



Alcohol and Smoking

Office Use Only SOF ID#	<input type="radio"/> MISSING Acrostic
<input type="text"/>	<input type="text"/>



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

② **Do you currently smoke cigarettes?**

Yes No **V9SMOK***

**not released for AA cohort*

