Positive Consequences - Short Form 7a

Please respond to each item by marking one box per row.

The following questions ask about your feelings and experiences when drinking alcohol.		**Yes**	**No**
AlcoholScreener	In the past 30 days, did you drink any type of alcoholic beverage?	☐	☐
		Yes→ Proceed to short form items No→ Skip the remaining short form items	

	In the past 30 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
POCO02	I was better able to express myself when I drank.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO05	I felt at ease when I drank	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO06	I felt good about myself when I drank	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO12	I felt creative when I drank	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO13	I felt outgoing when I drank.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO15	I felt confident when I drank.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
POCO19	I had more fun when I drank.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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