

HALT-C Trial  
Skinner

Form # 41 Version B: 01/02/2001

**SECTION A: GENERAL INFORMATION**

A1. Affix ID Label Here →

A2. Patient initials: \_ \_ \_ \_

A3. Visit number: S 0 0

A4. Visit Date: MM / DD / YYYY \_ \_ / \_ \_ / \_ \_ \_ \_

A5. Initials of person completing Section A: \_ \_ \_

**Note:** Information on this form should be collected by patient interview. The interview questions and instructions for Section C are on pages 3 and 4 of this form.

**SECTION B: LIFETIME ALCOHOL CONSUMPTION**

For this next part of the interview, I am going to be asking you questions about your alcohol drinking history. I'd like to start with the year that you first began drinking regularly, we will call this Phase I, and work forward to the present. Then I want you to think to when your drinking behavior or pattern was different in a significant way from the first time. We will then establish the different phases of your drinking over your lifetime to the present time.

Please try to give me the information as accurately as you can and remember that all information that you provide us is held strictly confidential. Please feel at ease to answer honestly and as best as you can as this is important information that only you can provide us for this research.

B1. Over the course of your lifetime have you ever had at least one drink of alcohol, beer, liquor, wine, or wine coolers, per month during a 12-month time period, or at least three drinks per day for at least three consecutive days (over a regular period of time)?

YES .....1 (QUESTIONS – SECTION C)

NO .....2 (END OF FORM)

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**NOTE: REFER TO ADMINISTRATIVE INSTRUCTIONS FOR COMPLETING SECTION C.**

**SECTION C: LIFETIME DRINKING HISTORY**

Phase	Age Range (YOUNG TO OLD)		Quantity (DRINKS/DAY) (IF c. Avg = 00, SKIP TO i.)		Freq. (DAYS PER MONTH)	Type (%) (TOTAL=100%)	Style (CIRCLE <u>ONE</u> )	Any Life Events that influenced drinking?  (IF NO,SKIP TO NEXTPHASE)	Perception of effect on your life COMPLETE EACH ITEM, 1-12, USING CODES: 1 = positive 2 = negative 3 = neutral 4 = did not occur	
	a.	b.	c.	d.	e.	f., g., h.	i.	j.	k.	
1.	From: _____ . _____	To: _____ . _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes .....1  No.....2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
2.	From: _____ . _____	To: _____ . _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes .....1  No.....2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
3.	From: _____ . _____	To: _____ . _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes .....1  No.....2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____

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Phase	Age Range		Quantity		Freq.	Type (%)	Style	Any Life Events that influenced drinking? (IF NO, SKIP TO NEXT PHASE)	Perception of effect on your life	
	(YOUNG TO OLD)		(DRINKS/DAY) (IF c. Avg = 00, SKIP TO i.)						COMPLETE EACH ITEM, 1-12, USING CODES: 1 = positive 2 = negative 3 = neutral 4 = did not occur	
4.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
5.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
6.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
7.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____

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	a.	b.	c.	d.	e.	f., g., h.	i.	j.	k.	
8.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
9.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____
10.	From: _____	To: _____	Avg.: _____	Max : _____	_____	f. beer _____ g. liquor _____ h. wine _____	abstinent ..... 1 occasional ... 2 weekend ..... 3 binge ..... 4 frequent ..... 5	Yes ..... 1  No ..... 2	1. Marital/Family _____ 2. Work _____ 3. School _____ 4. Medical _____ 5. Residence _____ 6. Legal/Jail _____	7. Financial _____ 8. Peer Group _____ 9. Drug Abuse _____ 10. Treatment _____ 11. Death _____ 12. Emotional _____