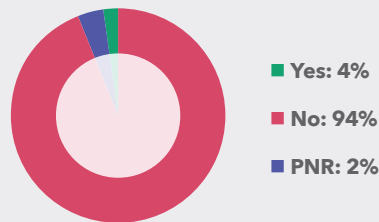


At a Glance: Substance Use – Alcohol

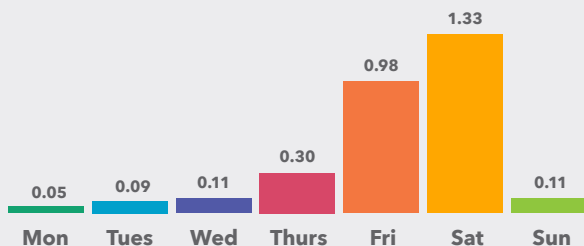
Do you identify as someone that is in recovery from an alcohol or other drug addiction/substance use disorder?



Have you consumed alcohol in the past 12 months?

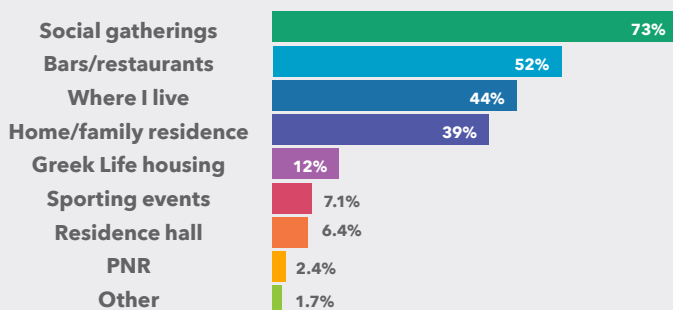


For each day/night of the week you typically consume alcohol, **please note the number of alcoholic drinks consumed.**

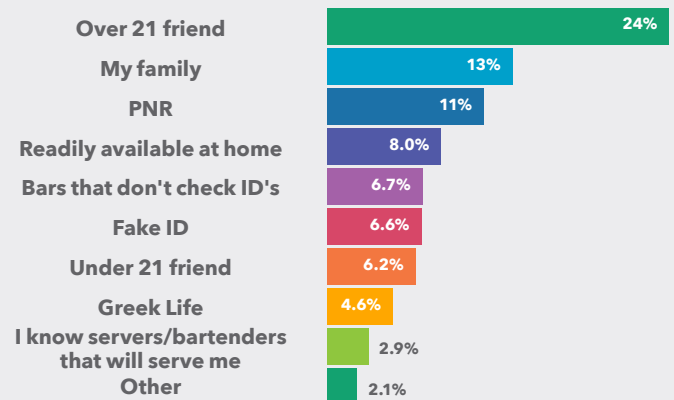


(One drink: 12 oz. of beer, 8-9 oz. of malt liquor/craft beer, 5 oz. of wine, or 1.5 oz. of liquor)

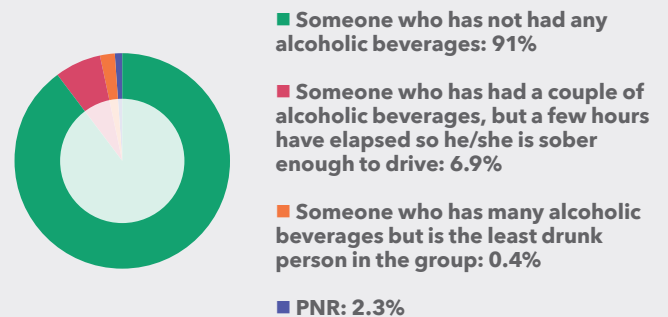
Where do you typically consume alcohol?
(Check all that apply)



How do you obtain your alcohol? (U21)
(Check all that apply)



How do you define the designated driver?



Which of the following best fits your intentions to change the way you drink alcohol?



Think over the past two weeks. How many times have you had 5 or more drinks within a 2 hour period?

