



Alcohol and Smoking

Office Use Only
SOF ID#

--	--	--	--	--

Acrostic

--	--	--	--

Staff ID#

--	--	--	--

1 **During the last 30 days, have you had at least one drink of any kind of alcoholic beverage? (Including beer, wine, or mixed drinks such as martinis or manhattans.)**

Yes No Don't Know



a. Which one of these statements comes closest to describing how often you drank any alcoholic beverages in the last 30 days?

- Every Day
- 5-6 Days per Week
- 3-4 Days per Week
- 1-2 Days per Week
- 2-3 Times in the Last 30 Days
- Once in the Last 30 Days

b. During the last 30 days, about how many drinks (including beer, wine, and mixed drinks) did you usually have on days when you drank alcoholic beverages?

--	--

drinks per day

2 **Do you currently smoke cigarettes?**

Yes No **V8SMOK***

**not released for AA cohort*



On average, about how many cigarettes a day do you smoke?

--	--

V8NCIGD*
cigarettes per day

