WHAT DO YOU THINK ABOUT ... ALCOHOL?

1.	How old were you when you first had an alcoholic drink?
2.	Do you drink alcoholic beverages now? Yes No
3.	If yes, how often (Check one answer that most closely describes your drinking pattern):
	Only on special accasionsTwice a weekOnce a monthEvery other dayTwice a monthEvery day
4.	If you do drink, are your parents aware of your drinking?
	Yes No
	How do they react?
5.	Do your parents allow you to drink alcohol at home? Yes No
6.	Do your parents have a rule that you cannot drink alcohol outside
	the home? Yes No
7.	If yes, do you abide by their rule? Yes No
8.	In your opinion, does either of your parents drink alcohol
	excessively? Yes No Which one?
9.	Does a sibling, friend, or boyfriend drink too much alcohol?
	Yes Who?
10.	a contract would would state drink alcohol?
	0-25% 51-75%
	26-50% 76-100%
11.	What is the most you have ever had to drink at one time?
12.	had trouble because of drinking alcohol?
	Yes No
13.	If yes, with whom have you had trouble? (Check as many as apply.)
	Friends Siblings
	Parents Friends families School Self The Law Other
14.	Describe any problems you've had because of alcohol:
	Do you sometimes feel as if you need a drink for one reason or
15.	another: Yes No
• 16	If you do fool you sometimes need a drink, what is the most frequent
16.	reason you turn to alcohol?

- 100m . .