

STANDARD DRINK CONVERSION

When asked how much you drink in the following questions use this chart.

ONE STANDARD DRINK IS EQUAL TO:



Standard American BEER
(3-5% alcohol)

12 oz. Can, Bottle or Glass

Microbrew or European BEER
(8%-12% alcohol)

1/2 of a 12 oz. Can or Bottle



WINE (12 – 17% alcohol)

4 oz. Glass

WINE Cooler

10 oz. Bottle



HARD LIQUOR
(80-proof, 40% alcohol)

1-1/2 oz. or One Standard Shot

HARD LIQUOR
(100-proof, 50% alcohol)

1 oz.



WINE: 1 Bottle

25 oz. (12 – 17% alcohol)

=

5 standard drinks

40 oz. (12 – 17% alcohol)

=

8 standard drinks



HARD LIQUOR: 1 Bottle

12 oz.

=

8 standard drinks

25 oz.

=

17 standard drinks

40 oz.

=

27 standard drinks

DDQ-R (Daily Drinking Questionnaire-Revised)

Gender: Male _____ Female _____ **Height** _____' _____"
(Feet) (Inches) **Weight** _____ lbs.

INSTRUCTIONS FOR RECORDING DRINKING DURING A TYPICAL WEEK

IN THE CALENDAR BELOW, PLEASE FILL-IN YOUR DRINKING RATE AND TIME DRINKING DURING A **TYPICAL WEEK** IN THE LAST **30 DAYS**.

First, think of a *typical week* in the last *30 days* you. (Where did you live? What were your regular weekly activities? Where you working or going to school? Etc.) Try to remember as accurately as you can, *how much* and for *how long* you *typically drank* in a week during that one month period?

For each day of the week in the calendar below, fill in the **number of standard drinks typically consumed on that day** in the upper box and the **typical number of hours you drank** that day in the lower box.

| Day of Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Number of <i>Drinks</i> | | | | | | | |
| Number of <i>Hours</i> <i>Drinking</i> | | | | | | | |

INSTRUCTIONS FOR RECORDING DRINKING FOR YOUR HEAVIEST DRINKING WEEK

IN THE CALENDAR BELOW, PLEASE FILL-IN YOUR DRINKING RATE AND TIME DRINKING DURING YOUR **HEAVIEST DRINKING WEEK** IN THE LAST **30 DAYS**.

First, think of your *heaviest drinking week* in the last *30 days*. (Where did you live? What were your regular weekly activities? Where you working or going to school? Etc.)

Try to remember as accurately as you can, *how much* and for *how long* did you drink during your *heaviest drinking week* in that one month period?

For each day of the week in the calendar below, fill in the **number of standard drinks consumed on that day** in the upper box and the **number of hours you drank** that day in the lower box.

| Day of Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
| Number of <i>Drinks</i> | | | | | | | |
| Number of <i>Hours</i> <i>Drinking</i> | | | | | | | |

Drinking Quantity/Frequency Index (Cahallan's Q/F Index)

1. **How often did you drink during the last *month*?** (check one)

- a. I did not drink at all.
- b. About once a month.
- c. Two to three times a month.
- d. Once or twice a week.
- e. Three to four times a week.
- f. Nearly every day.
- g. Once a day or more.

2. **Think of a typical weekend evening** (Friday or Saturday) during the last *month*.. How **much** did you drink on that evening? (check one)

| | | | |
|----------|-----------|-----------|---------------------|
| 0 drinks | 8 drinks | 16 drinks | 24 drinks |
| 1 drinks | 9 drinks | 17 drinks | 25 drinks |
| 2 drinks | 10 drinks | 18 drinks | 26 drinks |
| 3 drinks | 11 drinks | 19 drinks | 27 drinks |
| 4 drinks | 12 drinks | 20 drinks | 28 drinks |
| 5 drinks | 13 drinks | 21 drinks | 29 drinks |
| 6 drinks | 14 drinks | 22 drinks | 30 drinks |
| 7 drinks | 15 drinks | 23 drinks | <i>More than 30</i> |

3. **Think of the occasion** (any day of the week) **you drank the most** during the last *month*. How **much** did you drink? (check one)

| | | | |
|----------|-----------|-----------|---------------------|
| 0 drinks | 8 drinks | 16 drinks | 24 drinks |
| 1 drinks | 9 drinks | 17 drinks | 25 drinks |
| 2 drinks | 10 drinks | 18 drinks | 26 drinks |
| 3 drinks | 11 drinks | 19 drinks | 27 drinks |
| 4 drinks | 12 drinks | 20 drinks | 28 drinks |
| 5 drinks | 13 drinks | 21 drinks | 29 drinks |
| 6 drinks | 14 drinks | 22 drinks | 30 drinks |
| 7 drinks | 15 drinks | 23 drinks | <i>More than 30</i> |

DAILY DRUG-TAKING QUESTIONNAIRE (DDTQ)

INSTRUCTIONS FOR RECORDING YOUR DRUG USE DURING A TYPICAL WEEK

IN THE CALENDAR BELOW, PLEASE PLACE AN “X” IN THE BOX BELOW THOSE DAYS YOU TOOK EACH DRUG LIST IN THE COLUMN ON THE LEFT DURING A **TYPICAL WEEK** IN THE **LAST 30 DAYS**.

First, think of a *typical week* in the *last 30 days*. Try to remember as accurately as you can, what drugs did you typically took each day during that one month period?

FOR EACH DAY OF THE WEEK IN THE CALENDAR BELOW, PLACE AN “X” IN THE BOX BELOW THOSE DAYS YOU TYPICALLY TOOK EACH DRUG.

| Type of Drug | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Tobacco | | | | | | | |
| Marijuana/Cannabis | | | | | | | |
| “Powder” Cocaine | | | | | | | |
| “Crack” Cocaine | | | | | | | |
| Amphetamines (SPEED) | | | | | | | |
| Methamphetamines (METH) | | | | | | | |
| Ecstasy (other “Club” Drugs) | | | | | | | |
| Heroin | | | | | | | |
| Methadone (non-prescription or street drugs) | | | | | | | |
| Other Opiates or “Pain Killers” (non-prescription or street drugs) | | | | | | | |
| Barbiturates (non-prescription or street drugs) | | | | | | | |
| Sedatives/Hypnotics or Tranquilizers (non-prescription or street drugs) | | | | | | | |
| Inhalants (Cleansers, Paint, etc.) | | | | | | | |
| Hallucinogens | | | | | | | |

DAILY DRUG-TAKING QUESTIONNAIRE (DDTQ) Continued

INSTRUCTIONS FOR RECORDING YOUR DRUG USE DURING HEAVIEST USE WEEK

IN THE CALENDAR BELOW, PLEASE PLACE AN “X” IN THE BOX BELOW THOSE DAYS YOU TOOK EACH DRUG LIST IN THE COLUMN ON THE LEFT DURING YOUR **HEAVIEST DRUG-TAKING WEEK** IN THE **LAST 30 DAYS**.

First, think of your *heaviest drug-taking week* in *last 30 days*. Try to remember as accurately as you can, what drugs did you take each day during that one month period?

For each day of the week in the calendar below, place an “X” in the box below those days you took each drug during your heaviest drug-taking week.

| Type of Drug | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Tobacco | | | | | | | |
| Marijuana/Cannabis | | | | | | | |
| “Powder” Cocaine | | | | | | | |
| “Crack” Cocaine | | | | | | | |
| Amphetamines (SPEED) | | | | | | | |
| Methamphetamines (METH) | | | | | | | |
| Ecstasy (other “Club” Drugs) | | | | | | | |
| Heroin | | | | | | | |
| Methadone (non-prescription or street drugs) | | | | | | | |
| Other Opiates or “Pain Killers” (non-prescription or street drugs) | | | | | | | |
| Barbiturates (non-prescription or street drugs) | | | | | | | |
| Sedatives/Hypnotics or Tranquilizers (non-prescription or street drugs) | | | | | | | |
| Inhalants (Cleansers, Paint, etc.) | | | | | | | |
| Hallucinogens | | | | | | | |

Drug-Specific DDTQ

INSTRUCTIONS FOR RECORDING DRUG USE DURING A TYPICAL WEEK

First, think of a *typical week* in the last 30 days. Where did you live? What were your regular weekly activities? Where you working or going to school? How did you spend your free time, etc. After getting a good picture of that time in your life, remember as accurately as you can, on which *days of the week* and for *how long*, you used _____ (Type of Drug) What was the *total amount* of the drug you used each day in that time during a *typical week* the last two months.

Then, for each day of a **typical week** in the last 30 days, place an “X” in the calendar below in the box of those **days you consumed** _____ (Type of Drug) and write in the **number of hours** you used that drug or were intoxicated. In the bottom box, list the **total amount** of that drug you used during that time period on each day you used.

| Day of Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Used the Drug that Day | | | | | | | |
| Number of Hours | | | | | | | |
| Total Amount of Drug Used | | | | | | | |

INSTRUCTIONS FOR RECORDING DRUG USE DURING WEEK OF HEAVIEST USE

Now, think of a *the week you most heavily used* _____ (Type of Drug) in the last 30 days. Were your life circumstances any different than during the typical week you just thought about? If so, how? After getting a good picture of that *particular week* in your mind, try to remember as accurately as you can, on which *days of the week* and for *how long* you used or were intoxicated by _____ (Type of Drug). What was the *total amount* of the drug you used each day during *the week you most heavily used* the last two months.

Then, for each day of your **heaviest drug use week** in the last 30 days, place an “X” in the calendar below in the box of those days you **consumed** _____ (Type of Drug) and the **number of hours** you used that drug or were intoxicated by it on that day. In the bottom box, list the **total amount** of the drug you use during that time period on each day you used.

| Day of Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Used the Drug that Day | | | | | | | |
| Number of Hours | | | | | | | |
| Total Amount of Drug Used | | | | | | | |