Casaa Research Division*

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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