

---

**B01: On how many occasions in your lifetime (if any) have you been very drunk or very high from drinking alcoholic beverages?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**B02: On how many occasions during the past 30 days (if any) have you been very drunk or very high from drinking alcoholic beverages?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**B03: Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row?**

**Note: A drink is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | None             |
| <input type="checkbox"/> | Once             |
| <input type="checkbox"/> | Twice            |
| <input type="checkbox"/> | 3 to 5 times     |
| <input type="checkbox"/> | 6 to 9 times     |
| <input type="checkbox"/> | 10 or more times |
| <input type="checkbox"/> | No Answer        |

**B04: During the last two weeks, how many times have you had 3 or 4 drinks in a row (but no more than that)?**

- |                          |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | None             |
| <input type="checkbox"/> | Once             |
| <input type="checkbox"/> | Twice            |
| <input type="checkbox"/> | 3 to 5 times     |
| <input type="checkbox"/> | 6 to 9 times     |
| <input type="checkbox"/> | 10 or more times |
| <input type="checkbox"/> | No Answer        |

**B05: During the last two weeks, how many times have you had two drinks in a row (but no more than that)?**

<input type="checkbox"/>	None
<input type="checkbox"/>	Once
<input type="checkbox"/>	Twice
<input type="checkbox"/>	3 to 5 times
<input type="checkbox"/>	6 to 9 times
<input type="checkbox"/>	10 or more times
<input type="checkbox"/>	No Answer

**B06: During the last two weeks, how many times have you had just one drink?**

<input type="checkbox"/>	None
<input type="checkbox"/>	Once
<input type="checkbox"/>	Twice
<input type="checkbox"/>	3 to 5 times
<input type="checkbox"/>	6 to 9 times
<input type="checkbox"/>	10 or more times
<input type="checkbox"/>	No Answer