

21st Birthday Follow-Up Questionnaire

We hope that you had a very Happy Birthday!

Please share feedback on your birthday experiences. **All responses are confidential.**

1. Did you receive the birthday card from Cabrini's President and the Office of Health and Wellness Education?

Yes No

2. Did you review the information included in the card? Yes No

3. Did you save any of the information included in the card, and if so, what item(s)?

Yes: _____ No

4. How much alcohol did you expect to drink before your birthday?

5. How many alcoholic drinks did you actually drink on your birthday?

6. Did receiving the birthday card in any way influence you to change your plans?

7. In what ways, if any, did you change your plans as a result of receiving our birthday card?

(Please check all that apply.)

Drank less More aware of drinking/how much I drank

More cautious Had a friend/family member watch over me

Other: _____

8. Did you use any of the following protective behaviors while you were celebrating? (Please check all that apply.)

Alternated non-alcoholic drinks with alcoholic beverages

Determined in advance not to exceed a set number of drinks

Chose not to drink alcohol

Used a designated driver

Ate before and/or during drinking

Had a friend let you know when you drank enough

Kept track of how many drinks being consumed

Paced drinks to one or fewer an hour

Avoided drinking games

Avoided shots of alcohol

Drank an alcoholic look-alike drink

Other: _____

9. Please share any additional relevant information: _____

Please print and return your completed questionnaire to the Office of Health and Wellness Education, located in Founder's Hall, Room 102.

Many thanks for your valuable feedback, and we wish you a healthy and successful year!

Office of the President and Office of Health and Wellness Education