

Alcohol History

Please answer the following questions regarding your history of Alcohol usage:

1) Do you drink alcohol?

- Yes
- No
- Formerly
What year did you quit? _____

2) Please indicate which types of Alcohol you drink, how frequently you drink them, and the number of drinks you consume in the indicated timespan:

Alcohol Type	How often do you drink?	How many drinks?
<input type="checkbox"/> Beer	<input type="checkbox"/> Daily	_____
<input type="checkbox"/> Hard Liquor	<input type="checkbox"/> Weekly	
<input type="checkbox"/> Wine	<input type="checkbox"/> Monthly	

3) Please choose the option that best describes the last time you had an alcoholic drink:

- Within the last 24 hours
- Within the last week
- Within the last 2 weeks
- Within the last month
- Within the last 3 months
- Within the last 6 months
- Over a year