RISK Updates Final Visit/Other Visit

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| 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 | | |
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