

1/5 a fifth of liquor

1/3 pint of liquor

3 drinks = 3 cans of beer

1 quart of beer

1/2 bottle of wine

1/3 of a 1/2 pint of liquor

8 drinks = 8 cans of beer

3 quarts of beer

1-1/4 bottles of wine

1/2 pint of liquor

1/3 fifth of liquor

1 drink = 1 - 12 oz. can or bottle of beer

1 - 4 oz. glass of wine

1 mixed drink with 1 shot liquor

One 12 oz. bottle of wine cooler equals one drink

- A2. During the last 12 months, how often did you have at least 144, but less than 240 grams ethanol (at least 12, but less than 20 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:
- A3. During the last 12 months, how often did you have at least 96, but less than 144 grams ethanol (at least 8, but less than 12 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:
- A4. During the last 12 months, how often did you have at least 60, but less than 96 grams ethanol (at least 5, but less than 8 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:
- A5. During the last 12 months, how often did you have at least 36, but less than 60 grams ethanol (at least 3, but less than 5 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:
- A6. During the last 12 months, how often did you have at least 12, but less than 36 grams ethanol (at least 1, but less than 3 drinks) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:
- A7. During the last 12 months, how often did you have at least a sip, but less than 12 grams ethanol (at least a sip, but less than one full drink) of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, or drinks containing liquor of any kind (or cultural equivalent to these terms/containers)? Was it:

	A2	A3	A4	A5	A6	A7
	144-239 GRAMS	96-143 GRAMS	60-95 GRAMS	36-59 GRAMS	12-35 GRAMS	1-11 GRAMS
Every day or nearly every day,	9	9	9	9	9	9
Three or four times a week,	8	8	8	8	8	8
Once or twice a week,	7	7	7	7	7	7
One to three times a month,	6	6	6	6	6	6
Seven to eleven times in the last 12 months,	5	5	5	5	5	5
Three to six times in the last 12 months,	4	4	4	4	4	4
Twice in the last 12 months,	3	3	3	3	3	3
Once in the last 12 months, or	2	2	2	2	2	2
Never in the last 12 months?	1	1	1	1	1	1

35A. On those days when you had any kind of beverage containing alcohol, how many drinks did you **usually** have per day?

_ _  drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

35B. On a typical day when you drank, about how much time would you spend drinking?

_ _  minutes	<u>OR</u>	_ _  hours
NOT APPLICABLE		997
DON'T KNOW		998
REFUSED		999

NMAX. During the last 12 months, what was the **largest number** of drinks you had in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind?

_ _  drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

36. How old were you when you first began drinking, more than just a sip or a taste?

_ _  years old	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

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## **FAMILIAL AND OTHER DRINKING CONTEXTS**

37. Thinking back over the **last 12 months**, about how often did you drink in the following circumstances? **Think of all the times that apply in each situation.** For example, having a drink with a meal in your own home should be included under both “(a) at a meal”, and “(c) in your own home.”

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. at a meal	7	6	5	4	3	2	1	97	98	99
b. at a party or celebration	7	6	5	4	3	2	1	97	98	99
c. in your own home	7	6	5	4	3	2	1	97	98	99
d. at a friend's home	7	6	5	4	3	2	1	97	98	99
e. at your workplace	7	6	5	4	3	2	1	97	98	99
f. in a bar/pub/disco	7	6	5	4	3	2	1	97	98	99
g. in a restaurant	7	6	5	4	3	2	1	97	98	99
<b>N. in the street</b>	7	6	5	4	3	2	1	97	98	99
h. Other (specify): _____	7	6	5	4	3	2	1	97	98	99

38. How often in the **last 12 months** have you had a drink when you were with the following persons?  
**Think of all the times that apply for each person.** For example, having a drink with your spouse or partner and friends should be included under both “(a) with your spouse or partner,” and “(d) with friends.”

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. with your spouse/ partner/romantic (non-cohabiting) partner whether or not other people were present?	7	6	5	4	3	2	1	97	98	99
b. with a family member other than your spouse/ partner/romantic (non-cohabiting) partner?	7	6	5	4	3	2	1	97	98	99
c. with people you work with or go to school with?	7	6	5	4	3	2	1	97	98	99
d. with friends other than your spouse or partner?	7	6	5	4	3	2	1	97	98	99
e. when no one happened to be with you?	7	6	5	4	3	2	1	97	98	99
f. Other (specify): _____	7	6	5	4	3	2	1	97	98	99

39. And about how often did you drink during the following time periods? **NOTE TO RESEARCHER: SPECIFY TO THE RESPONDENT THAT FRIDAY EVENING COUNTS AS THE “WEEKEND.” SUNDAY EVENING SHOULD BE DESIGNATED AS EITHER “WEEKDAY” OR “WEEKEND,” DEPENDING ON THE CULTURAL NORM IN THAT REGION.**

	Every day	Five or six times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. during the day on a weekday (before 5 p.m.)	7	6	5	4	3	2	1	97	98	99
b. during the evening on a weekday (after 5 p.m.)	7	6	5	4	3	2	1	97	98	99
c. during the day on a weekend (before 5 p.m.)	7	6	5	4	3	2	1	97	98	99
d. during the evening on a weekend (after 5 p.m.)	7	6	5	4	3	2	1	97	98	99
e. in the hour before you drive a car	7	6	5	4	3	2	1	97	98	99

40. During the **last 12 months**, how much of your drinking has been with your spouse/partner/ romantic (non-cohabiting) partner?

All or almost all occasions	5
Most occasions	4
Some occasions	3
A few occasions	2
Never	1
I do not have a spouse/partner/ romantic (non-cohabiting) partner	0
DON'T KNOW	98
REFUSED	99

41. Drinking affects people in many different ways. We would like to learn what effects drinking may have for you. When you drink, how true would you say each of these statements is for you--usually true, sometimes true, or never true? How true is it that when you drink . . .

	Usually True	Sometimes True	Never True	NOT APPLICABLE	DON'T KNOW	REFUSED
a. you find it easier to be open with other people?	3	2	1	97	98	99
b. you find it easier to talk to your present partner about your feelings or problems?	3	2	1	97	98	99
c. you feel less inhibited about sex?	3	2	1	97	98	99
d. sexual activity is more pleasurable for you	3	2	1	97	98	99
e. you feel more sexually attractive?	3	2	1	97	98	99
f. you become more aggressive toward other people?	3	2	1	97	98	99

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## **DRINKING CONSEQUENCES**

Next are some questions about drinking-related experiences many people have during their lifetime.

42. During the **last 12 months**, has **YOUR** drinking had a harmful effect...

a. on your work, studies or employment opportunities?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. on your housework or chores around the house?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. on your marriage/intimate relationships?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. on your relationships with other family members, including your children?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. on your friendships or social life?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. on your physical health?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. on your finances?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

43. In the **last 12 months**, have you had any of the following experiences?

a. Have you had trouble with the law about your drinking and driving?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your drinking contributed to an accident where you or someone else was hurt?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Have you had an illness connected with your drinking that kept you from working on your regular activities for a week or more?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Have you lost a job, or nearly lost one, because of your drinking?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Has your spouse or someone you lived with threatened to leave or actually left because of your drinking?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. Have you lost a friendship because of your drinking?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. Have people annoyed you by criticizing your drinking?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

44. How often during the **last 12 months** have you .....

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never	NOT APPLIC- ABLE	DON'T KNOW	REFUSED
a. drunk enough to feel the effects of the alcohol—for example, your speech was slurred and/or you had trouble walking steadily?	4	3	2	1	0	97	98	99
b. had a headache and/or felt nauseated as a result of your drinking?	4	3	2	1	0	97	98	99
c. taken a drink to get over any of the bad after-effects of drinking?	4	3	2	1	0	97	98	99
d. felt sick or found yourself shaking <b>when you cut down or stopped drinking?</b>	4	3	2	1	0	97	98	99
e. found that you were not able to stop drinking once you had started?	4	3	2	1	0	97	98	99
f. failed to do what was normally expected from you because of drinking?	4	3	2	1	0	97	98	99
g. needed a first drink in the morning to get yourself going after a heavy drinking session?	4	3	2	1	0	97	98	99
h. had a feeling of guilt or remorse after drinking?	4	3	2	1	0	97	98	99
i. been unable to remember what happened the night before because you had been drinking?	4	3	2	1	0	97	98	99

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

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

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

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**NOTE TO RESEARCHER: Q. 44e–i, Q. 45, and Q. 46 are coded to be consistent with the AUDIT.**

47. During the **last 12 months**, have any of the following persons attempted to influence your drinking so that you would drink less or cut down on your drinking?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
h. A doctor or health worker?	No	1 (SKIP TO Q. 49)
	Yes, once or twice	2 (SKIP TO Q. 49)
	Yes, three or more times	3 (SKIP TO Q. 49)
	NOT APPLICABLE	97 (SKIP TO Q. 49)
	DON'T KNOW	98 (SKIP TO Q. 49)
	REFUSED	99 (SKIP TO Q. 49)

**ASK Qs. 48A–C ONLY OF CURRENT ABSTAINERS (NEVER DRANK IN THE LAST 12 MONTHS).**

48A. Did you ever have a drink of any beverage containing alcohol?

Yes	1 (ASK Q. 48B)
No	2 (SKIP TO Q. 49)
NOT APPLICABLE	997 (SKIP TO Q. 49)
DON'T KNOW	998 (SKIP TO Q. 49)
REFUSED	999 (SKIP TO Q. 49)

48B. How old were you when you began drinking, more than just a sip or a taste?

_ _  years old	
NOT APPLICABLE	997 (SKIP TO Q. 49)
DON'T KNOW	998 (SKIP TO Q. 49)
REFUSED	999 (SKIP TO Q. 49)

48C. Was there ever a time when your drinking caused any problems in your life (for example, problems with family, health, or work, or with the law or the police)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**NOTE TO INTERVIEWER: ASK EVERYONE Q. 49.**

49. During the **last 12 months**, have you felt influenced to drink or drink more by someone who drinks **more** than you do?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

50. Have you felt that any of the people on the following list **ever** had problems due to their own use of alcohol? For instance, these could be problems with family, health, work, or the law or the police. **(INTERVIEWER: IF RESPONDENT SAYS THE PERSON HAS HAD PROBLEMS, CIRCLE YES = 2. IF THE PERSON HAS HAD PROBLEMS AND IT HAPPENED IN THE LAST 12 MONTHS, CIRCLE 3.)**

	NO	YES	If YES, was it in the <u>last 12 months</u> ?	NOT APPLICABLE	DON'T KNOW	REFUSED
a. Mother	1	2	3	97	98	99
b. Father	1	2	3	97	98	99
c. Spouse/partner /romantic (non-cohabiting) partner	1	2	3	97	98	99
d. Children	1	2	3	97	98	99
e. Other family members	1	2	3	97	98	99
f. Friends	1	2	3	97	98	99
g. Workfriends/ colleagues/fellow students	1	2	3	97	98	99

**IF THE RESPONDENT HAS A SPOUSE, PARTNER, OR A ROMANTIC (NON-COHABITING) PARTNER, ASK Q. 51A AND Q. 51B. IF NOT, SKIP TO Q. 52.**

51A. Thinking back over the last 12 months, about how often did your spouse/partner/romantic (non-cohabiting) partner drink alcoholic beverages? Remember to include all kinds of alcoholic beverages... spirits, wine, beer, or homemade alcoholic beverages.

Every day	7
Five or six times a week	6
Three or four times a week	5
Once or twice a week	4
One to three times a month	3
Less than once a month	2
Never	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

51B. Again, thinking back over the last 12 months, about how many drinks would your spouse/partner/romantic (non-cohabiting) partner have on a typical day when he/she drank? Please think of all kinds of alcoholic beverages combined.

_ _ _ _  drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

52. During the **last 12 months**, have you attempted to influence the drinking of any of the following persons so that he or she would drink less or less often?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes, once or twice	2
	Yes, three or more times	3
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

53. Now I'll describe situations that people sometimes find themselves in. For each one, please tell me how much a person in that situation should feel free to drink. How much drinking is all right (**READ ITEM**)? Would you say no drinking, 1 or 2 drinks, enough to feel effects but not drunk, or getting drunk is sometimes all right?

	No Drinking	1 or 2 Drinks	Feel effects, but not drunk	Getting drunk is sometimes all right	DON'T KNOW	REFUSED
a. At a party, at someone else's home	1	2	3	4	98	99
b. As a parent, spending time with small children	1	2	3	4	98	99
c. For a husband having dinner out with his wife	1	2	3	4	98	99
d. For a wife having dinner out with her husband					98	99
e. For a man out at a bar with friends	1	2	3	4	98	99
f. For a woman out at a bar with friends	1	2	3	4	98	99
g. For a couple of co-workers out for lunch	1	2	3	4	98	99
h. When with friends at home	1	2	3	4	98	99
i. When getting together with friends after work before going home	1	2	3	4	98	99
j. When going to drive a car	1	2	3	4	98	99

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## **INTIMATE RELATIONS AND SEXUALITY**

**IF NO SPOUSE/PARTNER/ROMANTIC (NON-COHABITING) PARTNER, SKIP TO Q. 61.**

**Now we have some questions about your relationship with your spouse/partner/romantic (non-cohabiting) partner.**

54. Please tell me the number which best describes how happy you are with your relationship with your current spouse/partner/romantic (non-cohabiting) partner. **(SHOW FLASH CARD)**

1	2	3	4	5
Extremely Unhappy				Extremely Happy
	NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner)			97
	DON'T KNOW			98
	REFUSED			99

55. Please tell me the number which describes how easy it generally is for you to talk about your feelings or problems with your spouse/partner/romantic (non-cohabiting) partner? **(SHOW FLASH CARD)**

1	2	3	4	5
Very Difficult				Very Easy
	NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner)			97
	DON'T KNOW			98
	REFUSED			99

56. How do you and your present (spouse/partner/romantic [non-cohabiting] partner) solve disagreements between you?

We almost always solve disagreements without quarreling	4
Sometimes we have short-lived quarrels or disagreements	3
We often have long-lasting quarrels for different reasons	2
We don't only quarrel, we also have physical fights	1
NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner)	97
DON'T KNOW	98
REFUSED	99

57. How often do you and your (spouse/partner/romantic [non-cohabiting] partner) quarrel?

At least once a day	5
Several times a week	4
Several times a month	3
Once a month or less	2
Never	1 (SKIP TO Q. 60)
NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner)	97
DON'T KNOW	98
REFUSED	99

58. When you and your (spouse/partner/romantic [non-cohabiting] partner) quarrel, about how often has **your spouse/partner** been drinking?

All the time	6
Most of the time	5
More often than not	4
Occasionally	3
Rarely	2
Never	1
NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner	97
DON'T KNOW	98
REFUSED	99

59. When you and your (spouse/partner/romantic [non-cohabiting] partner) quarrel, about how often have **you** been drinking?

All the time	6
Most of the time	5
More often than not	4
Occasionally	3
Rarely	2
Never	1
NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner	97
DON'T KNOW	98
REFUSED	99

60. How often have there been occasions when you were afraid of your (spouse/partner/romantic [non-cohabiting] partner)?

All the time	6
Most of the time	5
More often than not	4
Occasionally	3
Rarely	2
Never	1
NOT APPLICABLE (no spouse/partner /romantic (non-cohabiting) partner	97
DON'T KNOW	98
REFUSED	99

**Sometimes people's health and happiness affect their sexual feelings, and their sexual experiences affect other areas of their lives. Here are some questions about sexual experience. Please answer them as well as you can.**

61. During your **lifetime**, has sex been . . . (PLEASE CIRCLE ONE NUMBER)

very important to you,	5
quite important to you,	4
somewhat important to you,	3
not too important to you,	2
or could you have gotten along just as well without it?	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

62. What was your age when you first had consensual sexual intercourse?

ENTER AGE FOR FIRST TIME: |\_\_|\_\_| years  
 NEVER HAD CONSENSUAL SEXUAL INTERCOURSE:  
 NOT APPLICABLE 997 (SKIP TO INSTRUCTIONS BEFORE Q. 64)  
 DON'T KNOW 998 (SKIP TO INSTRUCTIONS BEFORE Q. 64)  
 REFUSED 999 (SKIP TO INSTRUCTIONS BEFORE Q. 64)

63A. During the **last 12 months**, how many partners have you had sexual activity with? (PLEASE WRITE IN A NUMBER).

__ __ __  partners	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

## **VIOLENCE/VICTIMIZATION**

**IF THE RESPONDENT HAS A SPOUSE, PARTNER, OR A ROMANTIC (NON-COHABITING) PARTNER, ASK Q. 64. IF NOT, SKIP TO Q. 65.**

64. During the **last 12 months**, how often has your spouse/partner/romantic (non-cohabiting) partner ...

	Never	1 - 2 times	3 times or more	NOT APPLICABLE	DON'T KNOW	REFUSED
a. insulted or sworn at you?	1	2	3	97	98	99
b. sulked or refused to talk about a problem?	1	2	3	97	98	99
c. stomped out of the house, room or yard?	1	2	3	97	98	99
d. done or said something to spite you?	1	2	3	97	98	99

**IMPORTANT:**

**THE FOLLOWING SECTION USES DIFFERENT TIME FRAMES (LAST 2 YEARS VS. PAST 12 MONTHS) AND DIFFERENT PERPETRATORS (CURRENT SPOUSE/PARTNER VS. ANY SPOUSE/PARTNER). PLEASE READ THE QUESTIONS CAREFULLY SO THAT THE RESPONDENT UNDERSTANDS WHEN THE TIME FRAME OR PERPETRATOR HAS CHANGED.**

## ASK EVERYONE:

65. People can be physically aggressive in many ways, for example, pushing, punching, or slapping, or physically aggressive in some other way. What is the **most** physically aggressive thing done to you during the **last 2 years** by someone who was or had been in a **close romantic relationship** with you (such as a wife, husband, partner)? [SHOW FLASH CARD: push, shove, grab, slap, punch, kick, beat up, throw something at you, hit you with an object, threaten you, threaten you with a weapon, use a weapon, other.] **DO NOT INCLUDE SEXUAL ASSAULT OR RAPE.**

**(WRITE RESPONSE HERE)**

NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

**IF VOLUNTEERED:** IF RESPONDENT SAYS THAT NOTHING LIKE THIS HAS HAPPENED, SKIP TO Q. 74.

66. On a scale of 1 to 10, where 1 is minor aggression and 10 is life-threatening aggression, how would you rate the level of this aggressive act? **(SHOW FLASH CARD)**

1	2	3	4	5	6	7	8	9	10
Minor Aggression									Life-threatening Aggression
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

**The next few questions ask about how you felt after the incident, including how upset, angry and scared you were.**

67. On a scale from 1 to 10, where 1 is not at all upset and 10 is very upset, how upset were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all upset									Very upset
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

68. On a scale from 1 to 10, where 1 is not at all angry and 10 is very angry, how angry were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all angry									Very angry
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

69. On a scale from 1 to 10, where 1 is not at all scared and 10 is very scared, how scared were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all scared									Very scared
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

70. Did you seek medical attention from a doctor, nurse, paramedic or other health professional either at the time that the person did this to you or in the next day or so?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

71. Had you or the other person been drinking before this incident?

Both	4
Respondent only	3
Other person only	2
Neither	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

72. Was the other person in this incident your current spouse/partner/romantic (non-cohabiting) partner?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99



The next few questions ask about how you felt after the incident, including how upset, angry and scared you were.

76. On a scale from 1 to 10, where 1 is not at all upset and 10 is very upset, how upset were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all upset									Very upset
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

77. On a scale from 1 to 10, where 1 is not at all angry and 10 is very angry, how angry were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all angry									Very angry
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

78. On a scale from 1 to 10, where 1 is not at all scared and 10 is very scared, how scared were you just after the incident happened? (**SHOW FLASH CARD**)

1	2	3	4	5	6	7	8	9	10
Not at all scared									Very scared
			NOT APPLICABLE				97		
			DON'T KNOW				98		
			REFUSED				99		

79. Had you or the other person been drinking before this incident?

Both	4
Respondent only	3
Other person only	2
Neither	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

80. Was the other person in this incident your current spouse/partner/romantic (non-cohabiting) partner?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

81. Thinking back over the **last 2 years**, about **how often** did you do any of these aggressive things (such as pushing or shoving, beating up, or threatening with a weapon) to your **current** spouse, partner, or someone with whom you have a close romantic relationship?

Four or more times	5
Two or three times	4
Once	3
Not at all	2
I DO NOT HAVE A CURRENT ROMANTIC RELATIONSHIP	1 (IF VOLUNTEERED)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

81A. Did you do any of these aggressive things to **anyone in a romantic relationship with you** (your spouse, partner, or someone with whom you had a close romantic relationship) in the **past 12 months**?  
INTERVIEWER: DO NOT LIMIT TO CURRENT SPOUSE, PARTNER, OR CLOSE ROMANTIC RELATIONSHIP.

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

82. **Before you were 16 years old** (age 15 or younger), did someone **in your family** try to make you do sexual things or watch sexual things?

Very often	5
Often	4
Sometimes	3
Rarely	2
Never	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

83. **Before you were 16 years old** (age 15 or younger), did someone **other than a family member** try to make you do sexual things or watch sexual things?

Very often	5
Often	4
Sometimes	3
Rarely	2
Never	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

84A. **Since the age of 16** (16 or older), was there a time when someone forced you to have sexual activity that you **really did not want**? This might have been intercourse or other forms of sexual activity, and might have happened with spouses, lovers, or friends, as well as with more distant persons and strangers.

Yes	1 (ASK Q. 84B)
No	2 (SKIP TO Q. 85)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

84B. Was this with a spouse, partner, or someone you had a close romantic relationship with?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

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## **HEALTH AND LIFESTYLE**

**INTERVIEWER:** Q. 85 AND Q. 86 HAVE BEEN EXCLUDED.

Now I would like to ask you some questions about your health.

**FOR FEMALES ASK Q. 87 and 88. MALES SKIP TO Q. 89.**

85. How tall are you?

_ _ _  cm	OR	_  feet  _ _  inches
DON'T KNOW		998
REFUSED		999

86. How much do you weigh?

_ _ _  kg	OR	_ _ _  pounds
DON'T KNOW		998
REFUSED		999

87. What is your menopausal status?

Still menstruating	1
Had partial hysterectomy before menopause	2
Had total hysterectomy before menopause	3
Post-menopausal	4
Had hysterectomy after menopause	5
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

88. Are you receiving estrogen replacement therapy?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

89. In general, how has your physical health been in the **last 12 months**?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

90. In general, how has your emotional/mental health been in the **last 12 months**?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

91. In the **last 12 months**, have you sought medical or other professional help related to your physical health?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

92. In the **last 12 months**, have you sought medical or other professional help related to your emotional/mental health?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

93. In the **last 12 months**, have you tried to cut down or quit drinking but were unable to do so?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

94A. Did you ever consider seeking help for your own drinking or alcohol-related problems?

YES	1 (ASK Q. 94B)
NO	2 (SKIP TO Q. 95)
NOT APPLICABLE	97 (SKIP TO Q. 95)
DON'T KNOW	98 (SKIP TO Q. 95)
REFUSED	99 (SKIP TO Q. 95)

94B. If yes, did you ever receive help?

YES	1 (ASK Q. 94C)
NO	2 (SKIP TO Q. 95)
NOT APPLICABLE	97 (SKIP TO Q. 95)
DON'T KNOW	98 (SKIP TO Q. 95)
REFUSED	99 (SKIP TO Q. 95)

94C. If yes, did you receive help in the **last 12 months**?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

95. In the **last 12 months**, have you smoked one or more cigarettes a day?

YES	1
NO	2

96A. In the **last 12 months**, have you used any prescription drugs or medicines in a way other than the one prescribed?

YES	1 (ASK Q. 96B)
NO	2 (SKIP TO Q. 97)
NOT APPLICABLE	97 (SKIP TO Q. 97)
DON'T KNOW	98 (SKIP TO Q. 97)
REFUSED	99 (SKIP TO Q. 97)

<b>OPTIONAL:</b> 96B. What was/were this/these? _____
---

97. In the **last 12 months**, have you used marijuana (pot or hashish)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

98A. In the **last 12 months**, have you used any other drugs, such as cocaine or crack, heroin, stimulants (such as methamphetamines or "ice"), hallucinogens (such as LSD), or party drugs (such as ecstasy)?

YES	1 (ASK Q. 98B)
NO	2 (SKIP TO Q. 99)
NOT APPLICABLE	97 (SKIP TO Q. 99)
DON'T KNOW	98 (SKIP TO Q. 99)
REFUSED	99 (SKIP TO Q. 99)

98B. In the **last 12 months**, have you injected any drugs, such as heroin or cocaine?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

99. About how often during the **last 30 days** have you spent time on some leisure time activity or interest?

Daily or almost every day	5
Several times a week	4
Once or twice a week	3
One to three times in the last 30 days	2
Not at all during the last 30 days	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

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100. During the **last 12 months**, have you done any of the following activities so much that it has interfered with your everyday life?

	Part I	Part II Did you have some sense of loss of control over this behavior at any time?	Part III Has this behavior concerned you or someone close to you?
a. Gambling	YES 1 IF YES, GO TO Part II. NO 2 GO TO b.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
b. Shopping	YES 1 IF YES, GO TO Part II. NO 2 GO TO c.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
c. Exercising	YES 1 IF YES, GO TO Part II. NO 2 GO TO d.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
d. Eating too much	YES 1 IF YES, GO TO Part II. NO 2 GO TO e.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
e. Intense dieting	YES 1 IF YES, GO TO Part II. NO 2 GO TO f.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
f. Sexual activity	YES 1 IF YES, GO TO Part II. NO 2 GO TO g.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
g. Using the internet	YES 1 IF YES, GO TO Part II. NO 2 GO TO h.	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2
h. Working	YES 1 IF YES, GO TO Part II. NO 2	YES 1 GO TO Part III. NO 2 GO TO Part III.	YES 1 NO 2

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**INTERVIEWERS SHOULD THANK THE RESPONDENTS FOR THEIR PARTICIPATION, IN A CULTURALLY APPROPRIATE MANNER.**

**PLEASE REMEMBER TO RETAIN THE SURVEY QUESTIONNAIRES (WITH NO NAMES OR OTHER IDENTIFYING INFORMATION – ONLY ID NUMBERS) IN A SECURE LOCATION FOR AT LEAST FIVE YEARS AFTER THE SURVEY IS COMPLETED. THANK YOU!**