

# REDS SMOKING AND ALCOHOL QUESTIONNAIRE

### INSTRUCTIONS:

Place a check in the one box that best describes your answer to each question. Follow the arrow or instruction next to each answer.

To give an age or number, enter one number in each box, adding zero, as indicated.

EXAMPLE: 24 =       5 =

1. Have you smoked at least 100 cigarettes during your entire life?

YES

NO (Go to Question 3 on back of this page)



2. Have you ever smoked cigarettes on a regular basis?

YES →

2A. How old were you when you first started smoking cigarettes regularly?

NO       YEARS OLD

2B. Do you smoke cigarettes now?

YES

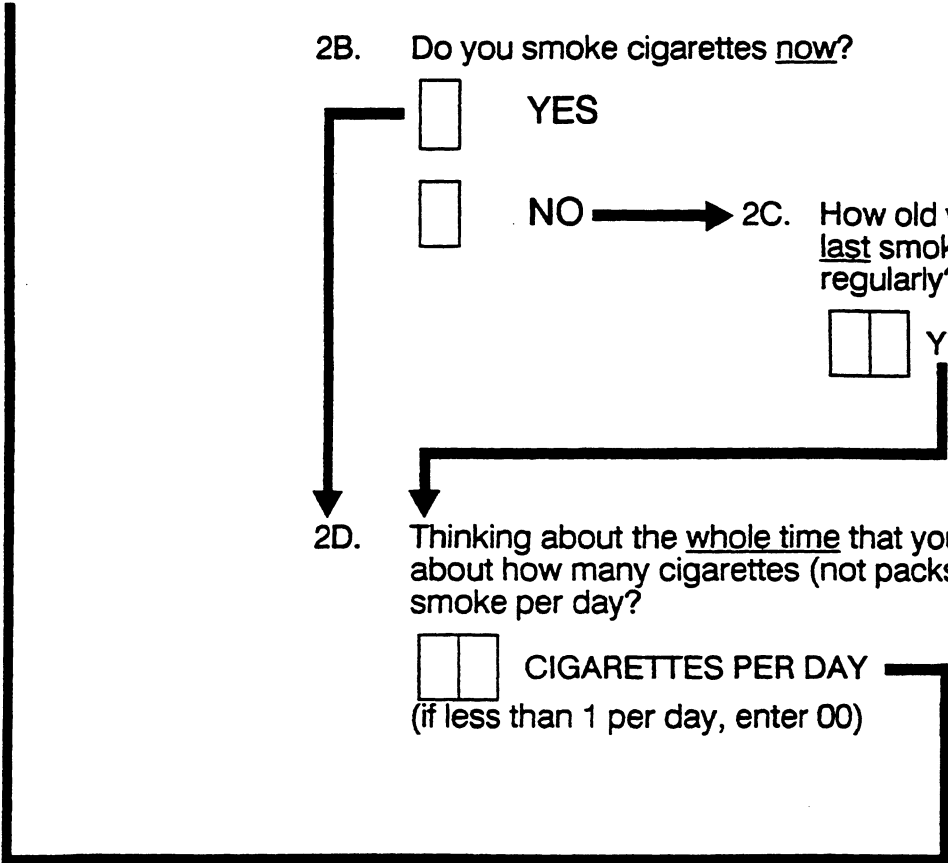
NO → 2C. How old were you when you last smoked cigarettes regularly?

YEARS OLD

2D. Thinking about the whole time that you have smoked, about how many cigarettes (not packs) would you usually smoke per day?

CIGARETTES PER DAY  
(if less than 1 per day, enter 00)

PLEASE TURN TO BACK OF THIS PAGE TO CONTINUE



3. The remaining questions ask about alcoholic beverages, such as beer, wine, or hard liquor. In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

YES

NO (Go to END)



4. Not counting small tastes, how old were you when you started drinking alcoholic beverages?

YEARS OLD

5. During the past month, have you had at least one alcoholic drink?

YES (Go to Question 6)

NO → 5A. How old were you the last time you had an alcoholic beverage?

YEARS OLD

6. Thinking about the whole time that you drank/have been drinking alcoholic beverages, about how many drinks per day, week, month, or year would you usually drink? (Fill in answer to only one time period).

NUMBER OF DRINKS PER DAY

NUMBER OF DRINKS PER WEEK

NUMBER OF DRINKS PER MONTH

NUMBER OF DRINKS PER YEAR

OR

I USUALLY DRINK/DRANK LESS THAN ONE DRINK PER YEAR

**END**

This completes the REDS questionnaire. Thank you very much for taking the time to complete this questionnaire. Please return it in the postage-paid envelope provided.