GALLUP®

In order to ensure that the research represents a random sample of people living in the United States, please ask the person age 18 or older in your household who will have the next birthday to fill out this survey.

Please read each question carefully and answer each one honestly - there are no right or wrong answers. It is your opinion that counts. Your survey responses will be completely confidential. Please answer all questions to the best of your ability, though you may skip any question you do not feel comfortable answering.

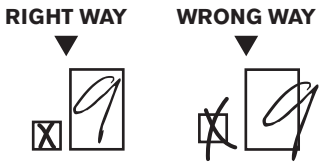
You may contact Gallup for support or questions by sending an email to galluppoll@gallupmail.com or by calling 1-888-297-8999.

SURVEY INSTRUCTIONS

Please carefully follow the steps below when completing this survey.

- Use only a blue or black ink pen that does not blot the paper
- Make solid marks inside the response boxes
- Do not make other marks on the survey

EXAMPLE



START HERE

The first questions ask how you feel about your quality of life, health, or other areas of your life. Please keep in mind your standards, hopes, pleasures and concerns. There are no right or wrong answers.

1 Thinking about the last month, how satisfied or dissatisfied are you with your overall health?

- ☐ Extremely satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied
- ☐ Don't know

2 How satisfied or dissatisfied are you with the conditions of the place where you live?

- ☐ Extremely satisfied
- ☐ Satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Dissatisfied
- ☐ Extremely dissatisfied
- ☐ Don't know

3 How often do you worry about having enough money to meet your everyday needs?

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know

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The next questions are about drinking alcohol drinks. As a reminder all of your answers will be kept completely confidential.

4 **Have you ever had a whole alcohol drink (more than a sip or a taste) with alcohol in it, such as beer, wine, liquor, or spirits?**

- ☐ Yes
- ☐ No → ***Skip to Question 28***
- ☐ Don't know → ***Skip to Question 28***

In the rest of this survey, we will say "alcohol drinks" when we mean "beverages or drinks with alcohol in them."

5 **During the last 12 months, did you have a whole drink (more than a sip or a taste) of any kind of alcohol beverage such as beer with alcohol; wine; champagne; or distilled spirits, either commercially produced or homemade?**

- ☐ Yes
- ☐ No → ***Skip to Question 28***
- ☐ Don't know → ***Skip to Question 28***

6 **During the last 12 months, how often did you have a whole alcohol drink, such as beer with alcohol, wine, liquor, or spirits?**

- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month
- ☐ Never
- ☐ Don't know

*Please refer to the **REFERENCE CARD FOR ALCOHOL DRINKS** on alcohol sizes to answer Questions 7-24 for each of the types of alcohol.*

7 **In the last 30 days, did you drink any beer, ale, or malt liquor with alcohol?**

- ☐ Yes
- ☐ No → ***Skip to Question 10***
- ☐ Don't know → ***Skip to Question 10***

8 **In the last 30 days, on how many days did you drink beer, ale, or malt liquor?**

- ☐☐ Number of days
- ☐ Don't know

9 **Please think about a typical day when you drank beer, ale or malt liquor during the last 30 days. How many BOTTLES, CANS, OR GLASSES did you usually drink on a day that you drank it?**

- ☐☐ Number of drinks
- ☐ Don't know

10 **In the last 30 days, did you drink any type of wine or champagne?**

- ☐ Yes
- ☐ No → ***Skip to Question 13***
- ☐ Don't know → ***Skip to Question 13***

11 **In the last 30 days, on how many days did you drink any type of wine or champagne?**

- ☐☐ Number of days
- ☐ Don't know

12 **Please think about a typical day when you drank wine or champagne during the last 30 days. How many GLASSES did you usually drink on a day that you drank it?**

- ☐☐ Number of drinks
- ☐ Don't know

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13 **In the last 30 days, did you drink any flavored alcohol beverages sold in cans or bottles, such as hard cider (e.g. Redd's® Apple Ale), hard lemonade, hard tea, ice beverages (e.g. Smirnoff Ice®), Lime-a-Rita®, or other pre-mixed spirits?**

- ☐ Yes
- ☐ No ➔ ***Skip to Question 16***
- ☐ Don't know ➔ ***Skip to Question 16***

14 **In the last 30 days, on how many days did you drink flavored alcohol beverages sold in cans or bottles, such as hard cider (e.g. Redd's® Apple Ale), hard lemonade, hard tea, ice beverages (e.g. Smirnoff Ice®), Lime-a-Rita®, or other pre-mixed spirits?**

☐☐ Number of days

☐ Don't know

15 **Please think about a typical day when you drank flavored alcohol beverages during the last 30 days. How many BOTTLES OR GLASSES did you usually drink on a day that you drank it?**

☐☐ Number of drinks

☐ Don't know

16 **In the last 30 days, did you drink any distilled spirits, such as vodka, gin, tequila, rum, whiskey, or brandy?**

- ☐ Yes
- ☐ No ➔ ***Skip to Question 19***
- ☐ Don't know ➔ ***Skip to Question 19***

17 **In the last 30 days, on how many days did you drink distilled spirits, such as vodka, gin, tequila, rum, whiskey, or brandy?**

☐☐ Number of days

☐ Don't know

18 **Please think about a typical day when you drank distilled spirits either alone or in mixed drinks during the last 30 days. How many DRINKS OR SHOTS did you usually drink on a day that you drank it?**

☐☐ Number of drinks

☐ Don't know

19 **In the last 30 days, did you drink any homemade alcohol - that is, alcohol not made in a factory, brewery, or winery - such as moonshine or home-brewed beer?**

- ☐ Yes
- ☐ No ➔ ***Skip to Question 22***
- ☐ Don't know ➔ ***Skip to Question 22***

20 **In the last 30 days, on how many days did you drink homemade alcohol - that is, alcohol not made in a factory, brewery, or winery - such as moonshine or home-brewed beer?**

☐☐ Number of days

☐ Don't know

21 **Please think about a typical day when you drank homemade alcohol during the last 30 days. How many GLASSES OR BOTTLES did you usually drink on a day that you drank it?**

☐☐ Number of drinks

☐ Don't know

22 **What was the greatest number of whole alcohol drinks that you had on any ONE day in the last 30 days?**

☐☐ Number of drinks

☐ Don't know

23 **On how many of the last 30 days, if any, did you have at least FOUR whole drinks of an alcohol beverage in a two-hour period?** ***(Enter 0 if none)***

☐☐ Number of days

☐ Don't know

24 **On how many of the last 30 days, if any, did you have at least SIX whole drinks of an alcohol drink in one day?** ***(Enter 0 if none)***

☐☐ Number of days

☐ Don't know

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25 **During the last 30 days, when you drank alcohol beverages, how often did you do each of the following?**

	Often	Sometimes	Rarely	Never	Don't know/ Unsure
a. Play drinking games	☐	☐	☐	☐	☐
b. Make plans ahead of time to avoid driving after drinking alcohol	☐	☐	☐	☐	☐
c. Alternate between drinking alcohol beverages and beverages without alcohol such as water, soda, or beer with no alcohol in it	☐	☐	☐	☐	☐
d. Eat before or while drinking alcohol	☐	☐	☐	☐	☐
e. Count your alcohol drinks	☐	☐	☐	☐	☐
f. Drink coffee or tea to sober up	☐	☐	☐	☐	☐
g. Take a shower to sober up	☐	☐	☐	☐	☐

26 **Now changing to think about just the last 7 days, on how many days did you have a whole alcohol drink (more than a sip or taste)?**

- ☐ 0 days → ***Skip to Question 28***
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 5 days
- ☐ 6 days
- ☐ 7 days
- ☐ Don't know/Unsure → ***Skip to Question 28***

27 **Thinking about just the days when you drank alcohol during the last 7 days, how many whole drinks did you USUALLY have on those days?**

☐☐ Number of drinks

☐ Don't know

EVERYONE ANSWER:

28 **How easy or hard would it be for you to find NON-alcohol beer to buy; that is beer brewed with no alcohol in it such as O'Douls®, Busch® NA, Beck's® NA, Coors® NA, Buckler®, or St. Pauli N.A.®?**

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Somewhat hard
- ☐ Very hard
- ☐ Don't know/Does not apply

29 **In the last 30 days, have you, personally, had a beer with NO alcohol in it, such as O'Douls®, Busch® NA, Beck's® NA, Coors® NA, Buckler®, or St. Pauli N.A.®?**

- ☐ Yes
- ☐ No → ***Skip to Question 33***
- ☐ Don't know → ***Skip to Question 33***

30 **In the last 30 days, on how many days did you drink any NON-alcohol beer, that is beer brewed with no alcohol in it?**

☐☐ Number of days

☐ Don't know

31 **Please think about a typical day when you drank NON-alcohol beer during the last 30 days. How many drinks of NON-alcohol beer did you usually have on a day when you drank it?**

☐☐ Number of drinks

☐ Don't know

32 **In the last 30 days, on how many days did you have both a drink with alcohol in it and a beer with no alcohol in it?**

☐☐ Number of days

☐ None

☐ Don't know

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The next questions are about your health.

33 **Have you talked about your health with a doctor, nurse, or other health care worker in the last 12 months?**

- ☐ Yes
- ☐ No ➔ ***Skip to Note before Question 37***

34 **During the last 12 months, did any doctor, nurse, or other health care worker ask you about, or have you fill out a form about, how much alcohol you drink?**

- ☐ Yes
- ☐ No ➔ ***Skip to Note before Question 37***

35 **During the last 12 months, did any doctor, nurse, or other health care worker advise you to reduce the amount of alcohol you drink or to stop drinking alcohol altogether, other than because you were starting a new medication or were pregnant?**

- ☐ Yes
- ☐ No ➔ ***Skip to Note before Question 37***

36 **As a result of being advised to reduce the amount or to stop drinking alcohol during the last 12 months, did you do any of the following?**

		Yes ▼	No ▼
a.	Reduce **how often** you drink alcohol	☐	☐
b.	Reduce **how much** alcohol you drink on those days when you do drink	☐	☐
c.	Eat more between drinks	☐	☐
d.	Alternate alcohol and non-alcohol drinks	☐	☐
e.	Drink more slowly	☐	☐
f.	Stop drinking entirely	☐	☐

IF YOU HAVE HAD A WHOLE DRINK OF ALCOHOL AT ANY TIME IN YOUR LIFE, PLEASE CONTINUE; OTHERWISE, SKIP TO QUESTION 39

37 **Have you ever received any counselling, medication, or other medical treatment to reduce or stop your use of alcohol?**

- ☐ Yes
- ☐ No ➔ ***Skip to Question 39***

38 **Did you receive that counselling treatment in the past 12 months?**

- ☐ Yes
- ☐ No

39 **Have you ever noticed any health warnings or information, either words or pictures, on a bottle or can of beer, about …?**

		Yes ▼	No ▼
a.	Driving after drinking	☐	☐
b.	Drinking while pregnant	☐	☐
c.	Underage drinking - that is, drinking before you can do so legally	☐	☐
d.	Health effects of drinking	☐	☐

40 **If an adult had too much to drink in a bar or restaurant, how likely is it that he/she would be refused service if he/she tried to buy another alcohol drink?**

Very likely ▼	Somewhat likely ▼	Somewhat unlikely ▼	Very unlikely ▼	Unsure ▼
☐	☐	☐	☐	☐

41 **If an adult were to drive after having too much to drink to drive legally, how likely is it that he/she would be stopped by the police?**

Very likely ▼	Somewhat likely ▼	Somewhat unlikely ▼	Very unlikely ▼	Unsure ▼
☐	☐	☐	☐	☐

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42 During the last 12 months, how often did you…?

	None/ 0 times	1-2 times	3-5 times	More than 5 times	Don't know/ Unsure
a. Discourage someone from driving who had too much to drink	☐	☐	☐	☐	☐
b. Ride in a car or other motor vehicle with a driver who had too much to drink	☐	☐	☐	☐	☐

43 How much do you think the following people would approve or disapprove if you were to have FOUR whole alcohol drinks in about a two-hour period?

	Strongly approve	Somewhat approve	Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove	Don't know
a. Your closest friend	☐	☐	☐	☐	☐	☐
b. Most adult members of your family	☐	☐	☐	☐	☐	☐

44 In the past 12 months, have you ever personally bought or tried to buy any alcohol?

☐ Yes
☐ No → ***Skip to Question 46***

45 In the past 12 months, how many times were you asked for age identification when you bought alcohol?

☐ Never
☐ Sometimes
☐ Most of the time
☐ Every time

46 To the best of your knowledge, what is the blood alcohol limit - that is, the percent of alcohol in your blood - at which it is illegal to drive a motor vehicle in your city?

☐ There is no legal limit
☐ Any alcohol at all
☐ .02
☐ .03
☐ .05
☐ .08
☐ .10
☐ Other
☐ Don't Know

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47 How much do you approve or disapprove of the following?

	Strongly approve	Somewhat approve	Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove	Don't know
a. Increasing police efforts to check if stores and bars sell alcohol to youth who are below the legal drinking age	☐	☐	☐	☐	☐	☐
b. Increasing police efforts to arrest adults who give or sell alcohol to underage youth	☐	☐	☐	☐	☐	☐
c. Increasing efforts by stores and bars to prevent sales of alcohol to underage youth by routinely checking IDs for all customers who look young	☐	☐	☐	☐	☐	☐
d. Attaching alcohol breathalyzers to the ignitions of cars owned by people with a history of driving while intoxicated, to keep them from starting their cars	☐	☐	☐	☐	☐	☐
e. Revoking someone's driver's license if they fail a breathalyzer test	☐	☐	☐	☐	☐	☐
f. Increasing police checkpoints to identify drivers who have been drinking	☐	☐	☐	☐	☐	☐
g. Increasing penalties for stopped drivers who refuse to take breathalyzer tests	☐	☐	☐	☐	☐	☐
h. Increasing high visibility police patrols to identify and stop intoxicated drivers	☐	☐	☐	☐	☐	☐

48 How much do you approve or disapprove of an adult…

	Strongly approve	Somewhat approve	Neither approve nor disapprove	Somewhat disapprove	Strongly disapprove	Don't know
a. Having **FIVE** whole alcohol drinks in a row?	☐	☐	☐	☐	☐	☐
b. Driving right after drinking **FOUR** whole alcohol drinks in row?	☐	☐	☐	☐	☐	☐

49 At any time in the past 12 months…

	Yes	No	Don't know/ Unsure
a. Have you felt you should cut down on your drinking?	☐	☐	☐
b. Have people annoyed you by criticizing your drinking?	☐	☐	☐
c. Have you felt bad or guilty about your drinking?	☐	☐	☐
d. Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover?	☐	☐	☐
e. Have you worried that you have a drinking problem?	☐	☐	☐

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50 **Have you heard that the city of Columbus is increasing drinking and driving enforcement on weekends during football season?**

- ☐ Yes
- ☐ No
- ☐ Don't know/Unsure

51 **Have you heard about the Columbus Lyft Safe Ride program, "Be A Designated Rider?"**

- ☐ Yes
- ☐ No
- ☐ Don't know/Unsure

52 **Do you have a valid driver's license?**

- ☐ Yes
- ☐ No

53 **Do you drive a motor vehicle?**

- ☐ Yes
- ☐ No → ***Skip to Note before Question 57***

54 **In the last 12 months how many times, if any, have you seen or heard about a sobriety checkpoint where police officers are stopping drivers to check for alcohol-impaired driving?**

- ☐ Never/0 times → ***Skip to Question 56***
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 or more times
- ☐ Don't know/Unsure → ***Skip to Question 56***

55 **What impact, if any, did seeing or hearing about a sobriety checkpoint have on the likelihood that you would drive after drinking?**

- ☐ Had no effect at all
- ☐ Made you a little less likely to drive after drinking
- ☐ Made you a lot less likely to drive after drinking
- ☐ Don't know/Unsure

56 **Have you done the following?**

	Yes ▼	No ▼	Don't know/ Unsure ▼
a. Ever been through a police sobriety checkpoint where police officers stop most drivers to check for alcohol-impaired driving	☐	☐	☐
b. Been stopped by the police for drinking and driving in the last 12 months	☐	☐	☐
c. Used an app or social media tool like WAYZ®, WhatsUp® or Twitter® to avoid police when you or another driver drove after drinking	☐	☐	☐

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IF YOU HAVE HAD A WHOLE DRINK OF ALCOHOL ANYTIME IN THE LAST 12 MONTHS, PLEASE CONTINUE; OTHERWISE, SKIP TO QUESTION 58.

57 **In the last 12 months, how many times, if any, have each of the following things happened to you while you were drinking?**

	None/ 0 times	1-2 times	3-5 times	More than 5 times	Don't know/ Unsure
a. You drove a car or other motor vehicle, like a motorcycle or scooter, after having too much to drink	☐	☐	☐	☐	☐
b. You hit, punched, slapped, or drew a weapon on someone	☐	☐	☐	☐	☐
c. You were hit, punched, slapped, or had a weapon drawn on you by someone	☐	☐	☐	☐	☐
d. You had an injury that required medical attention	☐	☐	☐	☐	☐
e. Someone sexually fondled or grabbed you without invitation	☐	☐	☐	☐	☐
f. You had unintended sex that you later regretted	☐	☐	☐	☐	☐
g. You sexually fondled or grabbed someone without invitation	☐	☐	☐	☐	☐
h. You had sex with someone who didn't want it	☐	☐	☐	☐	☐
i. You damaged someone's property	☐	☐	☐	☐	☐
j. You took something that didn't belong to you	☐	☐	☐	☐	☐
k. You were robbed	☐	☐	☐	☐	☐
l. You were arrested or had other legal problems	☐	☐	☐	☐	☐
m. You tried to commit suicide	☐	☐	☐	☐	☐

58 **Now, thinking about just the last 30 days, did you take/do any of the following to get high in the last 30 days?**

	Yes	No
a. A prescription drug to get high	☐	☐
b. Marijuana	☐	☐
c. Another drug, such as cocaine, heroin, or a club drug	☐	☐
d. Sniffing or "huffing" glue, gasoline, or other products	☐	☐

59 **What is your age in years?**

☐☐☐

60 **Do you consider yourself to be…**

☐ Male
☐ Female
☐ Something else

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61 How many persons age 21 or older live in your household?

☐☐

62 Are you of Hispanic, Latino, or Spanish origin?

- ☐ Yes
- ☐ No

63 What is your race? *(Mark all that apply)*

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaskan Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other

64 What is your current marital status?

- ☐ Single/Never been married
- ☐ Married or living in a marriage-like relationship
- ☐ Divorced or separated
- ☐ Widowed
- ☐ Other

65 Do you go to school or university now?

- ☐ Yes
- ☐ No

66 What is your highest completed level of education?

- ☐ Less than high school diploma
- ☐ High school degree or diploma
- ☐ Technical, trade, or vocational degree after high school
- ☐ Some college, but no degree
- ☐ Two-year associate degree
- ☐ Four-year bachelor's degree (e.g. BA, BS, AB)
- ☐ Some postgraduate work, but no degree
- ☐ Postgraduate or professional degree including master's, doctorate, medical, or law degree

67 Compared with other families in America, how rich or poor do you consider your family to be?

- ☐ Rich
- ☐ Above average
- ☐ A little above average
- ☐ About average
- ☐ A little below average
- ☐ Below average
- ☐ Poor
- ☐ Don't know

68 What is the highest completed level of education of the person who provides most of the income in your household?

- ☐ Less than high school diploma
- ☐ High school degree or diploma
- ☐ Technical, trade, or vocational degree after high school
- ☐ Some college, but no degree
- ☐ Two-year associate degree
- ☐ Four-year bachelor's degree (e.g. BA, BS, AB)
- ☐ Some postgraduate work, but no degree
- ☐ Postgraduate or professional degree including master's, doctorate, medical, or law degree

THANK YOU for taking the time to complete this survey.
Your opinions are important to us!

Please mail your completed survey to Gallup using the postage-paid Business Reply Envelope provided.

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