



**If you are 16 years of age and over, please answer the following questions, we will be unable to complete registrations if this information is not completed.**

**Date of birth:**

**Name:**

- How often do you have a drink containing alcohol?
1. Never
  2. Monthly or less
  3. 2 to 4 times a MONTH
  4. 2 to 3 times a WEEK
  5. 4 or more times a WEEK

- How many drinks containing alcohol do you have on a typical day when you are drinking?
1. 1 to 2 drinks
  2. 3 to 4 drinks
  3. 5 to 6 drinks
  4. 7 to 8 to 9 drinks
  5. 10 or more drinks

- How often do you have six or more drinks on one occasion?
1. Never
  2. Less than monthly
  3. Monthly
  4. Weekly
  5. Daily or almost daily