Brief Stress and Coping Inventory

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Who You Are

Consider your life through 18 years of age, and then circle your answers.

Did you live with two parents (including stepparents)?
Yes (0)  No (1)

Did your parents’ divorce or permanently separate?
Yes (0)  No (1)

Did your mother die?
Yes (2)  No (0)

Did your father die?
Yes (2)  No (0)

Were you ever suspended from school?
Yes (1)  No (0)

Were you ever arrested by the police?
Yes (2)  No (0)

Did you have an alcohol and/or drug problem?
Yes (3)  No (0)

Were you physically, sexually, and/or emotionally abused?
Yes (3)  No (0)

Total 1: ________

How often were your parents emotionally supportive?
Rarely (2)  Sometimes (1)  Often (0)

How often did your family (close relatives) get together?
Rarely (2)  Sometimes (1)  Often (0)

Did your family attend religious services?
Rarely (2)  Sometimes (1)  Often (0)

How often did your parents argue?
Rarely (2)  Sometimes (1)  Often (0)

Did you get good grades in school?
Rarely (2)  Sometimes (1)  Often (0)

Did you participate in school activities (including sports)?
Rarely (2)  Sometimes (1)  Often (0)

Did you date?
Rarely (2)  Sometimes (1)  Often (0)

Did you have a wide circle of friends?
Rarely (2)  Sometimes (1)  Often (0)

Did you have interesting hobbies?
Rarely (2)  Sometimes (1)  Often (0)

Total 2: __________

Total 1 +total 2:_______
Recent life Changes

Circle those numbers next to those events which happened to you over the past year

<table>
<thead>
<tr>
<th>Health</th>
<th>Home and Family Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>An illness or injury which was</td>
<td>Spouse begins or stops work</td>
</tr>
<tr>
<td>Very serious</td>
<td>Change in arguments with spouse</td>
</tr>
<tr>
<td>Moderately serious</td>
<td>Problems with relatives or in-laws</td>
</tr>
<tr>
<td>Less than serious</td>
<td>Parents’ divorce</td>
</tr>
<tr>
<td></td>
<td>Parents remarry</td>
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<tr>
<td></td>
<td>Separation from spouse due to</td>
</tr>
<tr>
<td></td>
<td>Work or marital difficulties</td>
</tr>
<tr>
<td></td>
<td>Child leaves home</td>
</tr>
<tr>
<td></td>
<td>Relatives move in with you</td>
</tr>
<tr>
<td></td>
<td>Divorce</td>
</tr>
<tr>
<td></td>
<td>Birth of a grandchild</td>
</tr>
<tr>
<td></td>
<td>Death of a spouse</td>
</tr>
<tr>
<td></td>
<td>Death of a child</td>
</tr>
<tr>
<td></td>
<td>Death of a parent or sibling</td>
</tr>
<tr>
<td>Work</td>
<td>Parents remarry</td>
</tr>
<tr>
<td>Change to a new type of work</td>
<td>Separation from spouse due to</td>
</tr>
<tr>
<td>Change in your work condition</td>
<td>Work or marital difficulties</td>
</tr>
<tr>
<td>Change in work responsibilities</td>
<td>Child leaves home</td>
</tr>
<tr>
<td>Taking courses to help you</td>
<td>Relatives move in with you</td>
</tr>
<tr>
<td>Troubles at work</td>
<td>Divorce</td>
</tr>
<tr>
<td>Major business readjustment</td>
<td>Birth of a grandchild</td>
</tr>
<tr>
<td>acqnit your job</td>
<td>Death of a spouse</td>
</tr>
<tr>
<td>Retirement</td>
<td>Death of a child</td>
</tr>
<tr>
<td></td>
<td>Death of a parent or sibling</td>
</tr>
<tr>
<td></td>
<td>Personal and Social</td>
</tr>
<tr>
<td></td>
<td>Change in personal habits</td>
</tr>
<tr>
<td></td>
<td>Beginning or ending of school</td>
</tr>
<tr>
<td></td>
<td>Change of school or college</td>
</tr>
<tr>
<td></td>
<td>Change in political beliefs</td>
</tr>
<tr>
<td></td>
<td>Change in religious beliefs</td>
</tr>
<tr>
<td></td>
<td>Change in social activities</td>
</tr>
<tr>
<td></td>
<td>Vacation</td>
</tr>
<tr>
<td></td>
<td>New, close, personal relationships</td>
</tr>
<tr>
<td></td>
<td>Engagement to marry</td>
</tr>
</tbody>
</table>

- Health
  - An illness or injury which was 74
  - Very serious 44
  - Moderately serious 20
  - Less than serious

- Work
  - Change to a new type of work 51
  - Change in your work condition 35
  - Change in work responsibilities 41
  - Taking courses to help you 18
  - Troubles at work 32
  - Major business readjustment 60
  - Acquit your job 74
  - Retirement 62

- Home and Family
  - Change in residence 40
  - Major change in living conditions 42
  - Change in family get-together 25
  - Major change in health or behavior of family member 55
  - Marriage 50
  - Pregnancy 67
  - Miscarriage or abortion 65
  - Birth/ adoption of a child 66

- Home and Family Continued
  - Spouse begins or stops work 46
  - Change in arguments with spouse 50
  - Problems with relatives or in-laws 38
  - Parents’ divorce 59
  - Parents remarry 50
  - Separation from spouse due to
    - Work or marital difficulties 79
    - Child leaves home 42
    - Relatives move in with you 59
    - Divorce 96
    - Birth of a grandchild 43
    - Death of a spouse 119
    - Death of a child 123
    - Death of a parent or sibling 101

- Personal and Social
  - Change in personal habits 26
  - Beginning or ending of school 38
  - Change of school or college 35
  - Change in political beliefs 24
  - Change in religious beliefs 29
  - Change in social activities 27
  - Vacation 24
  - New, close, personal relationships 37
  - Engagement to marry 45
### Personal and social continued

<table>
<thead>
<tr>
<th>Event</th>
<th>Circled Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal relationship problems</td>
<td>39</td>
</tr>
<tr>
<td>Sexual difficulties</td>
<td>44</td>
</tr>
<tr>
<td>An accident</td>
<td>48</td>
</tr>
<tr>
<td>Minor violation of the law</td>
<td>20</td>
</tr>
<tr>
<td>Being held in jail</td>
<td>75</td>
</tr>
<tr>
<td>Major decision about your future</td>
<td>51</td>
</tr>
<tr>
<td>Major personal achievement</td>
<td>36</td>
</tr>
<tr>
<td>Death of a close friend</td>
<td>70</td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Event</th>
<th>Circled Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major loss of income</td>
<td>60</td>
</tr>
<tr>
<td>Major increase in income</td>
<td>38</td>
</tr>
<tr>
<td>Loss of or damage to personal property</td>
<td>43</td>
</tr>
<tr>
<td>Major purchase</td>
<td>37</td>
</tr>
<tr>
<td>Minor purchase</td>
<td>20</td>
</tr>
<tr>
<td>Credit difficulties</td>
<td>56</td>
</tr>
</tbody>
</table>

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Total of circled number: ______________________
## Physical Symptoms

Indicate whether you have experienced any of the following conditions over the past year.

### Respiratory

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you suffered from a stuffy nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your throat been sore or infected?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have asthma or hay fever?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Gastrointestinal

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was your stomach frequently upset?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was constipation or diarrhea a problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were hemorrhoids a problem?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cardiovascular

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your heartbeat been irregular?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had any heart pain?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General Health

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you under or over weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been in poor health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been feeling exhausted</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Musculoskeletal

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have your muscle been stiff or painful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you bothered by back pain?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have tension headaches?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Neurological

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you suffer from migraines headaches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have numbness or tingling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had dizzy spells?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Genitourinary

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were there kidney or bladder problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women menstrual difficulties?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men prostrate problems?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dermatological

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your skin itch frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have skin allergies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had you have hives or rashes?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total of yes answers:
Psychological Symptoms

Indicate whether you have experienced any of the following conditions over the past year.

**Anxiety**
- Have you been anxious recently?  Yes  No
- Have stresses gotten on your nerves?  Yes  No
- Were you ever suddenly fearful?  Yes  No
- Did you have many troubling thoughts?  Yes  No
- Were you more easily upset than usual?  Yes  No
- Did you have trouble sleeping?  Yes  No

**Depression**
- Have you been feeling sad and alone?  Yes  No
- Have you been unhappy and joyless?  Yes  No
- Has your weight changed a lot?  Yes  No
- Has your sexual interest declined?  Yes  No
- Did your life look entirely hopeless?  Yes  No
- Were there kidney or bladder problems?  Yes  No
- Did you wish you were dead?  Yes  No

Total of Yes answers:_______________________
# Behavior and emotions

Circle your answer.

## Work behavior

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you work a lot of overtime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you concentrate intensely?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you unable to delegate task to others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you always have to do a job “right”?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Speed

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you walk talk and/or drive fast?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you often pressed for time?</td>
<td></td>
<td></td>
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<tr>
<td>Are you a very competitive person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you get angry in slow traffic?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Outlook

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you rarely happy and contented?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel out of control over your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you frequently take risks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you frequently feel helpless?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Assertion

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it hard for you to stand up for yourself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you rarely able to say what you want?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do others tend to take advantage of you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If ridiculed, do you just take it?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Emotions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When angry, do you usually “keep it inside”?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When unhappy, do you seldom tell anyone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you become angry do you feel guilty later?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you generally hide your emotions?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Social

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you usually avoid conflicts with others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it hard for you to ask for favors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you put off making difficult decisions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you rarely get into arguments?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Total of Yes answers: ______________________
## Health Habits

Circle your answers

### Substance use

**Do you smoke cigarettes?**
- Yes (0)
- No (2)

**Do you have more than 7 drinks per week**
- Yes (0)
- No (2)

**Do you use recreational drugs?**
- Yes (0)
- No (2)

**Are you concerned about your use of medication?**
- Yes (0)
- No (2)

### Diet

**Do you play close attention to what and how much you eat**
- Yes (1)
- No (0)

**Do you eat your meals in pleasant surroundings**
- Yes (1)
- No (0)

**Do you eat your meals slowly and calmly**
- Yes (1)
- No (0)

### Exercise

**Does your work or home life require some exercise**
- Yes (1)
- No (0)

**Do you exercise moderately and regularly**
- Yes (1)
- No (0)

**Do you exercise vigorously and regularly**
- Yes (2)
- No (0)

### Pace

**Are you in control over the pace of your life**
- Yes (2)
- No (0)

**Do you feel that you maintain sufficient reserve energy**
- Yes (1)
- No (0)

**Do you get enough sleep**
- Yes (2)
- No (0)

**Total of points circled:**

---

---
**Social Support**

Circle your answers:

When troubled I keep things to myself  Rarely (2)  Sometimes(1)  Often(0)

There are several people with whom I spend time.  Rarely (0)  Sometimes(1)  Often(2)

I feel I am on the fringe of my circle of friends  Rarely (2)  Sometimes(1)  Often(0)

I have friends who will always support me  Rarely (0)  Sometimes(1)  Often(2)

I feel no one exists to whom I can tell my private concerns.  Rarely (2)  Sometimes(1)  Often(0)

I frequently feel lonely  Rarely (2)  Sometimes(1)  Often(0)

I participate in several social groups  Rarely (0)  Sometimes(1)  Often(2)

I get invited to do interesting things with others.  Rarely (0)  Sometimes(1)  Often(02)

Total of points circled:____________

**Response to Stress**

Blame myself for my problems  Rarely(2)  Sometimes(1)  Often(0)

Focus on something good that will come from situations  Rarely(0)  Sometimes(1)  Often(2)

Wish the situation would go away  Rarely(2)  Sometimes(1)  Often(0)

Try to forget the whole thing  Rarely(2)  Sometimes(1)  Often(0)

Make a plan for action  Rarely(0)  Sometimes(1)  Often(2)

Change or grow as a person in a good way  Rarely(0)  Sometimes(1)  Often(2)

Criticize or lecture myself  Rarely(2)  Sometimes(1)  Often(0)

Ignore the problem  Rarely(2)  Sometimes(1)  Often(0)

Ask someone I respect for advice.  Rarely(0)  Sometimes(1)  Often(2)

Wish that I could change how I feel.  Rarely(2)  Sometimes(1)  Often(0)

Total of points circled:__________________
Current Life Situation

<table>
<thead>
<tr>
<th>Category</th>
<th>Rarely(0)</th>
<th>Sometimes(1)</th>
<th>Often(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleased with my state of health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unhappy with my work situations</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
<tr>
<td>Happy with my level of job security</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>Dissatisfied with my boss(es)</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
<tr>
<td>Satisfied with my personal relationships</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>Concerned with family problem</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
<tr>
<td>Satisfied with my financial situation</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>Dissatisfied with my current housing and neighborhood</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
</tbody>
</table>

Total of points circled: ____________________

Purpose and Connection

<table>
<thead>
<tr>
<th>Category</th>
<th>Rarely(0)</th>
<th>Sometimes(1)</th>
<th>Often(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel my life is part of some larger plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My life has no direction and meaning</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
<tr>
<td>Many things in life give me great joy</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>I am able to forgive myself and others</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>I doubt that my life makes a difference</td>
<td>Rarely(2)</td>
<td>Sometimes(1)</td>
<td>Often(0)</td>
</tr>
<tr>
<td>My values and beliefs guide me daily</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>I feel in tune with people around me</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
<tr>
<td>I am in peace with my place in life</td>
<td>Rarely(0)</td>
<td>Sometimes(1)</td>
<td>Often(2)</td>
</tr>
</tbody>
</table>

Total of points circled: ___________
### Stress totals

Circle the stress points which match your totals for each session who you are:

#### 0-2  3-7  8-12  13+

<table>
<thead>
<tr>
<th>Stress points:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

#### Recent life changes

<table>
<thead>
<tr>
<th>Stress points:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

#### Physical symptoms

<table>
<thead>
<tr>
<th>Stress points:</th>
<th>0</th>
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#### Psychological symptoms

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#### Behavior and emotions

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</thead>
</table>

The sum of your five circled stress points equals your TOTAL STRESS SCORE: _______
Coping total
Circle the coping points which match your totals for each session

Health habits:

<table>
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<tr>
<th></th>
<th>0-9</th>
<th>10-12</th>
<th>13-16</th>
<th>17-20</th>
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Social support

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<th>8-10</th>
<th>11-13</th>
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responses to stress

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Current life satisfactions

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Purpose and connection

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The sum of your five circled coping points equals your TOTAL COPING SCORE:______________

STRESS AND COPING BALANCE

Record your TOTAL COPING SCORE:______________

Record your TOTAL STRESS SCORE:______________

Find the DIFFERENCE between your TOTAL COPING SCORE and your TOTAL STRESS SCORE:______________

WORRISOME: -15 TO -5       FAIR: -4 TO -1       GOOD: 0 TO +4       EXCELLENT: +5 TO +15
This questionnaire is designed to obtain information about your behavior related to consumption of alcohol. There is no right or wrong answers and the data obtained shall be used strictly for research purpose. All information shall be confidential. Please answer with details or indicate by placing a tick mark (    ) in the appropriate column for the response most true to you. Every question is self-explanatory and any clarification shall be obtained from the interviewer.

1. **Monthly income**: > 40,000 ( ); <30,000 ( ); < 20,000 ( ) <10,000 ( )

2. **I live with**:
   - Both my parents ( )
   - Single parent ( )
   - Spouse ( )
   - Partner ( )
   - On my own ( )
   - Relative ( )
   - Hostel ( )
   - Others- pls specify.__________________________

3. **In my family alcohol is served as a beverage drink for social functions**
   **Such as**: (tick mark all those that are appropriate to you).
   - Visit of friends and other guest. ( )
   - Birthday or anniversary parties. ( )
   - Weddings ( )
   - Picnics ( )
   - Dances ( )
   - Concert ( )
   - Social events ( )
   - Sunday/ holidays ( )

4. **In my family alcohol is served as a beverage drink for religious functions** ?(tick mark more than one) **Such as**:
5. Do you go out with your friends? Yes ( ), No ( )

If Yes how often

- Every day ( )
- Once a week ( )
- Twice a week ( )
- Once a month ( )
- Twice a month ( )
- Once in six months ( )
- Christmas and special occasions ( )

6. Are drinks served at such get-togethers? Yes ( ), No ( )

7. Approximate number or percentage of friends who are non drinkers ______ Drinkers ______

8. Do your parents and other relatives in your family drink? (tick mark for each of the following):

Father

- Every day ( )
- Twice a week ( )
- Once a week ( )
- Twice a month ( )
- Once a month ( )
- Once in six months ( )
- Christmas and special occasions ( )
- Never drink ( )
- Given up ( )

Mother

- Every day ( )
- Twice a week ( )
- Once a week ( )
- Twice a month ( )
- Once a month ( )
- Once in six months ( )
- Christmas and special occasions ( )
- Never drink ( )
- Given up ( )

**Spouse**

- Every day ( )
- Twice a week ( )
- Once a week ( )
- Twice a month ( )
- Once a month ( )
- Once in six months ( )
- Christmas and special occasions ( )
- Never drink ( )
- Given up ( )

**Brother. (If more than one pls specify details) Brother 2/ Brother 3**

- Every day ( )
- Once a week ( )
- Twice a week ( )
- Once a month ( )
- Twice a month ( )
- Once in six months ( )
- Christmas and special occasions ( )
- Never drink ( )
- Given up ( )

**Sister. (If more than one pls specify details) Sister 2 / Sister 3**

- Every day ( )
- Once a week ( )
- Twice a week ( )
- Once a month ( )
- Twice a month ( )
- Once in six months ( )
- Christmas and special occasions ( )
- Never drink ( )
- Given up ( )
9. How old were you when you had your first alcoholic drink? Not just a sip, a real drink - AGE __________

10. Who introduced you to drinking: Family ( ), Friend ( ), Relative ( ), Stranger ( )

And for what reason:

Health ( ) Pleasure ( ) Peer pressure ( ) Problem at home ( )

11. Which is the drink that you enjoy the most and drink often? (tick mark more than one)
   - Beer ( )
   - Wine ( )
   - Alcohol pops like breezer ( )
   - Sprits ( ), please specify - __________

12. Where do you usually drink? ?(tick mark more than one)
   - Home ( )
   - Pub/ restaurant ( )
   - Disco ( )
   - Party ( )
   - Other ( ) Please specify------------------
   - Non-drinkers ( )

13. I drink to give company to my spouse/ partner/ friend?

   Yes ( ) No ( )

14. If you have an alcoholic drink who usually buys it for you (tick mark more than one)
   - Parents ( )
   - Spouse / partner ( )
   - Friends ( )
   - Relative ( )
   - On my own ( )

15. If you decide to have an alcoholic drink on your own where do you usually buy it? (tick mark more than one)
16. It is acceptable when I refuse a drink at a party where all my friends are drinking. - (I am not forced by my friends to drink when I choose not to)

Yes ( ) No ( )

17. Do you drink when you are sad?  Yes ( ) No ( )

18. Are you sad often?  Yes ( ) No ( )

19. Have you ever drunk in the quiet  Yes ( ) No ( )

20. If Yes how often?
   - Every day ( )
   - Once a week ( )
   - Twice a week ( )
   - Once a month ( )
   - Twice a month ( )
   - Once in six months ( )
   - Christmas and special occasions ( )

21. What is your behavior after drinking 90 mls of (whisky/rum) 03 glasses of beer or wine?
   - No change in behavior ( )
   - Feel light in the head ( )
   - Loosen up talk aloud, laughter ( )
   - Drop inhibitions ( )
   - Get into a debate/argument. ( )
   - Others pls specify________________

22. Have you experienced drunkenness more than once during the last year?
   Yes ( ) No ( )

If yes please tick the symptoms you have experienced
• Felt Heavy ( )
• Vomited ( )
• Felt Dizzy Or Faint ( )
• Seen And Heard Everything In A Confused Way ( )
• Had A Real Bad Headache ( )
• Start a fight or an argument with a friend or become aggressive at a Meeting or sports match or start smashing things ( )
• Sleepy ( )
• Out Of Control ( )
• Been Afraid To Go Home ( )
• Take Something That Does Not Belong To You ( )
• Combination Of All Symptoms ( )
• Trouble With The Police ( )
• Others. Pls Specify______________

23. How often during the last year have you failed to do what was normally expected from you because of drinking?
• Never ( )
• Less than monthly ( )
• Monthly ( )
• Weekly ( )
• Daily or almost daily ( )

24. What made you increase your drinking??
   (Problems)
   What type of problems??

25. If you are stressed how do you cope with it?

26. I pray to a higher power than myself and consider myself religious:
   Never ( ) Sometimes ( ) Most often ( ) Regularly ( )

27. How often during the last year (or prior to rehab) have you needed a first drink in the morning to get yourself going after a heavy drinking session?
• Never ( )
• Less than monthly ( )
• Monthly ( )
• Weekly ( )
• Daily or almost daily ( )

28. How often during the last year (or prior to rehab) have you had a feeling of guilt or remorse after drinking?
• Never ( )
• Less than monthly ( )
• Monthly ( )
• Weekly ( )
• Daily or almost daily ( )

29. How often during the last year have (or prior to rehab) you been unable to remember what happened the night before because you had been drinking?
• Never ( )
• Less than monthly ( )
• Monthly ( )
• Weekly ( )
• Daily or almost daily ( )

30. Experience of hangover events more than once during the last year (or prior to rehab.)

Yes ___________ no ______________

Events after drinking
• Feeling so ill that you missed a whole or half a day at work/school/College ( )
• or any other event ( )
• Unable to remember parts of the evening ( )
• Feeling anxious because of involvement with a member of opposite sex ( )
• Combination of all symptoms ( )
• others .pls specify______________

31. Have you or someone else been injured as a result of your drinking?

No ( )
Yes, but not in the last year ( )
Yes, during the last year ( )

32. How often during the last year have you found that you were not able to stop drinking once you had started?
• Never ( )
• Less than monthly ( )
• Monthly ( )
• Weekly ( )
• Daily or almost daily ( )

36. How many years before you realized that you were drinking at high risk levels?
   Age of Initiation_________low risk___________high risk___________dependency___________addiction and rehab.___________

37 Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
   • No ( )
   • Yes, but not in the last year ( )
   • Yes, during the last year ( )

38 Have you ever tried to stop dinking?   Yes ( ), No ( )

If No why? Please specify. __________________

If Yes how?
   • On your own ( )
   • Approaching a relative / friend ( )
   • Professional support ( )

39 Reason for trying to stop
   • Health problems ( )
   • Crisis situations ( )
   • Family pressures ( )
   • Religious interventions ( )
   • Social pressures ( )
   • Others. Pls specify______________________________

40 Was it easy for you to seek help?

   Yes ( ) No ( )
41 If No Why? *(tick mark more than one)*
- Lack of information ( )
- Feeling ashamed ( )
- Fear ( )
- No social support ( )
- Financial difficulties ( )

42 What made you seek help?

43 What stops people from seeking help?

44 Have you ever relapsed?
Yes ( ) No ( )

45 What made you go back to drinking?

46 Has any family member been admitted for rehabilitation/ AA or alcohol related ailment?
Yes ( ) No ( )

If Yes tick the appropriate column
- Father ( )
- Mother ( )
- Brother ( )
- Sister ( )
- Spouse ( )
- Uncle ( )
- Aunt ( )
- Cousin ( )
- Any Other Please Specify _________
47 Are you aware of any rehabilitation center or AA (alcoholic anonymous)? How did you come to know about them?
   • In Goa (please specify) ________________
   • Other state (please specify) - ____________

48 Do you think that there is an increase of number of women and youth consuming alcohol?
   Yes ( ) No ( )

   Why __________________________________________________________________________

49 Do you agree that in our society there is a denial about alcohol consumption and its effects?
   Yes ( ) No ( )

50 Do you agree that we have a tendency to under report the quantity we drink
   Yes ( ) No ( )

51 Do you agree that a statutory warning should be printed about alcohol consumption?
   Yes ( ) No ( )

   If Yes where
   • At bars/ liquor stores. ( )
   • On bottle ( )
   • Others pls specify ( )

   If No why? ______________________________
Any Suggestions: