67. The next few questions are about your experiences with alcoholic beverages, medications, and drugs. Please remember that all the information you give me is confidential, and that these questions are necessary to obtain a complete understanding of your health history. Let's begin with alcoholic beverages.

Have you, over your lifetime, consumed a total of 20 or more alcoholic drinks?

Yes 1

No *(Skip to Q.71a)* 2

Don't know/Can't recall (Skip to Q.71a) *8*

68a. On how many days of the past 30 days would you say you drank any beer? *(Encourage estimate if unsure.)*

_____ days

None (Skip to Q.69a) . . *00*

Don't know *98*

Refused *99*

b. On a typical day when you drank beer, how many 12-ounce cans, bottles, or glasses did you drink? *(Encourage estimate if unsure.)*

_____ 12-oz. servings

Don't know *98*

Refused *99*