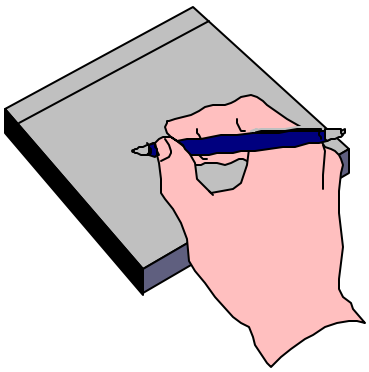
ALCOHOL-RELATED PROBLEMS SURVEY

This survey is about the health of older people and their use of alcohol. Your information is valuable in helping us understand how to prevent disease and promote well being.



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Now, please turn to page 1 of this survey.

SECTION 1: HEALTH PROBLEMS

This section is about your current health.

CHECK (☑) *ONE* BOX ON *EACH* LINE

1. Has a doctor or other health care worker ever told you that you have:	**NO**	**YES**	**DON'T KNOW**
a. High blood pressure	1θ	2θ	3θ
b. Congestive heart failure	1θ	2θ	3θ
c. Diabetes	1θ	2θ	3θ
d. Osteoporosis	1θ	2θ	3θ
e. Cirrhosis or another liver condition	1θ	2θ	3θ
f. Cancer of the mouth or throat	1θ	2θ	3θ
g. Breast cancer	1θ	2θ	3θ
h. Gout	1θ	2θ	3θ
i. Memory disorder or dementing illness	1θ	2θ	3θ

DID YOU CHECK *ONE* ANSWER ON *EACH* LINE, EVEN IF YOUR ANSWER IS "DON'T KNOW"?

CHECK (☑) *ONE* BOX ON *EACH* LINE

2. In the past twelve months, has a doctor or other health care worker told you that you have:	**NO**	**YES**	**DON'T KNOW**
a. Hepatitis	1θ	2θ	3θ
b. Gastritis	1θ	2θ	3θ
c. Ulcer of the stomach or small intestine	1θ	2θ	3θ
d. Pancreatitis	1θ	2θ	3θ
e. Depression, anxiety or another emotional or mental health problem	1θ	2θ	3θ

3. Do you now use tobacco in any form, including cigarettes, cigars, pipes, chewing tobacco, etc.?

CHECK (☑) *ONE* BOX

1θ	No, I have never used tobacco.
2θ	No, I used tobacco in the past, but I do not use it now.
3θ	Yes, I use tobacco now.

4. How much of the time during the <u>past 12 months</u> did you have any of the following problems?

CHECK (☑) *<u>ONE</u>* BOX ON *<u>EACH</u>* LINE

	<u>None</u> of the time	**<u>A Little</u>** of the time	**<u>Some</u>** of the time	**<u>Most</u>** Of the time	**<u>All</u>** of the time
a. Problems sleeping	q1	q2	q3	q4	q5
b. Stomach pains	q1	q2	q3	q4	q5
c. Heartburn	q1	q2	q3	q4	q5
d. Nausea	q1	q2	q3	q4	q5
e. Vomiting	q1	q2	q3	q4	q5
f. Diarrhea	q1	q2	q3	q4	q5
g. Nervousness	q1	q2	q3	q4	q5
h. Memory problems	q1	q2	q3	q4	q5
i. Feeling depressed	q1	q2	q3	q4	q5
j. Tripping, bumping into things	q1	q2	q3	q4	q5
k. Falling	q1	q2	q3	q4	q5
l. Problems with bladder control	q1	q2	q3	q4	q5

DID YOU CHECK *<u>ONE</u>* ANSWER ON *<u>EACH</u>* LINE, EVEN IF YOUR ANSWER IS"NONE OF THE TIME"?

SECTION 2: MEDICATIONS

This section is about some medications you may be using.

5. How many different <u>medications</u> do you use at least once a week? Count ALL, even if you get them without a doctor's prescription. (Do not count eye drops, vitamins, minerals, ointments.)

CHECK (☑) *<u>ONE</u>* BOX

θ 1	None
θ 2	One to two
θ 3	Three to five
θ 4	Six to seven
θ 5	Eight or more

6. Do you now take 2 or more regular or extra strength (325 mg or more) aspirins EVERY DAY or ALMOST EVERY DAY?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	No
θ 2	Yes
θ 3	Don't know

CHECK (☑) *ONE* BOX ON *EACH* LINE

7. Do you now take any of these medications at least ONCE A WEEK?	**NO**	**YES**	**DON'T KNOW**
a. Sedatives or sleeping medicines such as Valium, Dalmane, Librium, Xanax, Ambien, Ativan, Halcion, chloral hydrate	θ 1	θ 2	θ 3
b. Tranquilizers such as Thorazine, Mellaril, Haldol	θ 1	θ 2	θ 3
c. Narcotic medications such as Darvon, Demerol, codeine, morphine, Percocet, Vicodin	θ 1	θ 2	θ 3

DID YOU CHECK *ONE* ANSWER ON *EACH* LINE, EVEN IF YOUR ANSWER IS"DON'T KNOW"?

CHECK (☑) *ONE* BOX ON *EACH* LINE

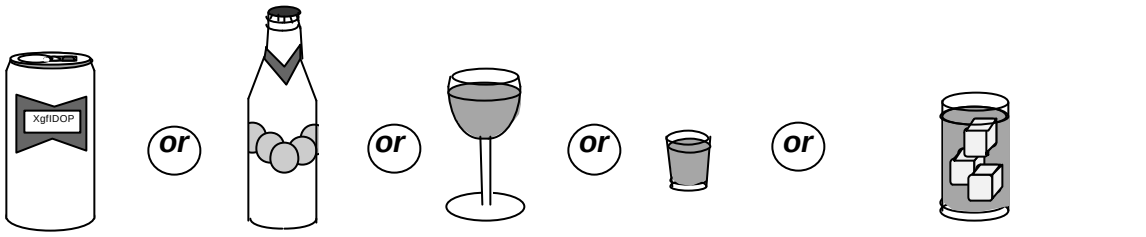
8. Do you now take any of these medications EVERY DAY or ALMOST EVERY DAY?	**NO**	**YES**	**DON'T KNOW**
a. Ulcer and stomach medicines such as Zantac, Tagamet, Prilosec, Pepcid	θ 1	θ 2	θ 3
b. Arthritis and pain medicines such as Motrin (*Ibuprofen*), Voltaren, Clinoril, Naprosyn, Tylenol, Advil	θ 1	θ 2	θ 3
c. Tolinase, Diabinese or Orinase	θ 1	θ 2	θ 3
d. Other blood pressure medicines such as Cardizem, Vasotec, Lotensin, Atenolol, Cozaar, Novasc, water pills	θ 1	θ 2	θ 3
e. Nitrates such as Isordil, Nitropatch	θ 1	θ 2	θ 3
f. Other medicines for the heart such as digoxin, Lasix	θ 1	θ 2	θ 3
g. Coumadin (warfarin)	θ 1	θ 2	θ 3
h. Seizure medicines such as Tegretol, Dilantin or phenobarbital	θ 1	θ 2	θ 3
i. Depression medicines such as Elavil *(amitriptyline),* Pamelor *(nortriptyline),* Paxil, Prozac, Zoloft	θ 1	θ 2	θ 3
j. Prescription antihistamines such as Claritin, Zyrtec, Allegra	θ 1	θ 2	θ 3
k. Tylenol PM, Benadryl, Chlor-trimeton or other nonprescription antihistamines	θ 1	θ 2	θ 3

DID YOU CHECK *ONE* ANSWER ON *EACH* LINE, EVEN IF YOUR ANSWER IS"DON'T KNOW"?

SECTION 3: RECENT ALCOHOL USE

This section is about alcohol use during the past 12 months.

The next questions ask you to count drinks. When you answer, please count <u>one drink</u> of alcohol as <u>equal to one</u> of the following:



One 12-ounce can of beer | *One 12-ounce bottle of wine cooler* | *One 5-ounce glass of wine* | *One 1.5-ounce shot of hard liquor such as whisky or scotch* | *One cocktail containing one shot (1.5 ounces) of hard liquor*

9. During the <u>past 12 months</u>, how often did you have a drink containing alcohol?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	Daily or almost daily
θ 2	Four or five times a week
θ 3	Two or three times a week
θ 4	Two to four times a month
θ 5	One time a month or less
θ 6	Never ⇨ ***Please go to page 12.***

10. On days that you drank alcohol during the <u>past 12 months</u>, how many drinks of alcohol *(beer, wine, and/or hard liquor)* did you <u>usually</u> drink?

CHECK (☑) ***ONE*** BOX	
θ 1	Five or more
θ 2	Four
θ 3	Three
θ 4	Two
θ 5	One
θ 6	Less than one

11. During the <u>past 12 months</u>, how often did you have <u>three or more</u> drinks of alcohol at one sitting?

CHECK (☑) ***ONE*** BOX	
θ 1	Daily or almost daily
θ 2	Four or five times a week
θ 3	Two or three times a week
θ 4	Two to four times a month
θ 5	One time a month or less
θ 6	Never

12. During the <u>past 12 months</u>, how often did you have <u>four or more</u> drinks of alcohol at one sitting?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	Daily or almost daily
θ 2	Four or five times a week
θ 3	Two or three times a week
θ 4	Two to four times a month
θ 5	One time a month or less
θ 6	Never

13. Because of your alcohol use, how often in the <u>past 12 months</u> did you fail to do what you were supposed to do?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	Daily or almost daily
θ 2	At least once a week, but less than daily
θ 4	At least once a month, but less than weekly
θ 5	Less than once a month
θ 6	Never

14. Because of your alcohol use, how often in the <u>past 12 months</u> were you unable to stop drinking once you started?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	Daily or almost daily
θ 2	At least once a week, but less than daily
θ 3	At least once a month, but less than weekly
θ 4	At least once a month, but less than weekly
θ 5	Less than once a month
θ 6	Never

15. Because of your alcohol use, how often in the <u>past 12 months</u> did you feel guilty or sorry for something you did?

CHECK (☑) *<u>ONE</u>* BOX

θ 1	Daily or almost daily
θ 2	At least once a week, but less than daily
θ 3	At least once a month, but less than weekly
θ 4	At least once a month, but less than weekly
θ 5	Less than once a month
θ 6	Never

16. In the past 12 months, on how many days did you drive a car, truck, or other vehicle within 2 hours of having three or more drinks?

CHECK (☑) *ONE* BOX

θ 1	20 or more days
θ 2	10 –19 days
θ 3	6 - 9 days
θ 4	3 - 5 days
θ 5	1 - 2 days
θ 6	Never
θ 7	I did not drive in the past 12 months

17. Has a doctor, other medical person, relative, friend, or anyone else ever been concerned about your drinking or suggested that you should cut down?

CHECK (☑) *ONE* BOX

θ 1	No
θ 2	Yes, but not during the past 12 months
θ 3	Yes, during the past 12 months

SECTION 4: The following question is about you in general.

18. The following are *physical* activities you might do during a typical day. How much are you limited in these activities because of your health?

CHECK (☑) *ONE* BOX ON *EACH* LINE

	Not limited at all *because Of health*	**Limited a little** *because of health*	**Limited a lot** *because of health*
a. Climbing one flight of stairs	θ 1	θ 2	θ 3
b. Walking one block	θ 1	θ 2	θ 3
c. Bathing or dressing yourself	θ 1	θ 2	θ 3

19. How would you describe your current health status?

Excellent O
Very good O
Good O
Fair O
Poor O

20. Are you male or female?

Male O
Female O

21. What is your date of birth?

(Write in the date below. Example: 01 01 1935)

MONTH	DAY	YEAR

22. Which of the following best describes you?

White, not of Hispanic origin O

Black, not of Hispanic origin O

Hispanic O

Asian or Pacific Islander O

American Indian or Alaskan Native O

Other, specify:_____ O

23. What was the highest grade or year of education you completed and got credit for?

	Circle one only of the numbers below.											
None	**0**											
Grade School, Jr. High, High, High School	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
College or Vocational School	**1**	**2**	**3**	**4**	**5+**							
Graduate or Professional School	**1**	**2**	**3**	**4**	**5+**							