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Risk Awareness and Perceived Susceptibility Involving Alcohol Consumption in College Athletes

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1. Statement of the Problem

It is well known and documented in multiple studies that alcohol has a significant presence in college life. Studies have shown that college students drink on average more than their peers who do not attend college¹, and 40% of college students partake in binge drinking, which is defined as more than five drinks in one sitting for a male and more than four drinks in one sitting for a female^{2, 3}. Moreover, it has been found that college athletes in particular tend to drink more than their non-athlete counterparts, and experience more negative consequences of binge-drinking than their non-athlete counterparts^{1, 4, 5, 6, 7, 8}. Among collegiate athletes, the two-week binge-drinking rate was found to be 57-62% for males compared with 43-49% among non-athlete males and 48-50% for female athletes compared with 36-40% for non-athlete females^{1, 4, 9}. Due to a student athlete's multidimensional role in the campus community not experienced by most, a distinctive set of pressures—social, physical, and academic—puts them at an elevated risk of substance abuse. Additionally, substance abuse will tend to increase as participation in the sport increases¹⁰.

Negative consequences are also more prevalent and serious for student athletes. Student athletes are more likely than non-athletes to experience alcohol-related problems such as becoming injured, being sexually assaulted or sexually assaulting someone else, driving after heavy episodic drinking, and/or doing something the individual later regretted^{3, 4}. From a study done on US college athletes, it was found that 11% of male athletes and 14% of male team leaders reported sexually assaulting someone due to their use of alcohol, compared with only 7.7% of non-athlete males¹. Overall, it was found that male college athletes were reported in 19% of campus sexual assaults while only constituting 3% of college students¹¹. A national study of college athletes found that due to alcohol use approximately 30% of college athletes experienced academic difficulties, 20% experienced trouble with police or other authorities, 17% were taken advantage of sexually, and 15% damaged property, and these results were significantly higher than non-athletes in college¹. Additionally, studies have found that student athletes are three times more likely to be arrested for alcohol-related actions than non-athletes¹⁰. This is not just limited to NCAA student athletes, as students who participate in intramurals and club teams also report higher than average levels of drinking⁶ and therefore more risk for negative consequences. Alcohol consumption was also found to significantly increase in the athlete's off-season^{12, 13}.

Alcohol consumption either before or after strenuous activity has the potential to severely decrease performance. If consumed soon after physical activity, alcohol was found to enhance muscle decline, minimize both dynamic and static strength¹⁴, and put an individual at a greater thrombotic risk, due to alcohol agitating blood hemostasis¹⁵. Alcohol has been proven to change lipoproteins in the blood, and studies have suggested that moderate alcohol consumption may put a person at a lower risk of developing coronary disease compared to those who drink heavily or abstain from drinking¹⁶ even though regular alcohol consumption can cause early-onset brain infarction¹⁵. Physical activity also activates blood coagulation and fibrinolysis, and it is hypothesized that this causes the reduced incidence of coronary heart disease when regular exercise is performed¹⁵. But, immediately after exercise there is a critical window where the increase in coagulant combined with an intense decline in fibrinolytic potential can cause a thrombotic event¹⁵. Alcohol can exacerbate this, and studies have found that ethanol intoxication shortly after—within hours of—athletic performance increases the risk of a thrombotic event¹⁵.

If consumed before a physical event, alcohol was shown to lessen the strength, energy, speed, muscular endurance, and cardiovascular endurance, as well as prolonging recovery¹⁷. Aerobic performance within 24 hours of alcohol consumption has been shown to decrease by about 11.4 percent¹⁷. This “hangover” effect caused by alcohol might be caused by alcohol’s ability to tamper with the body’s metabolism. Alcohol increases the NADH:NAD and lactate:pyruvate ratios which cause hyperlactacidemia, and might be a factor in decreased aerobic capacity¹¹. Dehydration is also a serious risk, due to alcohol’s classification as a diuretic^{16, 17} and it is associated with reduced muscle recovery. Physical activity already comes with a risk of dehydration, as it has been shown to decrease liver and muscle glycogen stores and cause the body to sweat^{17, 18}. However, the exact impact of alcohol on athletic performance is still not well understood because every study uses different procedures, so repeat trials are necessary for most completed studies¹⁷.

Beyond debilitating recovery, alcohol consumption also puts one at a higher risk for unintentional injury, which will impede an athlete’s ability to play. Across all sports tested in a recent study, athletes who drank alcohol at least once per week had an injury rate over twice that of nondrinking athletes¹⁷. However, the full impact of alcohol on athletic performance and recovery is dependent upon a number of factors, including the time after exercise that alcohol is consumed, injury status, dosage, and recovery time before beginning to resume exercise¹⁷.

Heavy alcohol consumption has also been shown to diminish immunoendocrine function by upsetting the body’s normal inflammatory response to injury, decreasing protein synthesis, impeding blood flow, and negatively impacting glycogen re-synthesis to lesser levels, which prevents soft tissue or skeletal muscle damage from being repaired¹⁷. The impaired blood flow puts an athlete at a high risk of edema and increases the magnitude of the injury¹⁷. Moreover, chronic alcohol use damages the immune system, putting the athlete at higher risk of illness and infection¹⁷. Hormone levels are also impacted by acute alcohol consumption. Such a hormone imbalance can impact quality of sleep, mood, cardiovascular function, and metabolism^{16, 17}. Especially important for males are findings that alcohol consumption breaks down testosterone in the body to androstenedione which creates feminizing effects such as testicular atrophy and gynecomastia^{16, 17}. It also impacts the function of skeletal muscles, decreases red blood cell count, and lessens bone density^{16, 17}.

A variety of risk factors that place a student athlete at risk for partaking in heavy drinking have been identified, including a need to relieve the stress related to the pressures of being a student athlete³. Moreover, a study found that among US university students the main predictors of aggression and violence were alcohol use and sports participation⁸. Competitiveness in male athletes was found to be a predictor of alcohol consumption in a recent study; surprisingly, the same study found that competitiveness in female athletes was a protective factor against alcohol consumption⁷.

The type of sport one participates in can also heavily influence their drinking patterns. Studies have shown that team sport athletes, such as football and soccer, have higher levels of alcohol consumption than those who participate in individual sports such as track and field. This is most likely because drinking at the club or college level is more centered on team-building and socializing than individual sports, and teammates might feel pressured to drink more than they normally would with the rest of the team^{3, 19}. A survey found that ice hockey and soccer were team sports with the highest levels of alcohol consumption, while basketball and track were the team sports with the lowest levels of alcohol consumption^{3, 20}. However, this connection between team and alcohol consumption is often based on

other factors such as alcohol culture and expectations, and in itself is not a certain predictor for risk or for alcohol consumption.

The fact that student athletes drink more and are more likely to experience negative consequences than non-athletes is evidence that a problem exists among the athletic community, and it is not being adequately addressed. While the National Collegiate Athletic Association (NCAA) has a variety of prevention and education programs that are targeted at this problem, including the NCAA/Betty Ford Center alcoholism and drug addiction awareness program which gives university coaches and officials valuable information so they may recognize addiction in players and recommend them help²¹, it is doing little to curtail the prevalence of drinking among college athletes.

Nothing has been said about whether college athletes are fully aware of these risks, nor has anything been found regarding student athlete's perceived susceptibility of experiencing these risks if they are aware that they exist. In fact, studies have concluded that, overall, many athletes do not consider alcohol to be a harmful drug, especially compared with other recreational drugs^{17, 22}. Furthermore, there are few studies investigating the impact of intervention studies on college athletes with the goal of reducing binge-drinking rates. More needs to be done directly with athletes to provide empowering information so that they may make safe decisions and reduce their risk of injury.

It is established that college athletes are at an elevated risk of binge-drinking and negative binge-drinking related consequences; whether college athletes are fully aware of these risks has not been addressed. The perceived susceptibility of athletes in regards to experiencing these risks has also not been studied. While education and prevention programs are in place for coaches and athletes, few intervention studies have been attempted to reduce binge-drinking among athletes. Nothing has been attempted on a nation-wide scale, across different types of sport, and investigating male and female binge-drinking rates.

2. Purpose(s) of the Proposed Study

Why would student athletes drink to such levels, given that alcohol has been proven to deteriorate athletic performance? Would it not be expected that college-level athletes are very concerned with performing to the best of their ability? The purpose of this study would be to answer these questions.

An intervention will be tested to evaluate the impact of the intervention on frequency and quantity of college athlete's drinking. The first phase of the study will involve a pretest based on previously credited measures of drinking prevalence, risk assessment, and motivation¹⁰ to investigate why student athletes drink, how much they drink, and whether or not they feel at risk when they drink. The next phase will involve an intervention with a series of online videos and readings on the risks of binge-drinking in terms of safety and physiological effects. There will be several follow-up studies later to determine 1) if the intervention was effective long-term and 2) if being exposed to the information about the risks of heavy episodic drinking influenced student athletes' attitudes towards or behaviors involving alcohol consumption. Division I NCAA athletes at colleges and universities across the country will be the target group, and the intervention will include males and females in team and individual sports.

3. Research Question (Hypotheses)

The ultimate question that this study seeks to answer is: if college athletes are aware of the physiological effects and risk of injury caused by alcohol and alcohol's potential impact on their athletic performance, does the likelihood that they will drink/do their drinking frequency and quantity change? While the aim of this study is to change the binge-drinking habits of college athletes by decreasing frequency of drinking and quantity when drinking, the hypothesis is that once college athletes are aware of the risks of binge-drinking, the frequency of drinking will remain the same while the quantity decreases. If the intervention is not effective, there will be no change in the frequency and quantity or an increase in the frequency and quantity. If as a result of the intervention both frequency and quantity decrease, that would indicate a more effective intervention than was expected.

But will the designed intervention succeed in this endeavor? The prediction is that in the follow-up interviews that will occur, it will be found that the intervention succeeded in decreasing the binge-drinking habits of college athletes more so in the experimental group than the control group. The frequency of drinking may be comparable in the control and experimental groups, but the quantity of drinks consumed should be less in the experimental group. If the intervention was not successful, the control and experimental groups will have equal levels of binge-drinking upon follow-up, or the control will have decreased levels of binge-drinking.

4. Research Design

A two-group, randomized, experimental design will be utilized. A control group that does not receive the intervention will be compared to the experimental group that receives the informational intervention. There have been few intervention studies on this topic, and very few on a nationwide-scale; while an observational study would be satisfactory to find out how aware college-athletes are of the risks associated with binge-drinking, it would not determine whether providing them with self-empowering information would decrease those risks, which is the topic of interest here. Binge-drinking is a problem among athletes, and now the goal is to eliminate that problem. Moreover, another goal of this study is to evaluate and determine the effectiveness of this particular intervention program, so that if it is successful it may be broadened to be used at other universities and make a larger public-health impact, and if it is not successful it may be altered. An experimental intervention study would be the best way to evaluate this program.

5. Sample Selection and Rationale

A multi-stage cluster sample will be utilized to randomly select the sample. The target participants in this study are Division I college athletes, both male and female from individual and team sports. First, the clusters will be formed by dividing the continental United States into 5 areas: West, Midwest, South, Mid-Atlantic, and Northeast. Then, five schools which have Division I programs will be chosen at random from each cluster. Only Division I programs will be used for the purposes of this study. Next, 4 sports teams from each school will be randomly chosen, and each team will be divided into two randomly selected groups of equal size: one will be the control, the other the treatment group. This will produce a sample with high external validity/generalizability because the sample will be representative of the

nation and it will be large, including—depending on the sports teams that are randomly selected—1,000 to 3,000 student athletes.

The intervention cannot be made mandatory, unless the universities and/or the NCAA are petitioned, and as a result the expected response rate will not be perfect. The sample size will also be too large to provide a substantial monetary incentive. However, a small monetary incentive of \$5.00 for participation in the study may be adequate. A \$5.00 incentive will be given for each of the three post-assessments, totaling \$20.00 if an individual completes the entire study. The response rate is still only anticipated to be between 40%-70%, as it is not anticipated that many student athletes will find an intervention study on alcohol use intriguing unless they genuinely wish to change their binge-drinking habits.

6. Data Collection Methods

The primary step will be to get permission from the IRB to contact the randomly-selected student athletes by email to ensure that the assessment will not cause undue harm, stress or discomfort in any way. If permission is granted, student athletes in the experimental group will be given a pretest—to be completed online through an emailed link—to assess their drinking habits pre-intervention based on the Daily Drinking Questionnaire²⁴ and the CAGE questionnaire²⁵ but modified to pertain more to student athletes (see Appendix). Then they will be given the intervention, a series of online video lectures and readings based on already established intervention programs like AlcoholEdu^{®26}. It should take 2-3 hours to complete, and can be spaced out over the course of a day to a month; the preferred completion time will be within 2 days of beginning the intervention. Finally, there will be a posttest consisting of the same survey given during the pretest. This is to be completed immediately after the intervention, 6 months after the intervention, and one year after the intervention. The participants will be reminded with emails when it is time to complete the surveys. This will test the effectiveness of the intervention and the retention rate of the participants. The control group will take the same pretest as the experimental group, but will not receive any intervention. They will also receive the posttests at the same times as the experimental group.

7. Measures

The primary independent variable is group assignment, as either a member of the control group or the experimental intervention group. There are two dependent variables which are of interest, and these are the change in heavy-drinking frequency and quantity after the intervention as well as the change in knowledge about the risks of drinking before and after the intervention. To establish a baseline for knowledge and drinking habits, a survey will be distributed via email to the experimental group participants (see Appendix) before the intervention as a posttest. The survey has multiple parts, with some being pulled directly from previously-credited sources.

The Daily Drinking Questionnaire²⁴ will be used to determine the drinking habits, in particular the heavy-drinking habits, of the participants. It consists of several indexes to measure the quantity one drinks and a scale question to determine frequency. The CAGE Questionnaire²⁵ will be used to indicate if the participant is a problem drinker, and may be a sign that the individual is suffering from alcoholism. It

is a scale with dichotomous variables that has been slightly modified for this particular purpose (two questions involving athletics and one involving familial attitudes have been added), and more than two answers of “yes” code for problem drinking. The Alcohol General Knowledge Assessment will assess knowledge. It is a series of dichotomous true/false, multiple choice, and open-ended questions that, when answered correctly, correspond to general alcohol knowledge; incorrect responses correspond to a lack of knowledge. It was designed based on the information the intervention will share with the participants, and the information that is deemed most crucial to reducing risk of alcohol-related injury. The same survey will be used for the pre- and posttests, although the answers will not be shared with the participants to limit the testing threat to internal validity.

There are several covariates of interest in this study including age, sport type, time playing the sport, team history, and team relationships. The Athletic History/Participation Questionnaire and the Social Drinking Habits/Team Relationship Questionnaire will both be used to measure these covariates. The Athletic History/Participation Questionnaire consists of a scale of mutually-exclusive multiple choice questions followed by an open-ended question to determine both sport and time playing the sport, and it was designed to effectively answer those two key questions as a potential risk factor for heavy drinking. The Social Drinking Habits/Team Relationship Questionnaire consists of a scale of two mutually-exclusive multiple choice questions followed by a categorical scaling question, where respondents must choose on a scale of 1-5 their agreement with a series of statements. A score of 1 corresponds with “strongly disagree” while 5 is “strongly agree.” The study was designed to assess the participants’ sense of belonging on the team, which may relate to peer pressure as a risk factor for heavy drinking.

8. Summary of Innovation and Significance

If successful, this study would be important to Division I players and coaches, as they are the target audience and thus the findings are most directly applicable to them. The results also could be targeted at different audiences, such as athletes in non-Division I programs, coaches in non-Division I so that they may recognize behavior in their athletes, and high school athletes who are about to make the transition to college. It could be given shortly after to the control groups as a Switching Replications design if proven effective. Moreover, this intervention could be used across college campuses to reduce heavy drinking, improving the overall health of athletes. These findings may also be shared with other researchers in a publication, so that they may attempt to replicate our results.

However, if the study is found to be unsuccessful, more work would need to be done. The sample is highly representative and thus generalizable, so moving forward a more intensive education program may be needed. Instead of an impersonal online session that lasts 2-3 hours, a physical week-long course may be tried. The intervention may be redesigned. In place of purely follow-up assessments, boosters may be given to reinforce the information shared in the intervention.

Because the control and experimental groups are on the same team, there is the risk that the groups will communicate and that the control group will be shared information learned from the intervention, which may threaten the internal validity of the study. While the participants will be asked to keep what they learn confidential, there is no way to prevent this from happening. Also, because the study lasts an entire year, there is a risk of attrition bias if the participants do not complete the follow-up assessments.

It is crucial that answers are found to this question because, while it is known that college-athletes are at a higher risk for binge-drinking, little is known about the exact risk factors for injury related to drinking and how to prevent them. If this study is successful, it would prove that education would be the most powerful deterrent of heavy episodic drinking amongst college athletes and thus reduce resulting injury, which would be important in future risk-reduction interventions on this topic.

Appendix

R O X O O O
R O O O O

Figure 1: Experimental Design Notation: The experimental group (top) will start with randomization, followed by the pretest, the treatment, the posttest immediately after the treatment, the posttest 6 months later, and the posttest a year later. The control group (bottom) will not receive treatment but will receive the same pre- and posttests as the experimental group.

Alcohol General Knowledge Assessment

1. True or False: Binge-drinking increases risk of unintentional injury.

True

False

2. What are the standard drink sizes for beer, wine, and liquor?

a. Beer: _____

b. Wine: _____

c. Liquor: _____

3. True or False: Drinking water the morning after a night of drinking will cure a hangover.

True

False

4. The legal Blood-Alcohol Content (BAC) for driving is:

a. 0.02

b. 0.06

c. 0.08

d. 0.10

5. True or False: The more alcohol one consumes, the happier they will feel.

True

False

6. What are the four signs of alcohol poisoning?

7. True or False: Alcohol impacts men and women differently.

True

False

8. To slow the absorption of alcohol in one's system, one should eat:

a. While drinking

- b. Before drinking
- c. After drinking

9. True or False: Alcohol improves muscle recovery.

True

False

10. True or False: Student athletes are more likely than non-athletes to experience alcohol-related problems such as becoming injured, being sexually assaulted or sexually assaulting someone else, driving after heavy episodic drinking, and/or doing something the individual later regretted.

True

False

11. Binge drinking is defined as:

- a. More than five drinks in one sitting for a male
- b. More than four drinks in one sitting for a female
- c. More than five drinks in one sitting for a male and for a female
- d. A and B

12. True or False: College athletes tend to drink more than their non-athlete counterparts.

True

False

13. True or False: Stress is not a risk factor for binge drinking.

True

False

Answers:

1. True

2. a. 12 oz.

b. 5 oz.

c. 1.5 oz.

3. False

4. c. 0.08

5. False

6. Cold Skin, Unconscious/Unresponsive, Vomiting, Slow Breathing

7. True

8. b. Before drinking

9. False

10. True

11. d. A and B

12. True

13. False

STANDARD DRINK CONVERSION

When asked how much you drink in the following questions use this chart.

ONE STANDARD DRINK IS EQUAL TO:



Standard American BEER
(3-5% alcohol)

12 oz. Can, Bottle or Glass

Microbrew or European BEER
(8%-12% alcohol)

1/2 of a 12 oz. Can or Bottle



WINE (12 – 17% alcohol)

4 oz. Glass

WINE Cooler

10 oz. Bottle



HARD LIQUOR
(80-proof, 40% alcohol)

1-1/2 oz. or One Standard Shot

HARD LIQUOR
(100-proof, 50% alcohol)

1 oz.



WINE: 1 Bottle

25 oz. (12 – 17% alcohol)

=

5 standard drinks

40 oz. (12 – 17% alcohol)

=

8 standard drinks



HARD LIQUOR: 1 Bottle

12 oz.

=

8 standard drinks

25 oz.

=

17 standard drinks

40 oz.

=

27 standard drinks

DDQ-R (Daily Drinking Questionnaire-Revised)

Gender: Male _____ Female _____ **Height** _____' _____"
(Feet) (Inches) **Weight** _____ lbs.

INSTRUCTIONS FOR RECORDING DRINKING DURING A TYPICAL WEEK

IN THE CALENDAR BELOW, PLEASE FILL-IN YOUR DRINKING RATE AND TIME DRINKING DURING A **TYPICAL WEEK** IN THE LAST 30 DAYS.

First, think of a *typical week* in the last 30 days you. (Where did you live? What were your regular weekly activities? Where you working or going to school? Etc.) Try to remember as accurately as you can, *how much* and for *how long* you typically drank in a week during that one month period?

For each day of the week in the calendar below, fill in the **number of standard drinks typically consumed on that day** in the upper box and the **typical number of hours you drank** that day in the lower box.

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of <i>Drinks</i>							
Number of <i>Hours Drinking</i>							

INSTRUCTIONS FOR RECORDING DRINKING FOR YOUR HEAVIEST DRINKING WEEK

IN THE CALENDAR BELOW, PLEASE FILL-IN YOUR DRINKING RATE AND TIME DRINKING DURING YOUR **HEAVIEST DRINKING WEEK** IN THE LAST 30 DAYS.

First, think of your *heaviest drinking week* in the last 30 days. (Where did you live? What were your regular weekly activities? Where you working or going to school? Etc.)

Try to remember as accurately as you can, *how much* and for *how long* did you drink during your *heaviest drinking week* in that one month period?

For each day of the week in the calendar below, fill in the **number of standard drinks consumed on that day** in the upper box and the **number of hours you drank** that day in the lower box.

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of <i>Drinks</i>							
Number of <i>Hours Drinking</i>							

Drinking Quantity/Frequency Index (Cahallan's Q/F Index)

1. **How often did you drink during the last *month*?** (check one)

- a. I did not drink at all.
- b. About once a month.
- c. Two to three times a month.
- d. Once or twice a week.
- e. Three to four times a week.
- f. Nearly every day.
- g. Once a day or more.

2. **Think of a typical weekend evening** (Friday or Saturday) during the last *month*.. How **much** did you drink on that evening? (check one)

0 drinks	8 drinks	16 drinks	24 drinks
1 drinks	9 drinks	17 drinks	25 drinks
2 drinks	10 drinks	18 drinks	26 drinks
3 drinks	11 drinks	19 drinks	27 drinks
4 drinks	12 drinks	20 drinks	28 drinks
5 drinks	13 drinks	21 drinks	29 drinks
6 drinks	14 drinks	22 drinks	30 drinks
7 drinks	15 drinks	23 drinks	<i>More than 30</i>

3. **Think of the occasion** (any day of the week) **you drank the most** during the last *month*. How **much** did you drink? (check one)

0 drinks	8 drinks	16 drinks	24 drinks
1 drinks	9 drinks	17 drinks	25 drinks
2 drinks	10 drinks	18 drinks	26 drinks
3 drinks	11 drinks	19 drinks	27 drinks
4 drinks	12 drinks	20 drinks	28 drinks
5 drinks	13 drinks	21 drinks	29 drinks
6 drinks	14 drinks	22 drinks	30 drinks
7 drinks	15 drinks	23 drinks	<i>More than 30</i>

Athletic History/Participation

1. What sport do you play in college? (*choose one*)

- | | |
|------------------------|--|
| a. Football | j. Volleyball |
| b. Soccer | k. Rugby |
| c. Baseball | l. Golf |
| d. Lacrosse | m. Water Polo |
| e. Field Hockey | n. Cycling |
| f. Basketball | o. Rowing |
| g. Track/Field | p. Gymnastics |
| h. Softball | q. Other (<i>please specify</i>): |
| i. Swimming | _____ |

2. How long have you played at the college level?

- a.** Less Than One Year
- b.** One Year
- c.** Two Years
- d.** Three Years
- e.** Four Years
- f.** More Than Four Years

3. How long have you played this sport, including college? (*in years*)

Social Drinking Habits/Team Relationships

1. How often do you attend social/non-sporting events with your teammates?

- a.** More Than Daily
- b.** Daily
- c.** Weekly
- d.** Monthly
- e.** Yearly
- f.** Never

2. How frequently do these events serve alcohol?

- a.** Always
- b.** Often
- c.** Sometimes
- d.** Rarely
- e.** Never

3. Choose the option that best describes your feelings towards the following statements:

	Strongly Agree 5	Agree 4	Neutral 3	Disagree 2	Strongly Disagree 1
I am happy with my relationship with my teammates:					
I attend social events with my teammates to strengthen my relationship with them:					
I want to do more to better my relationship with my teammates:					
It is important to have a good relationship with my teammates:					
I feel like I am a valuable member of the team:					

Problem Drinking/Modified CAGE Questionnaire

Choose “yes” or “no” to answer the following questions:

<p>1. Have you ever felt you needed to cut down on your drinking?</p> <p>Yes No</p>
<p>2. Have people annoyed you by criticizing your drinking?</p> <p>Yes No</p>
<p>3. Has your drinking annoyed or worried your close friends/family?</p> <p>Yes No</p>
<p>4. Has your drinking annoyed or worried your teammates/coaches?</p> <p>Yes No</p>
<p>5. Has your drinking impacted your athletic performance?</p> <p>Yes No</p>
<p>6. Have you ever felt guilty about drinking?</p> <p>Yes No</p>
<p>7. Have you ever felt you needed a drink first thing in the morning to steady your nerves or to get rid of a hangover?</p> <p>Yes No</p>