

## 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.

<p>1a. Now I'm going to ask you about some experiences you may have had with your drinking. As I read each experience, please tell me if this has ever happened to you.</p> <p>In your entire life did you EVER...(PAUSE)</p> <p>(Repeat phrase frequently)</p>					<p>b. Did this happen in the last 12 months?</p>	<p>c. Did this happen before 12 months ago, that is before last (Month one year ago?)</p>	<p>d.</p>	
<p>(1) Find that your usual number of drinks had much less effect on you than it once did?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B1</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>	<p>B1 (For Q1-Q4)</p> <p>1 <input type="checkbox"/> Had to drink much more to get an effect or drank the equivalent of a fifth of liquor</p>				
<p>(2) Find that you had to drink much more than you once did to get the effect you wanted?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B1</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>					
<p>(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</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B1</p> <p>2 <input type="checkbox"/> No - Go to next experience</p>					

beer in a single day?				
<b>(4)</b> 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 - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience	
<b>(5)</b> More than once WANT to stop or cut down on your drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience	B2 (For Q5-Q6) 1 <input type="checkbox"/> Wanted or tried to stop or cut down on your drinking
<b>(6)</b> 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 - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience	
<b>(7)</b> Have a period when you ended up drinking more than you meant to?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience	B3 (For Q7-Q8)
<b>(8)</b> Have a period when you kept on drinking for longer than you had intended to?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B1 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Drink more or longer than you meant to
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. Did you EVER...				

<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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience 2 <input type="checkbox"/> No - Go to next experience</p>	<p>For Q9-Q16</p>
<p><b>(10)</b> Find yourself shaking or your hands trembling?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience 2 <input type="checkbox"/> No - Go to next experience</p>	
<p><b>(11)</b> Feel anxious or nervous?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience 2 <input type="checkbox"/> No - Go to next experience</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience 2 <input type="checkbox"/> No - Go to next experience</p>	
<p><b>(13)</b> Feel more restless than is usual for you?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience 2 <input type="checkbox"/> No - Go to next experience</p>	
<p><b>(14)</b> Find yourself sweating or your heart beating fast?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in</p>	<p>1 <input type="checkbox"/> Yes - Go to next experience</p>	

	<i>experience</i>	<i>column c</i>	2 [ ] No - Go to next experience
(15) See, feel, or hear things that weren't really there (when the effects of alcohol were wearing off)?	1 [ ] Yes 2 [ ] No - Go to next experience	1 [ ] Yes 2 [ ] No - Mark "Yes" in column c	1 [ ] Yes - Go to next experience 2 [ ] No - Go to next experience
(16) Have fits or seizures?	1 [ ] Yes 2 [ ] No - Go to next experience	1 [ ] Yes 2 [ ] No - Mark "Yes" in column c	1 [ ] Yes - Go to next experience 2 [ ] No - Go to next experience
<b>Check Item 2.11</b> Are at least 2 items marked "Yes" in column b, items 9-16		1 [ ] Yes 2 [ ] No - SKIP to Check Item 2.12	
<b>(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?</b>			1 [ ] Yes 2 [ ] No
<b>Check Item 2.12</b> Are at least 2 items marked "Yes" in column c, items 9-16?		1 [ ] Yes 2 [ ] No - SKIP to (19)	
<b>(18) You (also/just) mentioned that you had SOME bad aftereffects when stopping or cutting down on drinking before 12 months ago. Did at least 2 of</b>			

these experiences happen around the same time BEFORE 12 months ago?				
1a. In your entire life did you EVER...(PAUSE) <i>(Repeat phrase frequently)</i>		b. Did this happen in the last 12 months?	c. Did this happen before 12 months ago, that is before last (Month one year ago)?	
(19) 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B4-2 2 <input type="checkbox"/> No	B4-2 (For Q19-Q20)  1 <input type="checkbox"/> Took a drink, medicine or drug to get over or avoid the bad aftereffects of drinking
(20) 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B4-2 2 <input type="checkbox"/> No	
(21) Have a period when you spent a lot of time drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B5 2 <input type="checkbox"/> No	B5 (For Q21-Q22)  1 <input type="checkbox"/> Spent a lot of time drinking or getting over being sick from drinking
(22) 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 - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B5 2 <input type="checkbox"/> No	

<p><b>(23)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B6 2 <input type="checkbox"/> No</p>	<p>B6 (For Q23-24)  1 <input type="checkbox"/> Gave up or cut down on activities that were important to you in order to drink</p>
<p><b>(24)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B6 2 <input type="checkbox"/> No</p>	
<p><b>(25)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B7 2 <input type="checkbox"/> No</p>	
<p><b>(26)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B7 2 <input type="checkbox"/> No</p>	<p>B7 (For Q25-Q27)  1 <input type="checkbox"/> Drank even though it affected your mood or health</p>
<p><b>(27)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B7 2 <input type="checkbox"/> No</p>	

<p><b>(28)</b> Feel a very strong urge or desire to drink?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B8 2 <input type="checkbox"/> No</p>	<p>B8 (For Q28-Q29)</p> <p>1 <input type="checkbox"/> Had a strong desire or urge to drink</p>
<p><b>(29)</b> Want a drink so badly that you couldn't think of anything else?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B8 2 <input type="checkbox"/> No</p>	
<p>1a. In your entire life did you EVER...(PAUSE) <i>(Repeat phrase frequently)</i></p>		<p>b. Did this happen in the last 12 months?</p>	<p>c. Did this happen before 12 months ago, that is before last (Month one year ago)?</p>	<p>d.</p>
<p><b>(30)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B9 2 <input type="checkbox"/> No</p>	<p>B9 (For Q30-Q32)</p> <p>1 <input type="checkbox"/> Were drunk or hung over when you were supposed to be doing something important</p>
<p><b>(31)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B9 2 <input type="checkbox"/> No</p>	

<p><b>(32)</b> Continue to drink even though it was causing you problems at school or at work?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B9 2 <input type="checkbox"/> No</p>	
<p><b>(33)</b> More than once drive a car or other vehicle WHILE you were drinking?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B10 2 <input type="checkbox"/> No</p>	<p><b>B10 (For Q33-Q36)</b>  [ ] 1 Were in a situation while drinking or after drinking where you could have been hurt</p>
<p><b>(34)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B10 2 <input type="checkbox"/> No</p>	
<p><b>(35)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B10 2 <input type="checkbox"/> No</p>	
<p><b>(36)</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 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B10 2 <input type="checkbox"/> No</p>	
<p><b>(37)</b> Have arguments or problems with your spouse or partner or family or friends because of your</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c</p>	<p>1 <input type="checkbox"/> Yes - Mark Box B11 2 <input type="checkbox"/> No</p>	<p><b>B11 (For Q37-Q39)</b>  [ ] 1 Drank even though it affected</p>



drinking?				your relationships with other people
(38) Continue to drink even though it was causing you trouble with your family or friends?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to next experience	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B11 2 <input type="checkbox"/> No	
(39) Get into physical fights while drinking or right after drinking?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Check Item 2.14	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Mark "Yes" in column c	1 <input type="checkbox"/> Yes - Mark Box B11 2 <input type="checkbox"/> No	
<b>Check Item 2.14</b> Are there <b>AT LEAST 2 BOXES</b> marked "Yes" for Boxes 1-3, (4-1 or 4-2), 5-11 in 1, column d?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3a2		
<b>2a. You mentioned that before 12 months ago, you...(Read ALL summary statements marked in Boxes B1, B2, B3, B4-1, B4-2, B5-B12 in 1, column d).</b>  <b>Before last (Month one year ago), was there EVER a period when SOME of these experiences were happening around the same time ON AND OFF FOR A FEW MONTHS OR LONGER?</b>		1 <input type="checkbox"/> Yes - SKIP to 2d 2 <input type="checkbox"/> No		
<b>b. Before last (Month one year ago), was there EVER a period when SOME of these experiences were happening around the same time MOST DAYS FOR AT LEAST A MONTH?</b>		1 <input type="checkbox"/> Yes - SKIP to 2d 2 <input type="checkbox"/> No		
<b>c. Before last (Month one year ago), was there EVER a time when SOME of these experiences happened within the same</b>		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3a2		

1-year period?	
d. About how old were you the <b>FIRST</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?	_____ Age
e. In your <b>ENTIRE LIFE</b> , how many separate periods like this did you have when <b>SOME</b> of these experiences were happening around the same time?  By separate periods, I mean times that were separated by at least 1 year when you <b>EITHER STOPPED</b> drinking entirely ( <b>PAUSE</b> ) <b>OR</b> you didn't have any of the experiences you mentioned with alcohol at all.	_____ Number
Check Item 2.15  Is number entered in 2e, 2 or more or unknown?	1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No - SKIP to 2h
2f. What was the <b>LONGEST</b> period you had when <b>SOME</b> of these experiences were happening around the same time?	_____ Month(s)  OR  _____ Year(s)
g. How old were you the <b>MOST RECENT</b> time <b>SOME</b> of these experiences <b>BEGAN</b> to happen around the same time?	_____ Age - <i>SKIP to Check Item 2.16</i>
h. How long did this period last when <b>SOME</b> of these experiences were happening around the same time?	_____ Month(s)  OR  _____ Year(s)

<p><b>Check Item 2.16</b></p> <p>Is at least 1 item marked in 1b, items (1)-(16), (19)-(27), or (30)-(39)?</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to 3a2</i></p> <p>2 <input type="checkbox"/> No</p>		
<p><b>2i. About how old were you when you FINALLY STOPPED having these experiences with alcohol? By finally stopped, I mean they never started happening again.</b></p>	<p>_____ Age</p>		
<p><b>3a. In your ENTIRE LIFE, did you EVER...(PAUSE)</b></p> <p><i>(Repeat phrase frequently)</i></p>	<p><b>b. Did this happen in the last 12 months?</b></p>	<p><b>c. Did this happen before 12 months ago, that is, before last (Month one year ago)?</b></p>	
<p><b>(2) Ride in a car as a passenger while you were drinking?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(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?</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>(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</b></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Go to next experience</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

under the influence of alcohol?			
<b>(5) More than once get arrested, held at a police station, or have any other legal problems because of your drinking?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to next experience</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>(6) Ride in a car or other vehicle WHILE the driver was drinking?</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Go to Check Item 2.16A</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Mark "Yes" in column c</i>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>Check Item 2.16A</b> Does Check Item 2.4A = 1 (did respondent ever drink at least 12 drinks in any year or 5+ drinks in a single day in any year)?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Protocol source: <https://www.phenxtoolkit.org/protocols/view/30502>