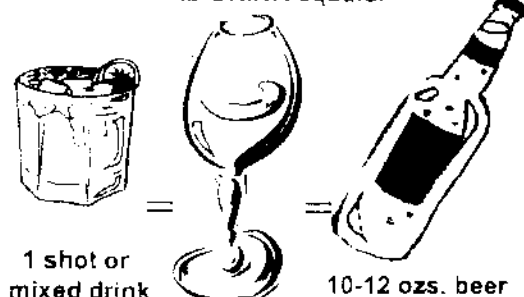


# Check-Up to Go

One STANDARD DRINK equals:



1 shot or mixed drink  
5 ozs. wine or 1 cooler  
10-12 ozs. beer

In order to provide you with the most accurate feedback, please answer the following questions honestly. Remember that your answers are **CONFIDENTIAL**. Please put your name and mailing address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


What is your gender? \_\_\_\_\_ Weight? \_\_\_\_\_ Currently taking prescription medications? \_\_\_\_\_

1. For the **PAST MONTH**, please describe a **TYPICAL DRINKING WEEK**. For each day, fill in the number of **STANDARD DRINKS** of each type of alcohol you consumed on that day and the **TYPICAL NUMBER OF HOURS** you drank on that day.



	MONDAY	TUESDAY	WED.	THURS.	FRIDAY	SAT.	SUNDAY
BEER?							
WINE?							
SPIRITS?							
HOURS?							

2. Think of the one occasion during the **PAST MONTH** where you drank the most. Fill in the number of standard drinks of each type you consumed.



BEER? \_\_\_\_\_

WINE? \_\_\_\_\_

SPIRITS? \_\_\_\_\_

HOURS? \_\_\_\_\_

3. Think about the number of your **BLOOD RELATIVES** who are now, or have been in the past, problem drinkers or alcoholics.

NUMBER

Number of parents? \_\_\_\_\_

Number brothers or sisters? \_\_\_\_\_

Number grandparents? \_\_\_\_\_

Number uncles or aunts? \_\_\_\_\_

Number first cousins? \_\_\_\_\_

4. During the **PAST MONTH**, how many days did you drive a vehicle shortly after having three or more drinks? \_\_\_\_\_

5. During the **PAST MONTH**, how many days were you a passenger in a vehicle when the driver had three or more drinks? \_\_\_\_\_

6. How much would you estimate you spend on alcoholic beverages per week? \_\_\_\_\_ \$

7. For each of the following, estimate how common these behaviors are:

What percent of U.S. college students (same sex) drink more than you?

What percent of SDSU students have two drinks or less in a typical week?

What percent of SDSU students do not drink at all in a typical week?

What percent of SDSU students smoke marijuana at least once a month?

8. Please circle the answer that is correct for you:

- |    |   |        |                   |                               |                           |                           |
|----|---|--------|-------------------|-------------------------------|---------------------------|---------------------------|
| a. | How often do you have a drink containing alcohol?   | Never  | Monthly or less   | Two to four times a month     | Two to three times a week | Four or more times a week |
| b. | How many drinks containing alcohol do you have on a typical day when you are drinking?  | 1 or 2 | 3 or 4            | 5 or 6                        | 7 to 9                    | 10 or more                |
| c. | How often do you have six drinks or more on one occasion?   | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| d. | How often during the last year have you found that you were not able to stop drinking once you had started?                       | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| e. | How often during the last year have you failed to do what was normally expected from you because of drinking?                     | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| f. | How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| g. | How often during the past year have you had a feeling of guilt or remorse after drinking?   | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| h. | How often during the last year have you been unable to remember what happened the night before because you had been drinking?     | Never  | Less than monthly | Monthly                       | Weekly                    | Daily or almost daily     |
| i. | Have you or someone else been injured as a result of your drinking?   | No     |                   | Yes, but not in the last year |                           | Yes, during the last year |
| j. | Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?        | No     |                   | Yes, but not in the last year |                           | Yes, during the last year |

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9. During the PAST MONTH, how many cigarettes did you smoke on a typical day?

10. If a smoker, for how many years have you smoked regularly?

11. After school expenses, how much money do you have to spend in an average month? \$