



## 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Find that you had to drink much more than you once did to get the effect you wanted?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Increase your drinking because the amount you used to drink didn't give you the same effect anymore?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) More than once WANT to stop or cut down on your drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) More than once TRY to stop or cut down on your drinking but found you couldn't do it?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

<p><b>(7)</b> Have a period when you ended up drinking more than you meant to?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(8)</b> Have a period when you kept on drinking for longer than you had intended to?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> 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><b>(9)</b> Have trouble falling asleep or staying asleep (when the effects of alcohol were wearing off)?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(10)</b> Find yourself shaking or your hands trembling?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(11)</b> Feel anxious or nervous?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(12)</b> Feel sick to your stomach or vomit (when the effects of alcohol were wearing off)?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(13)</b> Feel more restless than is usual for you?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(14)</b> Find yourself sweating or your heart beating fast?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(15)</b> See, feel, or hear things that weren't really there (when the effects of alcohol were</p>	<p>1 <input type="checkbox"/> Yes</p>

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

<p><b>(22)</b> 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 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(23)</b> Give up or cut down on activities that you were interested in or that gave you pleasure in order to drink?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(24)</b> 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 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(25)</b> Continue to drink even though you knew it was causing you a health problem or making a health problem worse?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(26)</b> 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 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(27)</b> Feel a very strong urge or desire to drink?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(28)</b> Want a drink so badly that you couldn't think of anything else?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(29)</b> Have a period when your drinking or being sick from drinking often interfered with taking care of your home or family?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

<p><b>(30)</b> 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 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(31)</b> Continue to drink even though it was causing you problems at school or at work?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(32)</b> More than once drive a car or other vehicle WHILE you were drinking?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(33)</b> Drive a car, motorcycle, truck, boat, or other vehicle and have an accident WHILE you were under the influence of alcohol?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(34)</b> More than once drive a car, motorcycle, truck, boat, or other vehicle AFTER having too much to drink?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(35)</b> 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 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(36)</b> Have arguments or problems with your spouse or partner or family or friends because of your drinking?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(37)</b> Continue to drink even though it was causing you trouble with your family or friends?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

(38) Get into physical fights while drinking or right after drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>3b. Did this happen in the last 12 months?</b>	
(2) Ride in a car as a passenger while you were drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) More than once get arrested, held at a police station, or have any other legal problems because of your drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Ride in a car or other vehicle WHILE the driver was drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

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