

PROMIS Item Bank v1.0 - Alcohol: Alcohol Use – Short Form 7a

Alcohol Use - Short Form 7a

Please respond to each item by marking one box per row.

The following questions ask about your alcohol use and behaviors.		Yes	No	Name:		
Alcohol Screener	In the past 30 days, did you drink any type of alcoholic beverage?	<input type="checkbox"/>	<input type="checkbox"/>	DOB:		
	In the past 30 days...	Never	Rarely	Sometimes	Often	Almost always
CONS01	I spent too much time drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CONS07	I drank heavily at a single sitting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CONS08	I drank too much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CRAC02	I drank more than planned.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CRAC07	I had trouble controlling my drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CRAC08	It was difficult for me to stop drinking after one or two drinks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
CRAC13	It was difficult to get the thought of drinking out of my mind	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

For office use only:

T-Score-