



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1b. Did this happen in the last 12 months?

(1) Find that your usual number of drinks had much less effect on you than it once did?

1 [] Yes
2 [] No

(2) Find that you had to drink much more than you once did to get the effect you wanted?

1 [] Yes
2 [] No

(3) Drink as much as a fifth of liquor in one day, that would be about 20 drinks, or 3 bottles of wine, or as much as 3 six-packs of beer in a single day?

1 [] Yes
2 [] No

(4) Increase your drinking because the amount you used to drink didn't give you the same effect anymore?

1 [] Yes
2 [] No

(5) More than once WANT to stop or cut down on your drinking?

1 [] Yes
2 [] No

(6) More than once TRY to stop or cut down on your drinking but found you couldn't do it?

1 [] Yes
2 [] No

<p>(7) Have a period when you ended up drinking more than you meant to?</p>	<p>1 [] Yes 2 [] No</p>
<p>(8) Have a period when you kept on drinking for longer than you had intended to?</p>	<p>1 [] Yes 2 [] No</p>
<p>The next few questions are about the bad aftereffects of drinking that people may have when the effects of alcohol are wearing off. This includes the morning after drinking or in the first few days after stopping or cutting down.</p>	
<p>(9) Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?</p>	<p>1 [] Yes 2 [] No</p>
<p>(10) Find yourself shaking or your hands trembling?</p>	<p>1 [] Yes 2 [] No</p>
<p>(11) Feel anxious or nervous?</p>	<p>1 [] Yes 2 [] No</p>
<p>(12) Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?</p>	<p>1 [] Yes 2 [] No</p>
<p>(13) Feel more restless than is usual for you?</p>	<p>1 [] Yes 2 [] No</p>
<p>(14) Find yourself sweating or your heart beating fast?</p>	<p>1 [] Yes 2 [] No</p>
<p>(15) See, feel, or hear things that weren't really there (when the effects of alcohol were</p>	<p>1 [] Yes</p>

wearing off)?	2 [] No
(16) Have fits or seizures?	1 [] Yes 2 [] No
Check Item 2.11 Are at least 2 items marked "Yes" in column b, items 9-16	1 [] Yes 2 [] No - <i>SKIP to Check Item 2.12</i>
(17) You just mentioned that you had SOME bad aftereffects when stopping or cutting down on drinking in the last 12 months. Did at least 2 of these experiences happen around the same time DURING the last 12 months?	1 [] Yes 2 [] No
1b. Did this happen in the last 12 months?	
(18) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to GET OVER any of the bad aftereffects of drinking?	1 [] Yes 2 [] No
(19) Take a drink or use any drug or medicine, other than aspirin, Advil or Tylenol, to KEEP FROM having any of these bad aftereffects of drinking?	1 [] Yes 2 [] No
(20) Have a period when you spent a lot of time drinking?	1 [] Yes 2 [] No
(21) Have a period when you spent a lot of time being sick or getting over the bad aftereffects of drinking?	1 [] Yes 2 [] No

<p>(22) Give up or cut down on activities that were important to you in order to drink-like work, school, or associating with friends or relatives?</p>	<p>1 [] Yes 2 [] No</p>
<p>(23) Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?</p>	<p>1 [] Yes 2 [] No</p>
<p>(24) Continue to drink even though you knew it was making you feel depressed, uninterested in things, or suspicious or distrustful of other people?</p>	<p>1 [] Yes 2 [] No</p>
<p>(25) Continue to drink even though you knew it was causing you a health problem or making a health problem worse?</p>	<p>1 [] Yes 2 [] No</p>
<p>(26) Continue to drink even though you had experienced a prior blackout, that is, awakened the next day not being able to remember some of the things you did while drinking or after drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>(27) Feel a very strong urge or desire to drink?</p>	<p>1 [] Yes 2 [] No</p>
<p>(28) Want a drink so badly that you couldn't think of anything else?</p>	<p>1 [] Yes 2 [] No</p>
<p>(29) Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?</p>	<p>1 [] Yes 2 [] No</p>

<p>(30) Have job or school troubles because of your drinking or being sick from drinking-like missing too much work, not doing your work well, being demoted or losing a job, or being suspended, expelled, or dropping out of school?</p>	<p>1 [] Yes 2 [] No</p>
<p>(31) Continue to drink even though it was causing you problems at school or at work?</p>	<p>1 [] Yes 2 [] No</p>
<p>(32) More than once drive a car or other vehicle WHILE you were drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>(33) Drive a car, motorcycle, truck, boat, or other vehicle and have an accident WHILE you were under the influence of alcohol?</p>	<p>1 [] Yes 2 [] No</p>
<p>(34) More than once drive a car, motorcycle, truck, boat, or other vehicle AFTER having too much to drink?</p>	<p>1 [] Yes 2 [] No</p>
<p>(35) Get into situations while drinking or after drinking that increased your chances of getting hurt-like swimming, using machinery, or walking in a dangerous area or around heavy traffic?</p>	<p>1 [] Yes 2 [] No</p>
<p>(36) Have arguments or problems with your spouse or partner or family or friends because of your drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>(37) Continue to drink even though it was causing you trouble with your family or friends?</p>	<p>1 [] Yes 2 [] No</p>

<p>(38) Get into physical fights while drinking or right after drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>3b. Did this happen in the last 12 months?</p>	
<p>(2) Ride in a car as a passenger while you were drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>(3) Drive a car, motorcycle, truck, or other vehicle and injure yourself or someone else in an accident while you were under the influence of alcohol?</p>	<p>1 [] Yes 2 [] No</p>
<p>(4) Accidentally injure yourself or someone else in any way other than motor vehicle accidents, like a bad fall or bad cut, while you were under the influence of alcohol?</p>	<p>1 [] Yes 2 [] No</p>
<p>(5) More than once get arrested, held at a police station, or have any other legal problems because of your drinking?</p>	<p>1 [] Yes 2 [] No</p>
<p>(6) Ride in a car or other vehicle WHILE the driver was drinking?</p>	<p>1 [] Yes 2 [] No</p>

Protocol source: <https://www.phenxtoolkit.org/protocols/view/511802>