

Short Inventory of Problems (SIP - 2R)



HOE-F01

Trial ID :

INSTRUCTION: I will tell you few incidents that people experience. Please listen to each incident carefully and tell me number of times it had happened with you in last 3 months.

Sr. No.	During the Past 3 months, about how often has this happened to you? (Tick ✓ the appropriate box)	Never	Once or a few times	Once/twice a week	More than twice in a week
1.	I have been unhappy because of my drinking.				
2.	Because of my drinking, I have not eaten properly.				
3.	I have failed to do what is expected of me because of my drinking.				
4.	I have felt guilty or ashamed because of my drinking.				
5.	I have taken foolish risks when I have been drinking.				
6.	When drinking, I have done impulsive things that I regretted later.				

	Now answer these questions about things that may have happened to you. During the past 3 months, how much has this happened? (Tick ✓ the appropriate box)	Not at all	A Little	Some what	Very Much
7.	My physical health has been harmed by my drinking.				
8.	I have had money problems because of my drinking.				
9.	My physical appearance has been harmed by my drinking.				
10.	My family has been hurt by my drinking.				
11.	A friendship or close relationship has been damaged by my drinking.				
12.	My drinking has gotten in the way of my growth as a person.				
13.	My drinking has damaged my social life, popularity, or reputation.				
14.	I have spent too much or lost a lot of money because of my drinking.				

Has this happened to you DURING THE PAST 3 MONTHS (Tick ✓ the appropriate box)	No	Almost	Yes, once	Yes, more than once
15. I have had an accident while drinking or intoxicated.				



Perpetration of violence

(Tick ✓ the appropriate box)

16.	In the past 3 months, how satisfied have you been with your relationship with your wife/partner? Would you say (read options)	<table> <tbody> <tr> <td>(1)</td> <td>Satisfied</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(2)</td> <td>Average</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(3)</td> <td>Not Satisfied</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(999)</td> <td>Don't know</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(998)</td> <td>Refused</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	(1)	Satisfied	<input type="checkbox"/>	(2)	Average	<input type="checkbox"/>	(3)	Not Satisfied	<input type="checkbox"/>	(999)	Don't know	<input type="checkbox"/>	(998)	Refused	<input type="checkbox"/>
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(999)	Don't know	<input type="checkbox"/>															
(998)	Refused	<input type="checkbox"/>															
17.	In the past 3 months have you slapped, hit, kicked, punched your wife/partner or done something else that did or could have hurt her physically?	<table> <tbody> <tr> <td>(0)</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(1)</td> <td>Yes</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(999)</td> <td>Don't know</td> <td><input type="checkbox"/></td> </tr> <tr> <td>(998)</td> <td>Refused</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	(0)	No	<input type="checkbox"/>	(1)	Yes	<input type="checkbox"/>	(999)	Don't know	<input type="checkbox"/>	(998)	Refused	<input type="checkbox"/>			
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