

Date Entered \_\_\_\_\_

Staff Initials \_\_\_\_\_

## COMBINE DRINKING QUESTIONNAIRE (DRQ Ver A)

Center		Participant #		Participant Initials		Week		Sequence
								01
		Date			Staff ID			
		mo.	/	da.	/	yr.		

1. In the past week, please rate how strong your desire to drink has been when something in the environment has reminded you of drinking (examples: seeing a beer ad, walking past the liquor section in the grocery store).

No desire Extremely strong

0            1            2            3            4

2. Please imagine yourself in the environment in which you previously drank alcohol (for example, a bar, a restaurant, or a particular room where you live.) If you were in this environment today and if it were the time of day that you typically drank, what is the likelihood that you would drink today?

Not at all I'm sure I would drink

0            1            2            3            4