

RISK Updates Final Visit/Other Visit

PARTICIPANT INFORMATION

Sub ID:

Interview Time:

Interviewer/Staff:

Today's Date:

Mobile Number:

Interview Type:

☐ Final Visit/Follow Up 3 ☐ Other

Has the participant's residence changed since their last study visit?

- ☐ Yes-Complete information below
☐ No-Continue to Unreported Contacts and Unreported Locations

Home address:

City & State & Zip Code:

Questions:

1) Is your home a place where you used to spend time drinking?

- ☐ Yes
☐ No

2) In the future, do you generally expect to have alcohol in your home?

- ☐ Yes
☐ No

3) Would you categorize your home environment as...

- ☐ Pleasant
☐ Unpleasant
☐ Mixed
☐ Neutral

4) Does being in your home environment put you at any risk to begin drinking?

*If no, then mark "No Risk."

*If yes, indicate if the risk is high, medium, or low.

- ☐ High
☐ Medium
☐ Low
☐ No Risk

Check the boxes below to indicate updates to Contacts and Locations, ask follow-up questions, and attach updated forms to this cover sheet

- ☐ Unreported Contacts
☐ Unreported Locations