Alcohol Use - Short Form 7a

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

The following questions ask about your alcohol use and behaviors.		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**
CONS01	I spent too much time drinking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CONS07	I drank heavily at a single sitting.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CONS08	I drank too much	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CRAC02	I drank more than planned.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CRAC07	I had trouble controlling my drinking	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CRAC08	It was difficult for me to stop drinking after one or two drinks.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
CRAC13	It was difficult to get the thought of drinking out of my mind	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

© 2008-2016 PROMIS Health Organization and PROMIS Cooperative Group