

STEP 1: BRIEF SCREENING

One Question Brief Screening Instrument

S. Do you drink alcohol? (i.e., beer, wine, or liquor? Yes/No

S1. When was the last time you had...
(Women: 4 or more/Men: 5 or more)... drinks in one day?

1. Never
2. More than 12 months ago
3. 3 – 12 months ago
4. Within the last 3 months — **POSITIVE SCREEN**

