

## Alcohol Habit Evaluation

Examinee's name

Please answer the following questions about your present condition by ticking the appropriate box. This does not apply to nondrinkers, who do not drink at all.

1. How often do you drink alcoholic beverages?
 

<input type="checkbox"/> Never (0 point)	<input type="checkbox"/> Less than once a week (1 point)	<input type="checkbox"/> 2–4 times a month (2 points)
<input type="checkbox"/> 2–3 times a week (3 points)	<input type="checkbox"/> Over 4 times a week (4 points)	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
(Select one category corresponding to your drinking habits.)
  - 1) Soju
 

<input type="checkbox"/> Not more than 0.5 bottle (0 points)	<input type="checkbox"/> Not more than 1 bottle (1 point)	<input type="checkbox"/> About 1.5 bottles (2 points)	<input type="checkbox"/> About 2 bottles (3 points)	<input type="checkbox"/> 2.5 bottles or more (4 points)
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  - 2) Other types of liquor  
For hard liquor and wine, count number of glasses. Count by a bowl of makgeolli (rice wine) as a glass and a can or a bottle of beer as a glass. (Count 500 cc of draft beer as 1.3 glasses.)
 

<input type="checkbox"/> 1–2 glasses (0 points)	<input type="checkbox"/> 3–4 glasses (1 point)	<input type="checkbox"/> 5–6 glasses (2 points)	<input type="checkbox"/> 7–9 glasses (3 points)	<input type="checkbox"/> 10 glasses or more (4 points)
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3. How often do you drink over one bottle of soju or more than five cans of beer (2,000 cc draft beer)\* at a time?  
(\* Quantity consumed corresponding to 60 g of alcohol / more than five glasses in case of hard liquor, wine, or makgeolli)
 

<input type="checkbox"/> None (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
4. How often during the last year have you found yourself not able to stop drinking once you started?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
5. How often during the last year have you failed to perform your daily work because of drinking?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session from the previous night?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Less than once a month (1 point)	<input type="checkbox"/> Once a month (2 points)
<input type="checkbox"/> Once a week (3 points)	<input type="checkbox"/> Almost every day (4 points)	
9. Have you or someone else been injured as a result of your drinking?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Yes, but not in the last year. (2 points)
<input type="checkbox"/> Yes, during the last year. (4 points)	
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you to cut down?
 

<input type="checkbox"/> Never (0 points)	<input type="checkbox"/> Yes, but not in the last year. (2 points)
<input type="checkbox"/> Yes, during the last year. (4 points)	

Total