



Alcohol and Smoking

Office Use Only
SOF ID#

MISSING
Acrostic

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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



V9DR30

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

V9DROFT

2 **Do you currently smoke cigarettes?**

Yes No

Draft

