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?	Yes	No	Don't Know	Refused		
Have you ever had twelve or more drinks in the same year?						
How old were you the first time you had a drink of an alcoholic beverage?						
	Within 30 days	Less than 12 months	More than 12 months	More than 3 years ago	Don't Know	Refused
How long has it been since you last drank an alcoholic beverage?						
	# of days	Don't know	Refused			
During the most recent times you were drinking, on how many days during an average month did you have at least one drink?						
During this same time, about how many drinks a **day** have you usually had when you drank?						
	No	Yes	Don't Know	Refused		
At any time in your life, did you ever have 4 or more drinks on the same occasion? (meaning within several hours)						
	# of days	Don't Know	Refused			
In the past 30 days, on how many days did you have 4 or more drinks on the same occasion?						
	Yes	No	Don't Know	Refused		
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?						
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?						

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	# of Times	Don't Know	Not 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 cigarettes per day	Don't Know	Don't smoke	Refused		
During the past 30 days, how many cigarettes did you smoke per day, on average?						
PRESCRIPTION & STREET DRUGS *Which of the following substances have you used at least five times in your life?*	Yes	No	Take it as prescribed by a doctor?	Yes	No	Refused
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 times	Don't Know	Refused			
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?						

DEMOGRAPHICS

What year were you born?	

Gender:	Female	Male	Transgender
	☐	☐	☐

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

Marital Status	Single	Married	Divorced	Widowed	Civil Union	Domestic Partnership	Separated

Race/Ethnicity

☐ 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