

FOR OFFICE USE ONLY	
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## QFV-30 Questionnaire

All of these questions ask about your drinking DURING THE PAST 30 DAYS. For each question, please write the correct number on the line provided.

1. DURING THE PAST 30 DAYS, on how many days did you have any beverage containing alcohol (including beer, wine, liquor, etc.)?

\_\_\_\_\_ DAYS (out of the past 30) when I had any alcohol beverage

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For Question 2 and 3, any of the following counts as ONE DRINK:

one glass (10 ounces) of beer or  
one glass (4 ounces) of wine or  
one ounce of liquor or other distilled spirits

2. On days when you did drink alcohol DURING THE PAST 30 DAYS, how many drinks did you usually have?

\_\_\_\_\_ DRINKS per drinking day

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3. DURING THE PAST 30 DAYS, on how many days did you have five (5) or more drinks?

\_\_\_\_\_ DAYS (out of the past 30) when I had five or more drinks

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