

Name _____ Date _____ DOB _____

Personal Drinking Patterns

Number of days of the week you drink	
Number of drinks per day you consume	
Total number of drinks per week you consume	
Number of times in the last two weeks you had four or more drinks at a sitting	
Number of times in the last two weeks you had five or more drinks at a sitting	
Number of times in the past 30 days when you drank enough to get drunk	
Number of times each month you have used alcohol in the past year	

Other Drug Use in Past 12 Months

<u>Other Drugs</u>	<u>1-2 times per month</u>	<u>3-9 times per month</u>	<u>10-20 times per month</u>	<u>More than 20 times per month</u>

Your Personal Alcohol Beliefs!

You indicated that you believe that alcohol has the following effects.

<u>Alcohol Belief</u>	<u>Yes</u>	<u>No</u>
Breaks the Ice		
Enhances social activity		
Makes it easier to deal with stress		
Facilitates a connection with peers		
Gives people something to talk about		
Facilitates male bonding		
Facilitates female bonding		
Allows people to have more fun		
Gives people something to do		
Makes food taste better		
Makes women sexier		
Makes men sexier		
Makes me sexier		
Facilitates sexual opportunity		

Estimate Your Personal Alcohol Related Consequences during the last 12 months

<u>Alcohol related consequence during the past 12 months</u>	<u>1-2 times</u>	<u>3-5 times</u>	<u>6-9 times</u>	<u>10 or more times</u>
Had a Hangover				
Performed poorly on a test or important project				
Been in trouble with police, residence hall, or other college authorities				
Damaged property				
Got into an argument or fight				
Got nauseated or vomited				
Driven a car while under the influence				
Been arrested for DWI/DUI				
Missed a class				
Been criticized by someone I know				
Thought I might have a drinking problem				
Had a memory loss				
Done something I later regretted				
Been taken advantage of sexually				
Tried unsuccessfully to stop drinking				
Seriously thought about suicide				
Seriously attempted to commit suicide				
Been hurt or injured				
Sought help on campus for a drinking problem				

Your Estimations of College Drinking Norms

The following information is designed to give students feedback on college drinking norms.

<u>Quantity and frequency of alcohol use</u>	<u>Your estimations of drinking norms</u>	<u>Actual drinking norms</u>	<u>Your reported alcohol consumption</u>
Number of days of the week college students in general drink			
Number of drinks per day college students in general consume			
Total number of drinks college students in general consume per week		5.2 drinks per week*	

*Core Institute's 1999 Statistics on Alcohol and Other Drug Use on American Campuses.