The Wall Community Alliance "For the Prevention of Drug and Alcohol Abuse"

Older Adult Survey

This voluntary survey will take a few minutes to complete. Your response will help guide us in fulfilling our mission to engage the residents of Monmouth County in the process of reducing substance abuse in our communities.

For the following questions, count as a drink-a can or bottle of beer, a glass of wine, a shot of liquor or a mixed drink. A 40oz bottle of beer counts as 4 drinks

Have you ever, even once, had a drink of any type of alcoholic beverage? Have you ever had twelve or more drinks in the same year? How long has it been since you last drank an alcoholic beverage? # of days During the most recent times you were drinks an average month did you have at least one drink? At any time in your life, have you ever, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up? We have you ever thought that you might have a problem with alcohol? In the past 12 months, have you ever driven a motor vehicle within two hours after drinking alcoholic beverages? No Don't Know Refused More than 3 More than 12 months than 3 years ago Worth than 3 Don't know Pon't know Refused No Yes Don't Know Refused No Pes Don't Know Refused No Don't Know	drink. A 40oz bottle of beer counts as 4 drinks						
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motor vehicle within two hours after drinking							
alcoholic beverages?							
	alcoholic beverages?						

Continued						
Continued	# of	Don't	Not			
	Times	Know	Applicable			
How many times in the past 12 months have						
you driven within two hours after drinking						
any alcohol?						
In the past 30 days, how many times have you						
driven within two hours after drinking						
alcohol?						
About how many times in the past 12 months						
did you drive when you thought you were						
over the legal limit for alcohol?						
TOBACCO	# of	Don't	Don't	Refused		
	cigarettes	Know	smoke			
	per day					
During the past 30 days, how many cigarettes						
did you smoke per day, on average?						
PRESCRIPTION & STREET DRUGS	Yes	No	Take it as	Yes	No	Refused
Which of the following substances have you used			prescribed			
at least five times in your life?			by a			
			doctor?			
Barbiturates such as Phenobarbital(Meboral),						
Seconal, Luminol						
Tranquilizers such as Xanax or Valium						
Severe pain-Vicodin						
Pain suppressant such as Codeine, Demerol or						
other opiates						
Oxycodone						
Methadone						
	Yes	No	If yes,			
			how?			
Do you secure your prescription medications?						
	Yes	No	Refused			
Do you share medication with friends or						
family?						
Do you count your medication when you pick						
it up from the pharmacy?						
	# of	Don't	Refused			
	times	Know				
How many times in the last 30 days have you						
mixed prescription drugs with alcohol?						
During the past 12 months, have you driven a						
car after taking medication, that can impair						
your driving?			<u> </u>			

DEMOGRAPHICS

What year were you born?

Gender:	Female	Male	Transgender

Level of	No	K-	9-	12th no	High	Some	Associate	Bachelors	Masters	Doctorate
Education	schooling completed	8	11	diploma	School graduate, GED	college	Degree	Degree	Degree	

Marital Status	Single	Married	Divorced	Widowed	Civil Union	Domestic Partnership	Separated

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n.	ce/Et		~:4
кя	CE/ H.	nnı	CHV

Caucasian
Black/African American
Latino/Hispanic
Asian
Native/American
Other

Thank you for participating in this anonymous survey, your input is essential in designing programs to keep our communities' safe and drug free.

Please return survey to: The Wall Community Alliance

PO Box 1575 Wall, NJ 07719

Or

e-mail to kmeyler@townshipofwall.com