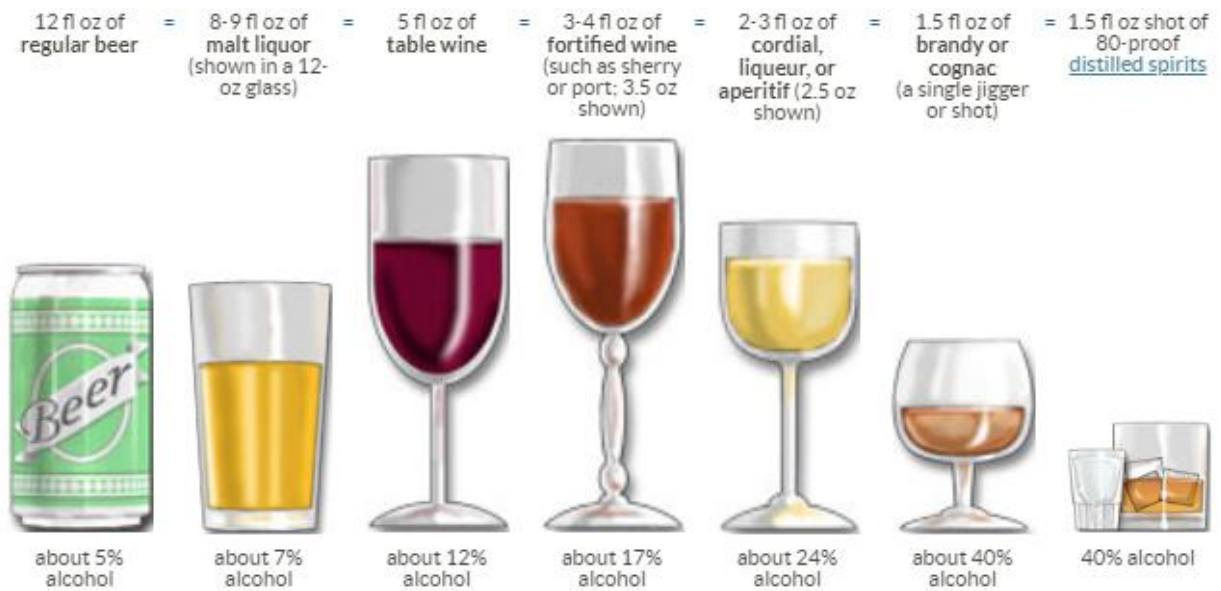


Alcohol Consumption

INTRO_1 The questions in this section are about your consumption of alcoholic beverages. When we ask how often you drink or how many drinks you consume, we are **not** asking about times when you had a sip or two from a drink. Instead, we are asking about your consumption of standard drinks as in the picture below. Each of the items in the picture below represents one standard drink.



Source: <https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/what-counts-as-a-drink/whats-A-Standard-drink.aspx>

First, we are going to ask you about your alcohol consumption **during the month of April 2020**.

Q1.1 **During the month of April**, about how often did you have one or more standard drinks (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week
- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month
- Never

Q1.2 [Ask if Q1.1 != Never] During the month of April, how many standard drinks did you USUALLY have on days when you drank?

_____ drinks.

Q1.3 [Ask if Q1.1 >= 2-3 times] During the month of April, what was the LARGEST number of drinks that you drank in a single day?

_____ drinks.

[Validate: Q1.3 >= Q1.2]

Q1.4 [Ask if Q1.3 > Q1.2] During the month of April, about how often did you drink your largest amount you told us about in the last question (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week
- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month

[Validate: Q1.4 <= Q1.1]

Q1.5 [Ask if Q1.3 >= 5 [men] or 4 [women]] During the month of April, about how often did you drink FIVE [men]/FOUR [women] OR MORE drinks within 2 hours (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week
- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month

[Validate: Q1.5 <= Q1.1]

TRANSITION_1 Now, we are going to ask you about your alcohol consumption **during the month of February 2020**, the last full month before stay-at-home orders were issued in most states.

Q1.6 During the month of February, about how often did you have one or more standard drinks (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week
- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month
- Never

Q1.7 [Ask if Q1.6 != Never] During the month of February, how many standard drinks did you USUALLY have on days when you drank?

_____ drinks.

Q1.8 [Ask if Q1.6 >= 2-3 times] During the month of February, what was the LARGEST number of drinks that you drank in a single day?

_____ drinks.

[Validate: Q1.8 >= Q1.7]

Q1.9 [Ask if Q1.8 > Q1.7] During the month of February, about how often did you drink your largest amount you told us about in the last question (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week
- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month

[Validate: Q1.9 <= Q1.6]

Q1.10 [Ask if Q1.8 >= 5 [men] or 4 [women]] During the month of February, about how often did you drink FIVE [men]/FOUR [women] OR MORE drinks within 2 hours (choose the best response)?

- Every day
- Nearly every day
- 3 to 4 times a week

- 2 times a week
- Once a week
- 2 to 3 times during the month
- Once during the month

[Validate: Q1.10 <= Q1.6]

Treatment Related to Alcohol

INTRO_2 This section asks about interactions with health care professionals and other services related to your alcohol use.

Q2.1 Has a doctor or other health care professional ever advised you to cut down on drinking or offered information about treatment or other resources (e.g., Alcoholics Anonymous). Please select the best response.

- Yes, in the past year
- Yes, in my lifetime but not in the past year
- Yes, both in the past year and prior to the past year.
- No

Q2.2 Have you ever received treatment or counseling, or engaged in self-help services like Alcoholics Anonymous for your use of alcohol? Please select the best response.

- Yes, in the past year
- Yes, in my lifetime but not in the past year
- Yes, both in the past year and prior to the past year.
- No

Q2.3 [If Q2.2 != No] What types of treatment, counseling, or alcohol-related services have you received in your lifetime. Please select all that apply.

- Alcohol treatment or detoxification in a hospital setting
- Alcohol detoxification in any other setting
- Residential or outpatient treatment from a substance use disorder treatment facility/agency
- Sessions with a private physician, psychiatrist, psychologist, social worker, or any other professional related to your drinking.
- Sessions with a clergyman, priest, rabbi or any other religious counselor for any reason related to your drinking?
- Alcoholics Anonymous Meetings

Mental Health

INTRO_3 This section asks about issues related to your mental health for **the month of April 2020** and then for **the month of February 2020**, the last full month before stay-at-home orders were issued in most states.

Q3.1 Please select the best answer in each of the rows in the table below.

During the month of April , how often were you bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3.2 Please select the best answer in each of the rows in the table below.

During the month of February , how often were you bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Activities

INTRO_4 Finally, this section asks about your employment in the month of April 2020 and then for the month of **February 2020**, the last full month before stay-at-home orders were issued in most states.

Q4.1 Please tell us about your employment status **for the month of April 2020** (check all that apply).

- Working full-time (35+ hours a week)
- Working part-time (less than 35 hours a week)
- Employed but not working because of a temporary illness or injury
- Unemployed/laid off and looking for work
- Unemployed/laid off and not looking for work
- Unemployed and permanently disabled
- Retired
- In school
- Full-time homemaker

Q4.2 Please tell us about your employment status **for the month of February 2020** (check all that apply).

- Working full-time (35+ hours a week)
- Working part-time (less than 35 hours a week)
- Employed but not working because of a temporary illness or injury
- Unemployed/laid off and looking for work
- Unemployed/laid off and not looking for work
- Unemployed and permanently disabled

- Retired
- In school
- Full-time homemaker

If you would like more information about consuming alcohol, please visit this website:

<https://www.rethinkingdrinking.niaaa.nih.gov/>