

ASBI Follow-up Visit Questions

Participant ID _____

Today's Date: ___/___/___
Mo Day Yr

1. How often did you have 4 or more drinks in one day in the past 30 days? Circle your answer below.

10 or more 9 8 7 6 5 4 3 2 1 0

2. How many drinks did you have on a typical day when you were drinking alcohol in the past 30 days? Circle your answer below.

10 or more 9 8 7 6 5 4 3 2 1 0

3. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

Write one number between 0 and 30 days. _____ days

4. Since the first visit when we talked about drinking have you had an alcoholic beverage?
Check your answer.

___Yes ___No