2004

How individuals perceive problem drinkers and personalities of problem drinkers | Contributions to sustained patterns of usage

Wendy Michele Rothman

The University of Montana

Let us know how access to this document benefits you.
Follow this and additional works at: https://scholarworks.umt.edu/etd

Recommended Citation
https://scholarworks.umt.edu/etd/2599

This Thesis is brought to you for free and open access by the Graduate School at ScholarWorks at University of Montana. It has been accepted for inclusion in Graduate Student Theses, Dissertations, & Professional Papers by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.
Permission is granted by the author to reproduce this material in its entirety, provided that this material is used for scholarly purposes and is properly cited in published works and reports.

**Please check "Yes" or "No" and provide signature**

Yes, I grant permission  

No, I do not grant permission

Author's Signature:  

Date: 6/15/04

Any copying for commercial purposes or financial gain may be undertaken only with the author's explicit consent.
How Individuals Perceive Problem Drinkers and Personalities of Problem Drinkers:

Contributions to Sustained Patterns of Usage

by

Wendy Michele Rothman

B.A. University of Montana, Missoula Dec. 19, 1997

B.A. University of Montana, Missoula May 13, 2000

Presented in partial fulfillment of the requirements

For the degree of

Master of Arts

The University of Montana

May, 2004

Approved by:

Chairperson

Dean, Graduate School

Date

6-30-04
How Individuals Perceive Problem Drinkers and Personalities of Problem Drinkers: Contributions to Sustained Patterns of Usage

This research examined whether there were differences between participants’ descriptions of personality traits, alcohol consumption, and alcohol related problem behaviors for the self and for perceived hypothetical “problem drinkers.” In addition, it examined whether individuals’ beliefs about alcohol consumption and alcohol related problem behaviors for perceived problem drinkers are stored as “expectancies” that mediate or moderate the relationship between reported parent/caretaker drinking and drinking-related problem behaviors, and self-reported drinking and drinking-related problem behaviors. Finally, this research explored differences in self-reported alcohol consumption and alcohol related problem behaviors for participants who believed their parent/caretaker did or did not have an alcohol problem.

One hundred and ninety-eight participants completed personality and alcohol related measures for themselves, their parent/caretaker, and a perceived hypothetical “problem drinker.” Using a within subjects design, results indicate that participants described themselves as significantly different from a perceived hypothetical “problem drinker” on measures of personality traits, reported alcohol consumption, and alcohol related problem behaviors. Participants did not self-report significantly more alcohol consumption and problem behaviors when reporting their parent/caretaker did not have an alcohol problem; however, participants who endorsed that their parent/caretaker did have an alcohol problem reported significantly greater alcohol consumption for the parent/caretaker than for themselves, regardless of whether the parent/caretaker actually had an alcohol problem.

Finally, no mediating or moderating effects were found between parent/caretaker and self-reported alcohol consumption and alcohol related problem behaviors.

Results from this study suggest that individuals perceive themselves as distinctly different from a perceived “problem drinker,” and this may have important implications when treating individuals with an alcohol use disorder. Targeting and challenging cognitions about perceptions of a problem drinker may be the initial focus of treatment for individuals presenting with alcohol use problems.
# Table of Contents

List of Figures...........................................................................................................v  
List of Tables.............................................................................................................vi  

Introduction  

Overview....................................................................................................................1  
History of Defining Problem Drinking.......................................................................13  
Personality Traits.....................................................................................................15  
Self and other Perception.........................................................................................18  
Social Learning and Parent Influence.......................................................................22  
Cognitions about Drinking and Alcohol Expectancies.............................................26  
Hypotheses................................................................................................................31  

Methods  

Participants................................................................................................................33  
Measures....................................................................................................................34  
Procedure..................................................................................................................44  
Data Analyses............................................................................................................45  

Results......................................................................................................................51  
Discussion................................................................................................................58  
References.................................................................................................................68  

Appendices  

Goldberg’s Big Five Factors......................................................................................111  
Goldberg’s Unipolar Adjectives.................................................................................112  

iii
List of Figures

Figure 1: Mediation Model .................................................................106
Figure 2: Moderator Model .............................................................107
Figure 3: Mediation Model .............................................................108
Figure 4: Moderator Model .............................................................109
Figure 5: Personality Factor Profiles for Self and Problem Drinker ..........110
List of Tables

Table 1: Inter-rater Reliability Coefficients for Thought Listing Variables... 92
Table 2: Correlations Among Study Variables ........................................ 93
Table 3: Frequencies of Thought Listing Categories................................. 94
Table 4: Mean Adjective Ratings for Self and Problem Drinker................. 95
Table 5: \( t \) tests: Self Reported and Problem Drinker Quantity/Frequency..... 99 and Problem Behaviors
Table 6: Univariate Tests of Group Differences on Five Adjective Factors...100 for Self and Problem Drinker
Table 7: Mean differences and \( t \) tests for Parent/Caretaker.................101 Problem/No Problem Group and Self-Reported Drinks per Week and Problem Behaviors
Table 8: Mean differences and dependent Samples \( t \) tests for...............102 parent/ caretaker “yes” problem group (and really problem) and parent and self-reported drinks per week and problem behaviors
Table 9: Mean differences and dependent Samples \( t \) tests for...............103 parent/ caretaker “yes” problem group (and really “no” problem) and parent and self-reported drinks per week and problem behaviors
Table 10: Multiple Regression Analysis: Hypothetical Problem Drinker.......104 Drinks per Week as a Moderator of the Relationship Between Parent/Caretaker Drinks per Week and Self Reported Drinks per Week
Table 11: Multiple Regression Analysis: Hypothetical Problem Drinker.......105 Problem Behaviors as a Moderator of the Relationship Between Parent/Caretaker Problem Behaviors and Self Reported Problem behaviors
How Individuals Perceive Problem Drinkers and Personalities of Problem Drinkers: Contributions to Sustained Patterns of Usage

Few would dispute the pervasive nature of problems associated with alcohol use in our society today, and the resulting economic, health related, social, and psychological costs. The economic costs of alcohol due to violence, car accidents, lost productivity, illness, and premature death are staggering, resulting in a loss of an estimated 184.6 billion dollars per year (National Institute of Alcoholism and Alcohol Abuse, 2000). In 1999 alone, alcohol use accounted for almost 20,000 deaths in the United States, excluding motor vehicle fatalities. That same year, 26,259 deaths occurred due to Cirrhosis and Chronic Liver Disease (Center for Disease Control, 1999), common medical problems associated with prolonged alcohol usage. Furthermore, a 1992 National Longitudinal Epidemiological Survey in the United States revealed that 13,760,000 individuals aged eighteen and over met the diagnostic criteria for alcohol dependence (Grant, Hartford, Thomas, Dawson & Chou, 1994). Given the prevalence of problems associated with alcohol use, it is therefore important to continue to examine relational mechanisms that may contribute to the etiology and maintenance of alcohol use disorders.

Although there have been a myriad of studies examining the causes and correlates that contribute to alcohol use problems (e.g., Lang & Stritzke, 1993), confusion often arises when working to define alcoholism operationally, and when defining problematic usage in general. There is little agreement upon a prescribed terminology used to classify an alcoholic, and definitions have changed radically over time, seemingly dependent upon societies’ cultural, religious, and scientific ideologies (Keller & Doria, 1991).
Similarly, the underlying mechanisms involved in the etiology, development, and maintenance of alcohol problems are manifold. A complex interplay of genetics, environment, psychological, social, and cultural factors are known to influence and shape drinking behavior (e.g., Frances & Cooperman, 1991). For example, twin studies have shown that alcoholism runs in families (Goodwin, 1983), is prevalent among individuals exposed to consistent alcohol use (Hawkins, Catalano, & Miller, 1992), is learned through parent and peer modeling and social reinforcement (see Heather, Peters, & Stockwell, 2001 for a review), is influenced by cognitions (e.g., Rather & Goldman, 1994), affects racial and ethnic groups differentially depending on cultural norms (Fillmore, Golding, & Leino, 1993; Helzer et al., 1990), and increases health related consequences in certain ethnic groups such as American Indians (Sixth Special Report to the U.S. Congress on Alcohol and Health, 1987). This has resulted in confusion when attempting to understand and treat problems associated with alcohol use (Tarter, Moss, Arria, Mezzich, & Vanyukov, 1992).

Due to the diversity of factors that contribute to drinking behavior and the lack of homogeneity when attempting to assign a clear definition to problematic drinking, assessment of problematic drinking may be highly dependent upon the target individual's beliefs about problem drinking. That is, individuals may hold distinctly different beliefs about what constitutes problem drinking based on their conceptualization of a problem drinker. These beliefs may influence drinking behavior and maintain this behavior over time. The difficulty then, is that without a universal standard of measurement to assess all problem drinkers accurately and consistently, individuals who have problems with
alcohol may perceive their drinking as benign, and fail to recognize or admit problems associated with their own drinking.

While research has not examined directly how individuals' definitions of problem drinking contribute to their own drinking behavior, it seems plausible to imagine that holding different beliefs about problem drinking may influence and shape individuals' subsequent drinking decisions. In addition, if definitions of problem drinkers are individually dictated and lead to individual drinking decisions, it will be important to examine the origination of these beliefs. Understanding how definitions of problem drinking develop and the meaning they hold for individuals may be important in determining treatment outcome for individuals unable to recognize their own problematic drinking patterns. It is therefore important to examine individuals' definitions of problem drinking in conjunction with the etiology of how these definitions develop, whether or not these definitions remain stable over time, and how they influence drinking decisions. Thus, this study will focus on participants' perceptions and definitions of problem drinkers, rather than on external indicators of whether participants and their caregivers engaged in problem drinking. Note that the term “caregiver” applies to a parental figure or other individual who either lived with the participant or spent the most time with the participant during youth.

Beliefs about drinking are important both to the individual’s definitions of problem drinking, and to drinking behavior. There are a variety of ways that children can obtain knowledge and beliefs about drinking. Previous research has indicated that children develop beliefs about alcohol and its effects via the family, peer groups, and the media (Casswell, Gilmore, Silva, & Brasch, 1988; Caswell, Stewart, & Connolly, 1991;
Stevens, Youells, & Whaley, 1991). While each of these factors have been found to shape children’s beliefs about alcohol and its subsequent usage, it has not been determined which of these factors hold the strongest influence over children’s knowledge about alcohol and decisions to drink (Lang & Stritzke, 1993).

However, there has been widespread agreement in the empirical literature that familial drinking history contributes to increased drinking in offspring (e.g., Alterman & Tarter, 1983; Cotton, 1979; Goodwin, 1979; Cadoret & Gath, 1978; Petrakis, 1985; Schuckit, 1983). It has been found that children reared in alcoholic homes are more likely to become alcohol dependent (Jacob & Windle, 2000), and develop problems associated with alcohol use (Harford, Haack, & Spiegler, 1988; Penick, Powell, Bingham, Liskow, Miller, & Read, 1987), than children reared in non-alcoholic households. Further, heritability studies have linked alcohol related problems to familial drinking history (Kaij, 1960; Kaprio, Koskenvuo, Langinvainio, Romanov, Sarna, & Rose, 1987). Among twin samples raised in a family with positive history of alcoholism, it has been shown that a family history of alcohol abuse increases the likelihood of the development of alcohol problems among these offspring, even when never exposed to an alcoholic parent (Bohman, Sigvardsson, & Cloninger, 1981; Cadoret, Cain, & Grove, 1980; Cloninger, Bohman, & Sigvardsson, 1981).

While familial drinking history has been acknowledged as an important contributor to the development of alcohol problems, examining drinking history in isolation does not adequately explain parents’ contributions to children’s drinking behavior (e.g., Sher, 1991). Parents have been shown to contribute to children’s alcohol use through a variety of mechanisms such as social learning through parental modeling,
parent child-bond, child rearing practices, and attitudes about drinking (Bandura, 1977; Barnes & Welte, 1986; Dawson, Harford, & Grant, 1992; Pendergrast & Shaefer, 1974; Valliant & Milofsky, 1982). For example, in a study that measured the effects of parental modeling on children’s intentions to use drugs and their drug use, Ahmed, Bush, Davidson, and Iannotti (1984) found that the best predictor of children’s expectations and use of alcohol from kindergarten through sixth grade was the number of household users of drugs and the degree of children’s involvement in parents’ drug use behavior. Other studies have found that parents’ permissive attitudes toward drug use are associated with adolescent drug use (McDermott, 1984), and that parental approval of drinking significantly predicts the amount of alcohol consumed by teenage drinkers (Barnes & Welte, 1986). In addition, having a close relationship with the mother (Brook, Gordon, Whiteman, & Cohen, 1986), limit setting, assertiveness, and parental involvement are all associated with a decrease in drug use during adolescence (Brook, Whiteman, Gordon, & Brook, 1988).

In addition, much of the existing research has linked children’s alcohol related knowledge to the home environment (Fossey, 1993; Greenburg, Zucker, & Noll, 1985; Noll, Zucker, & Greenburg, 1990). In a study that examined whether or not children from the ages of 3-5 could identify alcoholic beverages from pictorial cues, the researchers found that the majority of children were able to identify at least one alcoholic beverage. In addition, children reared in homes with alcoholic parents were significantly more likely to identify specific alcoholic beverages and a greater number of alcoholic beverages than children reared in homes without evidence of parental alcohol problems (Zucker, Kincaid, Fitzgerald, & Bingham, 1995).
Taken together, these findings suggest that children’s knowledge about alcohol begins with exposure to parents’ alcohol use, and that parents play a vital role in the development of children’s knowledge and use of alcohol. Therefore, it was deemed important to include information on how parents influence their children’s alcohol use in the present study. Given a recent review of empirical findings that has led to a resurgence of interest in parental modeling as an important predictor of children’s substance use (for a review see Johnson & Johnson, 2001), how children model patterns of parental alcohol use will be emphasized in the present study.

In addition to parents’ influence on drinking behavior, individuals’ personality characteristics have been found to be associated with an individual’s problematic alcohol use. Research in this area has suggested a relationship between an individual’s personality and the etiology, course, and prognosis of alcoholism (e.g., Sher, Trull, Bartholow, & Vieth, 1999), and individual traits or dispositions have been found to relate to alcohol consumption (Earlywine & Finn, 1991; Earlywine, Finn, & Martin, 1990), and risk for the development of problem drinking (Hoffman, Loper & Kammeier, 1974). In particular, a number of studies have indicated that clinical alcoholics can be distinguished from controls on measures of anxiety (Kessler et al., 1997; Kushner et al., 1996), neuroticism (Brooner, Templer, Svikis, Schmidt, & Monopolis, 1990; Kannapan & Cherian, 1989; Meszaros, Willinger, Fischer, Schonbeck, & Aschauer, 1996), impulsivity/disinhibition (Bergman & Brismar, 1994; Plutchik & Plutchik, 1988), and depression (Barry, 1974; Cox, 1979, 1985), with clinical alcoholics scoring higher on all of these traits. In addition, prospective studies employing the five-factor model of personality have identified individuals with familial risk for alcoholism to be higher on
traits of both openness to experience and neuroticism, and lower on traits of
agreeableness and conscientiousness than individuals who exhibit no family history of
alcoholism (Martin & Sher, 1994).

Personality has been shown to interact with other causal variables contributing to
alcohol use (for a review see Sher et al., 1999). More specifically, personality traits have
been shown to interact with a family history of alcoholism (e.g., Cloninger, 1987; Sher,
1991; Tarter, 1988), and it has been suggested that the effect of family history on
offspring may be mediated by personality variables (Sher, Walitzer, Wood, & Brent,
1991). However, while research in this area has suggested that personality characteristics
contribute to alcohol related problems, there is considerable confusion surrounding which
traits, if any, consistently predict, or contribute to, problematic usage (e.g., Sher et al.,
1999). Generally, it has been concluded that no single constellation of traits can
predictably describe an alcoholic personality (Sher et al., 1999), and our overall
understanding of personality remains somewhat elusive.

However, while researchers continue to struggle with delineating specific
personality traits that are associated with the risk, development, and maintenance of
alcohol problems, recent findings have indicated that a pathway exists between familial
alcoholism, personality variables, and alcohol problems (Finn, Sharkansky, Brandt, &
Turcotte, 2000). More specifically, testing a structural model, the authors found evidence
of two personality-risk pathways: social deviance, and excitement/pleasure seeking.
These personality variables bridge the gap between familial alcoholism and alcohol
problems, with social deviance leading directly to alcohol problems (familial alcoholism
→ social deviance → alcohol problems), and excitement/pleasure seeking associated with
increased drinking, which leads directly to alcohol problems (familial alcoholism →
increased drinking → excitement/pleasure seeking → alcohol problems). While the
present study will not examine how personality affects individual drinking decisions
directly, the abovementioned finding suggests that the influence of personality is a crucial
component of drinking based decisions and should be considered when examining
relational mechanisms that contribute to alcohol problems. Therefore, as an initial
investigation in understanding how personality contributes to alcohol-related problems,
this study seeks to determine whether individuals’ perceptions of self-reported
personality traits differ from their perceptions of hypothetical “problem drinker”
personality traits.

Given our limited understanding of which personality variables consistently
predict problems with alcohol use, and in light of current findings linking personality
variables directly to familial history of alcoholism and alcohol problems (Finn et al.,
2000), the present study seeks to understand whether individuals associate their own
personality traits with those of a hypothetical problem drinker’s personality traits. Similar
to the aforementioned theory that individuals definitions of a problem drinker will
influence and shape drinking decisions, it is believed that the lack of discrete personality
characteristics to describe a problem drinker may lead to individually dictated beliefs
about what constitutes problem drinkers personalities. This, in turn, may influence and
shape how individuals perceive and describe their own personalities, and dictate whether
the personality traits they ascribe to themselves will match those of a problem drinker. If
individuals view themselves as having distinctly different personality traits than those
ascribed to problem drinkers, they may be unable to identify themselves as problem
drinkers. Therefore, these individuals may be less likely to be amenable to, or successful in treatment. It may be then, that altering cognitions about problem drinkers and the personality of problem drinkers should be the initial focus of treatment for individuals with an alcohol use disorder.

During the last twenty-five years, researchers have focused on cognitive processes that may help explain drinking patterns and behavior. A person’s initial beliefs surrounding alcohol use have been studied through assessing cognitive mechanisms, shown to be powerful predictors of future drinking experiences. In particular, research on cognition has focused on alcohol expectancies, which are beliefs about future behavior based on stored information in memory (Goldman, Brown, Christiansen, & Smith, 1991).

Alcohol Expectancy theory proposes a mechanism whereby early learning experiences influence subsequent drinking decisions (Goldman et al., 1991; Goldman & Rather, 1993; Smith, 1989). Information from these experiences relating alcohol consumption to anticipated reinforcement is stored as information in memory, and later serves to influence future drinking-based decisions. Although it has been posited that alcohol related information from previous experiences and learning is stored in memory as anticipated effects of future drinking experiences, the acquisition of alcohol expectancies does not always involve direct prior experience with alcohol (Bauman & Bryan, 1980; Casswell et al., 1988; Dunn & Goldman, 1993; Miller, Smith, & Goldman, 1990). Indirect experience with alcohol through vicarious learning or modeling (Abrams & Niaura, 1987; Bandura, 1985) can influence expectancies about the effects of alcohol. For example, a parent who uses alcohol to relax when under extreme pressure may be transferring information to the child about the relaxing properties of alcohol.
Additionally, empirical research has shown that children develop expectancies about the effects of alcohol prior to actual consumption (Christiansen, Goldman, & Inn, 1982), and these effects are noted among children as young as six years of age (Miller, Smith, & Goldman, 1990).

It is important to note that alcohol expectancies are largely concerned with how the individual experiences alcohol’s “effects,” and these effects are stored as expectancies (information) about the future experience of alcohol on the individual. For example, answering questions such as “drinking gives me more confidence in myself,” and “after I’ve had a couple of drinks, I feel I’m more of a caring, sharing person,” directly addresses how individuals believe that alcohol will affect them. In contrast, this study proposes an alternative measurement of expectancies, whereby expectancies are considered as stored information about problem drinkers and problem drinker personalities, developed through parental modeling. Parental patterns of drinking and behaviors associated with drinking are proposed to lead to the development of the conceptualization of problem drinkers and problem drinker personalities in the form of expectancies. Rather than examining the effects of alcohol on themselves, individuals may focus on others to form expectancies about what a problem drinker and problem drinker personalities are. These expectancies of others help to determine the individuals drinking patterns and behaviors. The expectancies of problem drinker patterns, problem drinker behavior, and problem drinker personalities, are proposed to lead to, and govern, drinking decisions. If individuals drink in a way that is incongruent with their expectancies of problem drinker patterns, behaviors, and personalities, they may be unlikely to view themselves as problem drinkers, whether or not they actually are
problem drinkers. This study will examine these relationships by comparing individuals self-reported drinking patterns, behaviors, and personalities with their self-reported perceptions of hypothetical problem drinking patterns, behaviors, and the personalities of hypothetical problem drinkers.

How individuals form perceptions about the self and the self’s relationship to others has been studied in the areas of person perception (Heider, 1958), attribution theory, and social comparison theory (Festinger, Torrey, & Willerman, 1954). Individuals have been found to rate themselves as similar to others on ratings of likability (Fiedler, Warrington, & Blaisdell, 1952), attraction (Tagiuri, 1956), as well as liking individuals who share similar attitudes and beliefs (Newcomb, 1953; Riecken & Homans, 1954; Smith, 1957). These findings indicate that individuals, in these instances, rate themselves as similar to others. However, inconsistent with these findings are that when asked to compare themselves to others, individuals tend to rate themselves more favorably (e.g., Taylor & Brown, 1988).

Although it seems paradoxical to imagine that individuals who perceive themselves as similar to others rate themselves more favorably when comparing themselves to others, several researchers have confirmed the latter finding (Alicke, 1985; Bender & Hastorf, 1950; Brinthaupt, Moreland, & Levine, 1991; Brown, 1986; Kruger, 1999; Pelham & Swann, 1989; Schuldberg & Guisinger, 1991; Taylor & Brown, 1988).

Research in the area of addictions and alcohol expectancies has found similar results when examining the drinking beliefs and behaviors of the self in relation to others. Researchers measuring individuals’ expectancies to consume alcohol have concluded that while both positive and negative effects of alcohol are attributed to the self and others,
overall, individuals describe others as experiencing more negative effects behaviorally than they will experience themselves, especially among individuals considered moderate to heavy drinkers (Leigh, 1987; Roizen, 1983; Rohsenow, 1983). Abstainers however, do not hold this distinction, believing that they will experience less pleasure from alcohol than others, and experience at least as many negative effects as others. In addition, their evaluations of self and others negative effects are more negative than for those of moderate and heavier drinkers (Leigh, 1987).

Given that individuals distinguish themselves from others based on positive and negative characteristics and on alcohol’s effects, it is plausible that individuals may describe themselves more favorably on personality traits, patterns of use, and problematic behaviors associated with alcohol use than when they describe problem drinkers and problem drinker personalities. This research examined this distinction. In addition, this research examined if these beliefs originate through parental modeling of alcohol patterns and behavior, if these beliefs were stored as expectancies that define hypothetical problem drinkers and hypothetical problem drinker personalities, and how these expectancies influence individuals’ current drinking patterns and behaviors.

This paper will now review the literature on the history of defining problem drinking, personality characteristics of problem drinkers, how individuals view themselves in relation to their view of others, how social learning and parental influence contribute to children’s knowledge of alcohol use and drinking behavior, and how cognitions, in the form of expectancies, lead to and inform drinking based decisions.
History of Defining Problem Drinking

Attempts to define alcoholism have been described as futile, continually marked by uncertainty, ambiguity, and conflict (Keller & Doria, 1991). This suggests the approach taken in this paper, which is to rely on informants’ own self-definitions of what constitutes problem-drinking behavior. Over time, definitions of alcoholism have changed dramatically, seemingly dependent upon society’s prescribed social, economic and cultural values (Ewing & Rouse, 1979). For instance, during the 17th century, alcohol was considered both nutritious and medicinal (Rorabaugh, 1979). Rather than considered a loss of control or disease, heavy drinking that led to intoxication was viewed as consuming too much of a good thing (Levine, 1981). Up through the 18th century, men and women drank daily, often throughout the day. During that time, the average American drank four gallons of alcohol a year, compared to two and a half gallons per person reported during recent years (Rorabaugh, 1979).

The Revolutionary war brought changes in consumption patterns and beliefs about the effects of alcohol. The Continental Congress recognized the dangers of intoxication during battle and recommended that states cut back on quotas of alcohol issued to soldiers (Gusfield, 1963). Additionally, this period that marks the beginning of the widespread belief that alcohol was a disease. In 1785, Dr. Benjamin Rush, a prominent physician, wrote a detailed investigation of alcohol and its effects, stating that alcohol was an addiction (Levine, 1978). In a 1784 article “An Inquiry into the Effects of Ardent spirits on the Human Mind and Body,” Rush concluded that once an “appetite” or “craving” for alcohol had become fixed in the individual, the individual would become helpless and unable to resist the substance. However, the impact of Rush’s words were
not fully recognized until the 1820’s and 30’s, when the temperance movement gained momentum and claimed Rush as one of the founders of the temperance movement (Lender & Martin, 1982). While Rush’s view of abstinence did not include wine or beer as substances that necessarily led to disease and death when consumed in moderation, the modern temperance movement viewed all beverages that contained alcohol as deleterious. A Methodist report in 1832 illustrates this belief, claiming there was “no safe line of distinction between the moderate and immoderate” use of alcohol, and that moderate use that leads to immoderate use “is almost as certain as it is insensible” (cited in Lender & Martin, 1982).

Since that time, proponents of the disease model of alcoholism have claimed that individuals are powerless over the physiological cravings of alcohol, have a compulsive motivation to imbibe in alcohol, and exhibit little control over the effects or consequences of consumption (Caetano, 1987; Crawford, 1987). In contrast to this, empirical evidence has shown that the temporal stability of alcohol use is questionable (Clark & Cahalan, 1976; Fillmore, Bacon, & Hyman, 1979; Fillmore & Midanik, 1984), and that problem drinking does not necessarily lead to a general pattern of chronic consumption or a progressive disorder (Roizen, Cahalan, & Shanks, 1978).

Due to this diversity of findings, it is not surprising to find that there has been little consensus pertaining to the necessary conditions or attributes that must be present to give a diagnosis of alcoholism (Keller, 1982). Indeed, research has shown that classifying individuals according to alcohol consumption behavior is inconsistent at best (Tarter et al., 1992). In addition, critics have argued that quantities of alcohol consumed and troubles associated with alcohol use can be viewed on a continuum, and that
differentiating an alcoholic from other drinkers is virtually impossible, if not an arbitrary
distinction (Fingarette, 1991). Moreover, it has been noted that the multiple definitions of
alcoholism have created a barrier to effective treatment, as well as difficulty when
attempting to provide an accurate diagnosis of the disorder (Keller & Doria, 1991).

Therefore, due to the degree of differentiation among how individuals define,
develop, and maintain alcohol use problems, the proposed research will attempt to
elucidate how individuals’ self-definitions of problem drinkers contribute to their own
drinking decisions.

**Personality Characteristics of Problem Drinkers**

Along with the search for a definition that could predictably describe an alcoholic,
research also turned toward personality characteristics as a possible way to identify an
alcoholic based on specific and stable traits. The idea that an “alcoholic personality”
existed began during the 1940’s (Landis, 1945; Seliger & Rosenberg, 1941). The
alcoholic was believed to have a unique set of traits that could distinguish him/her from
other individuals, and these traits were believed to originate prior to the onset of
alcoholism. In an attempt to identify these traits and determine whether these traits
remained stable, clinicians and researchers administered a number of psychological
inventories; the most commonly used for multidimensional assessment of personality was
the Minnesota Multiphasic Personality Inventory (MMPI; Barnes, 1983; Cox, 1979).
Researchers administering the MMPI found that alcoholics’ scores were consistently
elevated on the scale of Psychopathic Deviate (Hewitt, 1943; Owen & Butcher, 1979;
Patterson, Charles, Woodward, Roberts, & Penk, 1981; Uecher, Boutilier, & Richardson,
1980), indicating that alcoholics appeared to be unconventional, disregard societal norms, impulsive, and unable to tolerate frustration. However, it has been noted that scales on the MMPI were not developed specifically to identify alcoholic personality characteristics, and individuals who score high on the Psychopathic Deviate scale fit other diagnostic categories other than alcohol abuse (Blane & Leonard, 1987).

More recently, general factor models have been used to explain differences in personality. General factor models provide a more comprehensive account of the major dimensions that underly personality (Watson, Clark, & Harkness, 1994). Models that have been most widely recognized are those that highlight either three or five dimensions of personality (Cattell, 1943; Cloninger, 1987; Costa & McCrae, 1992; Eysenck & Eysenck, 1975; Goldberg, 1982, 1990; Tellegen, 1985). Employing these models in the addiction field, researchers have found that clinical alcoholics appear to differ from non-alcoholics on the dimensions of openness, neuroticism, agreeableness, and conscientiousness (Trull & Sher, 1994; Martin & Sher, 1994), with alcoholics measuring higher on traits of neuroticism and openness, and lower on traits of conscientiousness and agreeableness. These findings appear promising and are consistent with previous research indicating that alcoholics are higher on traits of sensation seeking, impulsivity, anxiety, and depression (Cox, 1979, 1985; Pihl & Spiers, 1978). In addition, many studies have determined that adolescents who later developed alcohol problems exhibited independence, aggressiveness, nonconformity, rejection of societal values, antisocial behavior, impulsivity, and hyperactivity (Jessor & Jessor, 1983; Jessor & Jessor, 1977; Kandel, 1978; Winegard, Huba, & Bentler, 1980; Zucker & Noll, 1982), traits that are similarly found when contrasting alcoholics from controls. In contrast, personality
characteristics such as low self-esteem, depression, and anxiety have seldom been found to precede problems with alcohol. In addition, a recent longitudinal study comparing personality characteristics of individuals with family history positive alcoholism and controls over a nine-year period, the researchers found that when excluding individuals diagnosed with antisocial personality disorder, the 55 individuals that developed alcohol problems were no different on scores of personality inventories than the 168 that did not develop alcohol abuse or dependence (Schuckit, Klein, Twitchell, & Smith, 1994). Many other prospective studies have found similar results using the MMPI (Hoffman, Loper, & Kammeier, 1974; Kammeier, Hoffman, & Loper; Saunders & Schuckit, 1981), and general personality characteristics (Drake & Vaillant, 1988; Vaillant, 1983).

Taken together, the prior studies indicate that there is some consistency in the personality traits that distinguish alcoholics from controls and pre-alcoholics that later develop problems with alcohol. In contrast, when matched with control groups over time, there does not appear to be any stable constellation of personality traits that distinguish those individuals who go on to develop alcohol problems from those who do not. Due to these inconsistencies, our overall knowledge of personality remains limited, and somewhat confusing. We know, however, that personality characteristics co-vary with other factors that contribute to the vulnerability of alcohol problems (Sher et al., 1999), and should be measured in conjunction with genetics, stress and coping, developmental, and social processes that contribute to alcohol problems.

Therefore, this study recognized the importance of examining personality traits and proposed an alternative measurement of personality that could influence current and future drinking decisions. In this study, the personality characteristics that individuals
have are not as important as the perceptions that individuals have of problem drinker personalities, and how that relates to individuals’ perceptions of their own personalities. Considering there appear to be no clear traits known to the general public that describe an alcoholic personality, individuals may view themselves as distinctly different from alcoholics depending on the personality traits they ascribe to alcoholics and themselves. Therefore, individuals may be unlikely to consider themselves as problem drinkers when the personality traits they ascribe to problem drinkers do not match their perception of their own personality traits. This, in turn, may lead to barriers in effective treatment for alcohol use problems.

Self Perception and “Other” Perception: Relationship to Drinking Behavior

How individuals perceive themselves in relation to others is largely determined by how the individual’s self-concept interacts with others perceptions of themselves. Responses of others serve to influence and shape the definition of the self-concept (Cooley, 1902; Mead; 1934). The formation of the individual self-concept has been defined as “how an individual perceives himself in terms of ability, value, worth, limitations etc.” “The self concept is the substantive description one employs to identify his nature, and is also used by individuals to compare themselves to others” (Calhoun, 1977, p. 319). How individuals develop a sense of self has been viewed as largely dependent on learning through interactions and comparisons with others. “When people are asked how they know that they possess certain characteristics, a typical answer is that they have learned them from other people” (Schrauger & Schoneman, 1979, p. 549).
When evaluating others, individuals refer to their own self-concept to determine whether there is a match between the other and the individual’s own self-concept. Heider (1958) theorized that individuals have a need to predict and control events through understanding, and through what he refers to as “naïve psychology,” individuals attempt to achieve a sense of homeostasis; what Heider refers to as a “balanced state.” When confronted with information that is incongruent, and if “several parts, or traits, or aspects, of a person are considered, the tendency exists to see them all as positive, or all as negative” (Heider, 1958, p. 183). The push is for individuals to achieve a sense of harmony with others; “we want people we like to like us, and we tend to like people who like us - and the parallel is true for negative sentiments” (Heider, 1958, p. 201). Heider speculates that individuals prefer balance in the positive direction. That is, individuals have a preference for resolving imbalance with a positive alternative. To illustrate this example, Heider (1958) referred to a study by Jordan (1953), who found that harmonious situations were rated higher than unbalanced ones, and positive relations between one person and another were considered more pleasant than negative relations.

Heider (1958) referred to positive relationships in terms of the degree of similarity between oneself and others. The more similar individuals are, the higher the degree of balance, positive relations, and likability between individuals. The association between similarity and liking was documented in a study by Fiedler, Warrington, and Blaisdell (1952). In this research, the authors found that participants perceived individuals whom they liked best as more similar to themselves than individuals whom they liked least. This finding occurred even though the men who were rated as similar were not more similar to the actual descriptions of the best liked than to the least liked individuals.
However, while research has shown that individuals tend to like similar others (Fiedler, Warrington, & Blaisdell, 1952), like individuals who share similar attitudes and beliefs (Newcomb, 1953; Riecken & Homans, 1954; Smith, 1957), and rate themselves as similar on characteristics such as attraction (Tagiuri, 1956), when asked to compare themselves to others on positive and negative traits, individuals generally rate themselves more favorably and less negatively than when rating others (e.g., Alicke, 1985; Bender & Hastorf, 1950; Brinthaupt, Moreland, & Levine, 1991; Brown, 1986; Schuldberg & Guisinger, 1991; Taylor & Brown, 1988). In addition, individuals tend to overestimate their own positive qualities relative to the assessment of others’ qualities. In a study that examined how individuals rate themselves on job performance when compared to other similarly employed men, French (1968) found that only 2 out of 92 men rated their own performance below the 50th percentile (cited in Rosenberg, 1979). Similarly, another study found that when comparing themselves to “most other people” on personality characteristics and general abilities, the majority of individuals rank themselves as higher than others (Pelham & Swann, 1989). Because “logically all or most people cannot rank higher than the median rank,” it has been concluded that individuals tend to exaggerate their positive characteristics (Buunk & Van Ypereen, 1991; Larwood & Whitaker, 1977; Pelham & Swann, 1989).

Other forms of attribution bias exist as well. This has occurred when individuals rate themselves against unknown hypothetical college students (see Taylor & Brown, 1988 for a review), known peers (Kruger, 1999), former spouses (Schuldberg & Guisinger, 1991), and among friends (Brown, 1986).
It appears that when others traits are viewed as undesirable and incongruent with individuals’ perception of themselves, individuals are more likely to view others as less desirable, and more dissimilar to themselves. This has been found when individuals feel that their self-image has been threatened. There has been some research in the area of stereotyping when the self-image is threatened that has confirmed this. Individuals who received negative feedback on intelligence tests were more likely to evaluate stereotyped targets more negatively than individuals who received positive feedback. Among individuals who stereotyped negatively, it was found that the act of stereotyping increased their self-esteem relative to those who did not engage in negative stereotyping (Fein & Spencer, 1997; Spencer, Fein, Wolfe, Fong, & Dunn, 1998). The authors theorized that stereotyping is both a salient and effective way for individuals to restore and maintain a positive self-image.

The aforementioned findings indicate that although individuals tend to like others who they perceive as more similar to themselves, and maintain a preference for positive relations between themselves and others, this may only be substantiated when a match exists between self and others traits that are valued highly, and congruent with the individual’s self-concept.

More specifically within the alcoholism literature, individuals expectancies about the future effects of alcohol on self and others has indicated that even though both positive and negative expectancies of alcohol are attributed to both self and others, more positive effects of alcohol are attributed to the self and increased negative effects are attributed to others (e.g., Roizen, 1983). In a study that asked college students and individuals from the general population to describe the effects of alcohol on the self and
others, the results indicated that participants expected others to experience more negative effects when drinking, especially for socially undesirable behaviors (e.g., aggression, argumentativeness, meanness, fighting, vulgarity, and losing self-control). In addition, heavier drinkers reported that they would experience more pleasurable effects from alcohol use than others would (Leigh, 1987). Similarly, Rohsenow (1983) found that college students who were heavy drinkers expected greater pleasurable effects than light drinkers did, yet both groups reported more effects that are negative for others.

Taken together, these findings suggest that although person perception theory and prior research has indicated that individuals attempt to restore harmony and achieve what is most favorably preferred as a positive “balanced state” by viewing others as similar to the self, when an imbalance between self and other occurs that is unfavorable and threatening to the self-image, individuals appear to resolve this by viewing others negatively, thereby restoring a positive self-image. This makes sense when reviewing the prior research on how individuals perceive the effects of alcohol on others in relation to the effects of alcohol on the self. It is plausible to imagine that individuals hold a preconceived negative stereotype of a problem drinker, and this, in turn, may be threatening to a positive image of the self. Therefore, consistent with previous research, individuals in the present study may be more likely to perceive hypothetical “problem drinkers” as exhibiting greater consumption and more problematic behaviors associated with alcohol use than when perceiving their own consumption and problem behaviors.

Social Learning and Parental Influences on Alcohol Use

Social Learning Theory is derived from previous learning theories of behavior
that suggested that behavior could be explained by internally driven forces through needs, desires, and impulses, or through external mechanisms in the form of Classical or Operant conditioning. Social Learning Theory (SLT) is credited to Albert Bandura (1969), who believed that human behavior could be explained through a continuous reciprocal interaction between individuals cognitive, behavioral, and environmental motivations. That is, each of these components influences the other and can change the nature of the interaction at any given time. Individuals continually reassess their behavior, cognitions, and their impact on the environment, as well as the environment’s impact on their cognitions and behavior.

One important tenet of SLT is “modeling” behavior; also described as vicarious or observational learning. In modeling, individuals are viewed as acquiring new behavior and knowledge through the observation of people, events, and consequences associated with the behavior. Observation from the individual occurs without engaging in the behavior directly, and without any direct consequences to the individual. In this way behavior is learned through watching what others do, and the reactions to the behavior positively or negatively reinforce subsequent decisions regarding the behavior. Thus, a behavior that is modeled and results in positive reinforcement leads to the behavior being learned and exhibited. Conversely, the observation of behavior that is followed by punishment or other negative consequences is associated with an aversive reaction to the behavior, thereby inhibiting the behavior.

Bandura (1977) has asserted that modeling is “a powerful shaper and regulator of alcohol consumption” (p. 358), and that modeling plays a primary role in the SLT of alcohol use and abuse. SLT presupposes that individuals learn about drinking through
modeling the behaviors of parents, siblings, peers, and the media. Through these social influences, individuals are thought to obtain information on drinking behavior such as what to drink, how to drink, and the consequences of drinking. While the media is considered as an important model to influence subsequent drinking behavior, it has been considered as a distal determinant, and family and peers are viewed as proximal determinants, whereby drinking decisions originate.

Many studies have documented the importance of family and peer influence on drinking behavior (Chassin, Curran, Hussong, & Colder, 1996; Kafka & London, 1991; McLaughlin, Baer, Burnside, & Pokorny, 1985; Foxcroft, Lowe, & May, 1994). Although it has been determined that peers are more influential in promoting continued use of alcohol in adolescence (Curran, Stice, & Chassin, 1997; Kandel, 1985; Kandel & Andrews, 1987; Margulies, Kessler, & Kandel, 1977; McLaughlin et al., 1985, Reifman, Barnes, Dintcheff, Farrell, & Ulteg, 1998), several studies have indicated that parents have the strongest influence on the initiation of alcohol use (Barnes & Welte, 1986; Ellickson & Hays, 1991; Kandel & Andrews, 1987; Lau, Quadrel & Hartman, 1990; White, Bates, Johnson, 1991). For example, Ellikson and Hays (1991) found that parents’ alcohol use predicted adolescent drinking among initial non-drinkers in the seventh grade. Another study that examined adolescents upon entering college found that parental modeling of alcohol use behavior predicted children’s drinking behavior at baseline (Lau, Quadrel, & Hartman, 1990). Results from both of these studies indicated that parental influence is an important predictor of either initiation or use. However, Lau and colleagues (1990), and others (Curran, Stice, & Chassin, 1997; Kandel, 1985) have argued that during adolescence and through the college years, the strongest influence of
drinking behavior appears to be transmitted through peers, with parental influence tending to wane.

Even so, researchers examining drinking behavior of adolescents through and beyond the college years have found that a significant amount of individuals “mature out” of drinking by decreasing their alcohol consumption (Chen & Kandel, 1995; Gotham, Sher, & Wood, 1997; Temple & Filmore, 1985-1986). This suggests that although peers influence is strong, it may not be sustained in the future. Indeed, when measuring perceived norms of drinking, this appears to be the case. In a study that measured parent and peer modeling, and parent and peer drinking norms on adolescents perceived drinking norms, preferences for alcoholic beverages, and self-reported drinking behavior (Biddle, Bank, & Marlin, 1980), the researchers found that parents influenced young children through drinking norms, and that parental drinking behavior was directly related to their children’s drinking. During adolescence however, these children adopted similar drinking behavior of peers, and parental drinking dropped off. Even so, parental norms continued to remain stable over time, internalized by adolescents. The authors noted that the effects of parental modeling might be expressed in children’s later years, following adolescence.

From this review of the previous research it is apparent that peers exert a powerful influence over adolescents drinking decisions. However, prior studies have also shown that the importance of parents and their influence over children’s substance use decisions are not entirely eliminated, and therefore, cannot be overlooked. In a recent review of parental influence on adolescent drinking and smoking decisions, Johnson and Johnson (2001) have reaffirmed the strength of parental influence in substance use
decisions, and the authors stress the importance of continuing to explore how parental drinking patterns may influence adolescent alcohol use.

Although modeling theory presupposes that drinking behavior is learned through the reinforcement or inhibition of consequences associated with the observation of the behavior that is modeled, Bandura (1977) recognized that learning occurs not only through observation as in modeling or through experiencing behavior, but through cognitions about the behavior that interact with these processes. In this way, the individual is considered both the agent and the recipient of behavioral learning. Thoughts about a given behavior serve to aid in the decision making process about engaging in the behavior. In particular, attitudes, beliefs, and expectancies about alcohol are thought to interact indirectly with parents drinking behavior to influence children’s beliefs about alcohol use.

Cognitive Mechanisms that Contribute to Drinking Decisions

Within the last 30 years, research on addictions has focused on cognitive mechanisms as alternative possible pathways toward explaining problematic alcohol use. Most often, these cognitions have been operationalized as expectancies. In general, expectancies are cognitive-based beliefs thought to be acquired through the association of a given behavior with a certain outcome. Through repeated pairing of the behavior to the outcome, information is stored in memory in the form of expectancies about the behavior in question. Depending on whether or not the outcome of a given behavior is perceived by the individual as reinforcing will determine the likelihood of the individual engaging in the behavior in the future (Tolman, 1932; Bolles, 1972).
Expectancy theory posits that early learning experiences influence and shape subsequent behavioral choices (Bagozzi, 1992). Perceptions of associations between a given behavior and certain outcomes are believed to lead to the storage of these associations in memory in the form of expectancies. Stored associations then influence future decisions; the expectation of reinforcement from the behavior increases the likelihood of engaging in that behavior. In this way, early learning experiences influence later behaviors, transmitted forward in time via stored information about the behavior (Goldman et al., 1991; Goldman & Rather, 1993, Sher et al., 1991; Stacy, Newcomb, & Bentler, 1991).

Similarly, alcohol expectancies are viewed as anticipation of the future effects of alcohol based upon previous learning experiences that govern them, and both previous and current research strongly support this notion. Beginning with the seminal work of Brown and her colleagues in 1980, expectancies of the positive reinforcing effects of alcohol were found among individuals with differing drinking patterns. Following this initial work, alcohol related expectancies have been noted to differ among heavy and light drinkers (Southwick, Steele, Marlatt, & Lindell, 1981), alcoholics, medical patients, and college students (Brown, Goldman, & Christiansen, 1985), and problem and non-problem drinkers (Conners, O'Farrell, Cutter, & Thompson, 1986).

In addition to distinguishing alcohol-related expectancies between groups, understanding the etiological perspectives that contribute to the development of alcohol expectancies are important determinants of the maintenance of these expectancies, and how these expectancies lead to subsequent drinking behavior. Studies have shown that young children with no prior drinking experience have a clear understanding of the
effects of alcohol (Bauman & Bryan, 1980; Dunn & Goldman, 1993; Miller, Smith, & Goldman, 1990), and several studies have confirmed that expectancies develop early in childhood (Christiansen, Goldman, & Inn, 1982; Miller, Smith, & Goldman, 1990; Spiegler, 1983). In addition, the acquisition of alcohol expectancies does not necessarily involve direct experience with alcohol (Bauman & Bryan, 1980; Casswell, Gilmore, Silva, & Brasch, 1988; Dunn & Goldman, 1993; Miller, Smith, & Goldman, 1990), and children form expectancies about alcohol’s effects prior to actual drinking experience (Christiansen, Goldman, & Inn, 1982). In a study that examined the expectancies of seventh and eight graders who were considered non-drinkers, the researchers found that expectancies predicted drinking levels in a twelve-month follow-up, accounting for more than 25.6% of the variance (Christiansen et al., 1989).

That children form expectancies of the positive effects of alcohol prior to actual drinking behavior suggests that mechanisms other than drinking must be responsible for the formation of alcohol expectancies. It has been asserted that memory derived from parental modeling, peer influence, and the media, all shape acquired expectancies (Goldman & Rather, 1993). In particular, studies that have examined alcohol expectancies in relation to a family history of alcohol abuse have determined that there is a relationship between positive alcohol expectancies and risk for the later development of alcohol problems (Brown, Creamer, & Stetson, 1987; Sher et al., 1991). In a study that examined how alcohol expectancies help explain the predictive power of future risk for alcohol problems, Christiansen and Goldman (1983) found that demographic/background variables (parental drinking, attitudes, and presence of an alcoholic in the family) all predicted positive alcohol expectancies. In addition, the authors determined that two
expectancies: enhancement of social behavior and improved cognitive and motor
functioning, predicted increased problem drinking above and beyond the variance
accounted for by the demographic and background variables. This finding suggests that
risk for the development of alcohol problems and positive expectancies develop when
exposed to familial alcohol abuse, and that developed expectancies relate significantly to
frequent heavy drinking.

In addition, expectancies have been found to remain stable over time and predict
future drinking (Christiansen, Smith, Roehling & Goldman, 1989; Reese, Chassin, &
In prospective and longitudinal studies using adolescents, expectancies predicted the
transition from non-problem alcohol use to problem usage at a twelve-month follow-up
(Christiansen et al., 1989), and at three years (Smith, Goldman, Greenbaum, &
Christiansen, 1995). Among Christiansen et al.’s., (1989) sample, the strength of
expectancies explained approximately one fourth of the variance from year 1 to year 2.
Using college aged samples, expectancies predicted alcohol use after a three-year period
found that over a 9-year period, adolescent expectancies predicted adult expectancies,
drug frequency, and drug problems.

This suggests that expectancies are powerful motivators of future based drinking
decisions and remain stable over time. In addition, because expectancies develop at a
young age, appear to be influenced by parental modeling behavior, and have been related
to family history of alcohol abuse, the present study will examine how individuals’
expectancies influence drinking decisions.
While a large body of research has focused on alcohol expectancies as the “effects” of alcohol that motivate drinking decisions (Christiansen, Smith, Roehling, & Goldman, 1989; Reese, Chassin, & Molina, 1994; Smith & Goldman, 1990; Stacy, 1997; Stacy, Newcomb, & Bentler, 1991), little attention has been given to alternative ways of examining expectancies that may contribute to problematic drinking. In particular, little is known about whether individuals’ form expectancies of a hypothetical problem drinker, and if these expectancies lead to, and govern, drinking decisions. Therefore, it was of interest to examine how self reported drinking patterns and behavior differ from expectancies of hypothetical problem drinkers’ patterns and behavior, individuals expectancies of the personalities of hypothetical problem drinkers and their own personalities, and how these expectancies relate to individual drinking behavior and the maintenance of drinking patterns.

To date, no research has attempted to link individuals’ perceptions of their own drinking patterns, behavior, and personality with specified others defined as hypothetical problem drinkers or problem drinker personalities. Moreover, research has not explored the stability of these perceptions and how they sustain a person’s drinking decisions.

The purpose of this research was to investigate the relationships between individuals’ personalities, drinking problems, and patterns, in relation to individuals’ perceptions about the personalities, drinking problems, and drinking patterns of hypothetical problem drinkers and hypothetical problem drinker personalities. In addition, this research was interested in determining whether there was a relationship between individuals’ reports of parent/caretakers alcohol consumption, behaviors, and individuals’ expectancies of problem drinkers, and whether this was related to
individuals' own drinking patterns and behaviors. Finally, this research examined whether there was a distinction among self-reported consumption patterns for individuals who considered their parent/caretaker as having a problem with alcohol use versus those individuals who reported that their parent/caretaker did not have an alcohol problem. Previous research has indicated that many individuals modify their alcohol use if they view parents as having alcohol related problems (Harburg, Davis, & Kaplan, 1982; Harburg, DiFranceisco, Webster, Gleiberman, & Schork, 1988). Thus, offspring who self-report that parents exhibit alcohol-related problems tend to exhibit a “fall off” effect, where these offspring do not follow parent patterns of heavy drinking if they report their parent has an alcohol related-problem. However, evidence for the “fall off” effect is not consistent across all offspring of heavy alcohol users (Harburg, DiFranceisco, Webster, Gleiberman, & Schork, 1988). Therefore, this research was interested in this phenomenon, and in particular, this subgroup of individuals who indicated that their parent/caretaker did not have an alcohol problem and reported the parent/caretaker as consuming high quantity/ frequency levels of alcohol and exhibiting more alcohol-related problem behaviors. It was believed that these individuals would self-report greater alcohol consumption and more alcohol related problem behaviors than individuals who reported that parent/caretaker did have an alcohol problem.

**Hypotheses**

**Hypothesis 1:** It is predicted that individuals would self-report a significant difference in alcohol problems, personality traits, and alcohol consumption when describing hypothetical problem drinkers and hypothetical problem drinkers’
personalities, compared to when describing their own alcohol problems, personality traits, and alcohol consumption. In particular, individuals would describe themselves as consuming less alcohol, having fewer problems associated with alcohol use, and having higher scores on personality traits of Agreeableness, Conscientiousness, Emotional stability, and Intellect factors than when describing hypothetical problem drinkers and hypothetical problem drinker personalities (see Appendix A for personality traits and factor loadings; see Appendix B for how “hypothetical problem drinker” is defined).

**Hypothesis 2:** Overall, there will be a significant difference in self-reported alcohol consumption and self-reported alcohol related problem behaviors for participants who report their parent/caretaker does not have an alcohol problem and participants who report their parent/caretaker does have an alcohol problem. Specifically, participants who report their parent/caretaker does not have an alcohol problem would self-report significantly more drinks per week and alcohol related problem behaviors for themselves than participants who report their parent/caretaker does have an alcohol problem.

**Hypothesis 3:** Participants who report their parent/caretaker does not have an alcohol problem and report higher quantity levels of alcohol consumption and greater problem behaviors for their parent/caretaker (a “denial” of parent problem group) would report higher quantity levels of alcohol consumption and greater problem behaviors for themselves than participants who report their parent/caretaker does not have alcohol problem and low quantity levels and parent/caretaker problem behaviors; participants who report parent/caretaker does have alcohol problem and high quantity levels and
parent/caretaker problem behaviors; and, participants who report parent/caretaker does have an alcohol problem and report low quantity levels and parent/caretaker problem behaviors.

**Hypothesis 4**: Participants' reports of hypothetical “problem” drinker problem behaviors and quantity and frequency would moderate and/or mediate the relationship between reported parent/caretaker problem behaviors and quantity frequency levels, and self-reported problem behaviors and quantity/frequency levels. Specifically, these hypotheses tested whether perceived hypothetical “problem drinker” expectancies (measured as hypothetical problem behaviors and quantity/frequency) moderates or mediates the relationship between perceived reported parent/caretaker problem behaviors and quantity/frequency and self-reported problem behaviors and quantity/frequency of alcohol consumption.

**Methods**

**Participants**

Participants were 200 undergraduate students recruited from an Introduction to Psychology research subject pool at the University of Montana. Two participants were excluded from the final analyses because they were 17 years of age and did not have parental consent to participate. The remaining participants (n=198) were 76% female (n = 151) and 24% male (n = 47), with ages ranging from 18-52 years with an average age of 23 (SD = 6.64). Approximately 91% of the sample was White/European American, 5% American Indian/Native American, 2% Hispanic/Latino/a, and 2% Asian/Asian American. Fifty-four percent of participants were born in Montana, and 61% of
participants \( n = 122 \) reported a family history of alcohol problems, with 36% of participants reporting that Grandparents, Aunts, and Uncles had alcohol related problems, followed by 15% of participants who identified fathers as having a history of alcohol related problems. Sixty-six percent of participants reported that their parent/caretaker did not have an alcohol problem. Of all participants, six percent self-reported an alcohol problem and 20% indicated having had an alcohol problem in the past. Participation was voluntary, and upon completion of the measures participants received experimental credit toward fulfillment of their research requirement.

**Measures**

Unipolar Big-Five Markers. The set of Unipolar Big-Five Markers developed by Goldberg (1992) is a set of 100 unipolar adjective markers for the Big-Five structure of personality. Each of the five factors (I. Surgency, or Extroversion, II. Agreeableness, III. Conscientiousness, or Dependability, IV. Emotional Stability vs. Neuroticism, and V. Culture, Intellect, or Openness) is tapped by 20 adjectives rated on a 9-point Likert scale ranging from “extremely accurate” to “extremely inaccurate.” Internal consistency for each of the five marker subsets of 20-items across data sets produced alpha reliabilities from .82 to .97. Additionally, overall discriminant validity is good, with low intercorrelations among the markers, mean scale correlations ranging from .08 to .25. Goldberg (1992) compared the five factors derived from the 100 unipolar adjectives to the NEO-PI domain scales (Costa & Macrea, 1985), currently the most widely recognized alternative set of the original Big Five-factors discovered by Tuples & Christal (1961).
Correlations between Goldberg's factor markers and the NEO-PI domain scales ranged from .46 to .69, with a mean correlation of .60.

For this research, participants responded to the set of adjective traits twice, once to describe themselves, and once to describe a hypothetical problem drinker's personality traits (see Appendices B and C for sample Unipolar adjective measures for hypothetical problem drinker and self respectively). To describe self-reported adjective traits, participants were asked to “use this list of common human traits to describe yourself as accurately as possible.” Instructions were modified slightly from “yourself” to hypothetical “problem drinker” when participants were asked to describe hypothetical problem drinkers adjective traits (see Appendix B for additional instructions regarding hypothetical “problem drinker”). Scoring involved summing up scores of adjectives that loaded onto each factor and calculating factor means. Mean scores for each of the five-factors for self-descriptive adjective traits and hypothetical problem drinker adjective traits were compared to determine whether participants described themselves as higher on self-reported personality traits that loaded onto the Agreeableness, Conscientiousness, Emotional stability, and Intellect factors than when describing hypothetical problem drinker traits.

**Rutgers Alcohol Problem Index (RAPI).** The RAPI (White & Labouvie, 1989) has been used to assess potential problem drinkers in adolescents and college students based on the past six months of the respondents' alcohol usage. The RAPI is a self-report measure comprised of 23-items (e.g., “caused shame or embarrassment to someone…”), and is scored using Likert
Scale items with anchors ranging from 1 to 5 with 1 equating “never” to 5 equating “more than 10 times.” Scoring is derived by summing the frequency of problems endorsed. The RAPI has been empirically tested in a longitudinal study using 1,308 adolescents tested once at 12, 15, and 18 years of age, and again three years later at 15, 18, and 21 years of age. Internal consistency estimates were .92 at Time 1 and .93 at Time 2. Convergent validity with use intensity measures is adequate, ranging from .20 to .57. Therefore, White and Labouvie (1989) recommend that problem behavior scores on the RAPI be used in conjunction with use intensity measures to improve diagnoses of adolescent alcohol problems (White & Labouvie, 1989). This study used the Timeline-Followback in combination with the RAPI to obtain a more accurate assessment of problem drinking. In addition, participants were asked to complete three measures of the RAPI: once for a hypothetical “problem drinker” (RAPI-PD), once for parent/caretaker who the individual considered to consume the greatest quantity and frequency of alcohol (RAPI-C), and once for self-reported drinking behavior (RAPI-S; see Appendices D, E, and F for the three versions of the RAPI respectively). The hypothetical “problem drinker” and the Parent/Caretaker measure were modified slightly from the original version of the RAPI. The hypothetical “problem drinker” measure included instructions that asked participants to imagine a hypothetical “problem drinker” and to respond to the questions how they believed an individual with a drinking problem would respond (refer to Appendix D for instructions for RAPI-PD). The Parent/Caretaker measure was altered slightly to reflect differences in age appropriate information and gender. For example, the question “not able to do your homework or study for a test” was changed to “not able to do her/his work or studies” (refer to Appendix E for modified RAPI-C instructions).
Measures of internal consistency were calculated for the current study. Among this sample of participants \( n = 195 \), the alpha coefficient was .94.

The Timeline Follow-Back Interview (TLFB). The TLFB (Sobell & Sobell, 1973) is a semi-structured interview used to determine the quantity and frequency of alcohol consumption. The TLFB uses a calendar and asks respondents to provide accounts of daily drinking over a varying time-period ranging anywhere from 30 days to 12 months prior to the interview. The interviewer aides respondents’ recall by using specific anchor points (e.g. birthdays, holidays, paydays, and weekends) and using a standard drink conversion chart to determine variety of drinks and total amount consumed. Scoring for the TLFB involves summing the total number of drinks and total number of drinking days over the time-period measured. To obtain an average of daily consumption of drinks per drinking day, total number of drinks was divided by the total number of drinking days. Weekly averages were obtained by dividing the total number of drinks by the time-period measured, multiplied by seven.

The TLFB has been used among problem and normal drinking populations, in conjunction with collateral reports, and in comparison with official records, such as reports of jailed days, hospitalizations, pre and post treatment facilities (Sobell & Sobell, 1992). In addition, concurrent validity has been determined by examining correlations between the TLFB and other established alcohol measures, and correlations between the TLFB and biochemical tests used to measure alcohol related acute hepatic dysfunction (Sobell & Sobell, 1992).

The TLFB has maintained an exceptional record of reliability and validity in the alcohol research field (Breslin, Sobell, Sobell, Buchan, & Kwan, 1996; Cervantes et al.,...)
1994; Cohen & Vinson, 1995; Conners, Watson, & Maisto, 1985; Grant, Tonigan, & Miller, 1995; Sobell, Sobell, Khajner, Pavon, & Basian, 1986; Sobell et al., 1988; Sobell, Sobell & Sobell, 1992). Studies of the psychometric properties of the TLFB as a measurement of alcohol consumption have found high temporal stability, with most test-retest reliabilities exceeding .85. In addition, the TLFB has been found to be reliable and valid when measuring illicit drug use. In a study measuring the reliability and validity of TLFB reports of cocaine and heroin use, test-retest reliability over a six-week period was high, all Pearson $r$ values ranging from .74 to .95 for cocaine, and .69 to .99 for heroin (Ehrman & Robbins, 1994).

Another study measuring the psychometric properties of the TLFB using a sample of drug-abusing patients found the TLFB to have strong test-retest reliability, adequate convergent validity with the Michigan Alcohol Screening Test, the Addiction Severity Index, and the Drug Abuse screening Test, with $r$'s ranging from .32-.44, .30-.36, .44-.51 respectively (Fals-Stewart, Freitas, McFarlin, O'Farrell, & Rutigliano, 2000). In addition, the authors found discriminant validity, agreement with collateral informants reports of patients substance use, and agreement with results from patients urine assays (Fals-Stewart et al., 2000).

Additionally, a self-administered computerized version of the TLFB has been developed. Previous research that examined the paper and pencil TLFB interview with the self-administered computerized version on 63 problem drinkers 90 days prior to entering treatment, found that over a three-week period, correlations between the two methods were highly significant, $r$'s ranging from .83 to .95. (Sobell, Brown, Leo, & Sobell, 1996).
For the present study, a trained interviewer administered the paper and pencil version of the TLFB. Number of drinks and drinking days over the previous 30-day period were recorded. Participants were asked to bring a date book or calendar to aid recall during administration (see Appendix G for a sample TLFB calendar).

Thought Listing Technique. The Thought Listing Technique (Cacioppo & Petty, 1981) is an open-ended protocol analysis for assessing cognitive structures and thought processes. Used in conjunction with structured questionnaires that measure the same underlying construct, it allows free-association of thought patterns, and provides additional information about individuals' cognitive organization and mental contents (i.e., thoughts, feelings, ideas, appraisals, expectations). Studying individual thought processes are considered important and favored by cognitive therapies. The belief is that the ways of thinking about something can lead to emotional and behavioral disorders (Ellis, 1977; Meichenbaum, 1977), and treatment goals include the modification of distorted thought processes; however, before thoughts can be modified, the internal dialogue of self-statements must be determined. A pilot study was conducted (Rothman, Pryzgoda, Belcourt-Dittloff, Gottlieb & Schuldberg, 2002) using the Thought Listing technique to describe problem drinkers. Results from the study demonstrated that participants described problem drinkers as having friends or family members with problems (58%), consuming a lot of alcohol and/or drinking often (44%), having physical/health problems (43%), experiencing negative emotions (39%), being violent and/or abusive (36%), addicted to alcohol (34%), experiencing social problems (31%), neglecting responsibility (26%), drinking and driving (25%), losing control (18%), experiencing positive effects
from alcohol (17%), spending a lot of money (15%), negative self reflection (11%), escape (11%), and legal problems (10%).

For this study, participants were instructed by a trained researcher to think about “problem drinkers” for 30 seconds. After time elapsed, participants were asked to record any thoughts they had that were associated with a problem drinker. Thoughts were recorded in separate boxes, with each box including one thought or idea. Participants were given 2.5 minutes to write down any thoughts. At the end of the elapsed time, participants were instructed to finish recording any incomplete thoughts. In addition, participants noted whether the thoughts were positive, negative, or neutral (See Appendix H for a sample protocol and form).

Thoughts were reviewed by two trained research assistants who created discrete coding categories derived from participants’ unique judgments about what constituted a hypothetical “problem drinker.” Categories were based on common themes and frequencies that emerged from the participant’s responses. Based on the categories derived, inter-rater reliability was established using Cohen’s kappa ($k$) statistic for categories and dichotomous coding of responses. In addition, Intraclass Correlation coefficients ($ICC$; Cicchetti & Sparrow, 1981) were calculated for dimensional scores, such as number of positive descriptions. Because the same two coders were used to rate all cases, a Two-Way Mixed model with absolute agreement was used (Nichols, 1998; Yaffee, 1998). While kappas give either full credit or no credit for dichotomous responses, with credit determined by agreement between the raters on the presence or absence of a variable, Intraclass Correlation coefficients are used with continuous ordinal scales, taking into account degrees of separation between rater agreement, giving
partial credit based on closeness of agreement between raters (see Table 1 for categories, kappas, and ICC’s.). Descriptive statistics were used to determine frequencies of recorded items in each category, and percentages of frequencies are reported.

Problem Drinker Questionnaire (PDQ-PD). The PDQ-PD is a modified version of the Quantity-Frequency-Variability Index (Q-F-V; Cahalan, Cisin, & Crossley, 1969), originally designed for use in a National Survey to obtain information on Americans’ drinking patterns and behaviors. The Q-F-V asks questions about the quantity and frequency of alcohol consumption for individuals who consume alcohol more than once a month, with frequency measurements including three or more times a day, two times a day, once a day, nearly every day, three or four times a week, once or twice a week, two or three times a month, and once a month. In addition, individuals were asked if they consumed alcohol less than once a month but at least once a year, less than once a year, and if they have never consumed alcohol. However, individuals who endorsed these items did not complete quantity measures.

To measure quantity of alcohol consumption, questions asked respondents to endorse how often they “usually” consumed five or six, three or four, or one or two drinks. Usual consumption was measured by endorsing consumption of wine and/or beer and/or spirits nearly every time, more than half the time, less than half the time, once in a while, and never. This measurement provides information on the variability of drinking patterns not accounted for when using traditional measures of quantity and frequency averaged over time. The PDQ-PD measured average weekly consumption patterns by asking participants to specify the exact number of drinks consumed from zero drinks through six or more standard drinks (See Appendix I for a sample Standard Drink chart).
Similarly, the PDQ-PD asked respondents to record frequency of weekly alcohol consumption ranging from “never” through “every day.”

Participants completed three versions of this measure: once for a hypothetical “problem drinker” (PDQ-PD), once for “Parent/Caretaker” (PDQ-C) who consumed the greatest quantity and frequency of alcohol, and once for themselves (PDQ-S) (refer to Appendices J, K, and L for PDQ-PD, PDQ-C, and PDQ-S, and instructions to participants for all measures respectively). Although the TLFB was also used as a measurement of self-reported alcohol consumption, the PDQ-S was used in an effort to make all measures equivalent and limit instrumentation effects. In addition to recording quantity and frequency of alcohol consumption, participants were asked to indicate whether they currently perceived, or have ever perceived themselves or either parent as problem drinkers.

To obtain average scores of weekly consumption and drinking frequency, scores for problem drinkers, parent/caretaker, and self, number of drinks and days were totaled and multiplied together to obtain average weekly scores of quantity levels. These scores were compared to the averaged weekly quantity scores of the PDQ-S, and averaged weekly self-reported levels of quantity/ frequency of alcohol consumption on the TLFB to determine whether a significant relationship existed between self-reported consumption and the other two groups.

A limitation of using the product of weekly reported quantity and frequency to measure monthly drinking patterns is that it does not take into account the variability of daily drinking habits. Quantity and frequency reported during a typical week may not accurately represent all weekly consumption during a one-month period. However,
considering that participants were asked not only for current consumption levels but also to retrospectively recall a broad time-period during their childhood, it may have been difficult for individuals to accurately recall true variability among days and number of drinks. In this instance, parent/caretaker average weekly consumption patterns may have been more salient and therefore provided a more accurate measurement of information.

**Social Desirability Scale (SD).** The SD (Edwards, 1970) includes 39 true/false items that have been used to estimate an individual’s propensity for making socially desired responses in surveys (see Appendix M for a sample Social Desirability scale). A source of response bias in survey research is the tendency for participants to enhance socially desirable characteristics or to minimize the presence of those that are less desirable (Selltiz et al., 1976). Questions that involve attributes that the participant feels are important to have may lead the participant to believe that their attitudes or behaviors are unacceptable by social standards. This, in turn, may result in a conflict between telling the truth and conforming to expectations of a good respondent. In such a situation, participants potentially resolve the conflict by adjusting their answers in the direction of social desirability. In this research, participants’ may respond to questions about their own quantity/frequency of alcohol consumption and alcohol-related problem behaviors in a more positive light, particularly when primed with questions about a problem drinker’s quantity/frequency and problem behaviors prior to the self-report measures. Internal consistency for the SD scale was calculated. Among this sample of participants, (n = 180) the alpha coefficient was .64.
Procedure

Questionnaires were administered in groups of 20 participants each at the University of Montana. A trained researcher administered the Thought Listing Technique, followed by all self-administered questionnaires. The researcher explained to participants that as they were filling out the self-report measures, a research assistant would administer the TLFB to each participant individually in a sound attenuated room located directly across the main room where the study was held.

Upon completion of the TLFB, each participant was asked to return to their original seat to complete the remaining self-report questionnaires. With the exception of the TLFB, the questionnaires were partially counterbalanced so that half of the participants received the self-measures first and the other half received the hypothetical "problem drinker" measures first. The use of complete counterbalancing would have been ideal to eliminate carryover effects that may have lead to participants’ biased responding. For example, under reporting of self-reported quantity, frequency, and problems associated with alcohol use may have occurred if individuals filled out hypothetical "problem drinker," hypothetical "problem drinker personalities," and parent/caretaker measures prior to self-reported measures of quantity, frequency, and problems associated with alcohol use. However, the feasibility of complete counterbalancing was impractical in the proposed research, due to the large number of conditions employed.

Once all measures were completed participants were debriefed as to the purpose of the experiment, received written information about the study, appropriate phone
contacts to obtain any additional information including answering questions regarding the study, and received experimental credit toward their research requirements.

Data Analyses

Hypothesis 1: A series of dependent sample $t$ tests were conducted to determine whether individuals self-reported significant differences in alcohol consumption, alcohol problem behaviors, and personality traits when describing hypothetical problem drinkers and hypothetical problem drinker personalities. To examine self-reported quantity/frequency and hypothetical problem drinker quantity/frequency, three dependent samples $t$ tests were conducted on self-reported (TLFB) and hypothetical problem drinkers (PDQ-PD): 1) amount of drinks consumed per week, 2) amount of days drinking per week, and 3) amount of drinks divided by the number of drinking days per week. Because these measures are not linearly independent, MANOVA was not employed. To examine self-reported problem behavior and hypothetical problem drinkers’ problem behavior, a dependent samples $t$ test was conducted on self-reported problem behavior scores (RAPI) and hypothetical problem drinker problem behavior scores (RAPI-PD).

To examine differences between self-reported personalities and hypothetical problem drinker personalities, a split plot MANOVA was conducted to determine whether overall, the two groups differed on reported scores on Goldberg’s Unipolar adjectives that loaded onto five factors: Surgency (extraversion), Agreeableness, Conscientiousness, Emotional Stability (i.e., reverse-scored Neuroticism), and Intellect (Openness to Experience). After the omnibus MANOVA was conducted, Univariate tests
on the five personality factors were also examined for significant differences among the individual personality factors for self and problem drinkers.

**Hypothesis 2:** To determine whether there was a difference in self-reported quantity/frequency and problem behaviors when participants reported that their parent/caretaker did or did not have an alcohol problem, participants were split into two groups: those who reported their parent/caretaker did have an alcohol problem and those who reported their parent/caretaker did not. Independent sample \( t \) tests were conducted between the two groups to determine whether overall, participants who reported their parent/caretaker did not have an alcohol problem also self-reported significantly higher problem behaviors (RAPI-S) and higher quantity/frequency (TLFB) than participants who reported their parent/caretaker did have an alcohol problem.

**Hypothesis 3:** To determine whether self-reported alcohol consumption was greater for participants who reported their parent/caretaker did not have an alcohol problem and the parent/caretaker consumed large quantities of drinks and exhibited alcohol-related problem behaviors, participants were split into four groups: 1) no reported parent/caretaker alcohol problem/high quantity/frequency/high alcohol related problem behaviors, 2) no parent/caretaker alcohol problem/low quantity/frequency/low alcohol related problem behaviors, 3) yes parent/caretaker alcohol problem/high quantity/frequency/high alcohol related problem behaviors, and 4) yes parent/caretaker alcohol problem/low quantity/frequency/low alcohol related problem behaviors. Cutoff scores for number of drinks considered problematic was greater than or equal to 21 drinks.
per week on the PDQ-C, and problem behavior scores were greater than or equal to 54 on the RAPI-C. A multivariate analysis of variance (MANOVA) was conducted to determine whether the means of the four groups differed significantly overall on self-reported number of drinks per week (TLFB) and self-reported alcohol related problem behaviors (RAPI-S) as the dependent measures. Tukey’s post-hoc comparisons were used to examine significant individual group differences.

In addition, to examine whether the predictive value of parent/caretaker alcohol consumption and alcohol related problem behaviors was different in these groups, a series of parent to self correlations was completed for each subgroup. Finally, this hypothesis was also approached in a moderational analysis.¹

¹ Because it seems counterintuitive to imagine that participants who reported parents/caretakers as not having an alcohol problem would self-report greater problems themselves, parents’ scores on problem behaviors (RAPI-C) and parent quantity/frequency (PDQ-C) were examined in conjunction with perceived parent problem to predict self-reported problem behaviors (RAPI-S) and quantity and frequency (TLFB) scores. This determined whether inaccurate reporting of perceived parental problem, as measured by participants who reported parents as having no alcohol problem and high scores on parent measures of problem behaviors (RAPI-C) and quantity frequency (PDQ-C), predicted increased problem behaviors and quantity frequency on self-reported RAPI-S and TLFB. To measure this distinction, two interaction terms were created: perceived parent/primary caretaker problem X parent/primary caretaker quantity/frequency, and perceived parent/primary caretaker problem X parent/primary caretaker problem drinking behavior. Both of these interaction terms were tested using four separate regression analyses for each of the two dependent measures (self-reported problem behaviors on the RAPI-S and self-reported quantity and frequency on the TLFB). The following diagram illustrates these predictions:


Hypothesis 4: To test the prediction that "hypothetical problem drinkers" problem drinking behaviors and quantity/frequency of alcohol use would mediate participants' reports of parent/caretaker problem drinking behaviors, quantity/frequency levels, and self-reported problem drinking and quantity/frequency, two separate mediation models were run based on the guidelines outlined by Baron and Kenny (1986) for testing mediation. A mediator's function differs from a moderator in that the mediator accounts for the relationship between the predictor and the criterion variable. Whereas the moderator functions with the predictor to influence the direction and/or strength of the relationship, the mediator explains how or why the relationship between the predictor and criterion occurs, accounting for the relationship of the predictor to the criterion.

To test for mediation, regression analyses were conducted for the two mediator models (see Figures 1 and 2 for mediator models).

Insert Figures 1 and 2 about here.

In each of these models, the first step of mediation involved regressing the mediators (hypothetical problem drinker quantity/frequency and problem behaviors) on the independent variables (parent/caretaker quantity/frequency and problem behaviors). The second step was regressing the criterion variables (self-reported quantity/frequency and problem behaviors) on the independent variables (parent/caretaker quantity/frequency and problem behaviors).


and problem behaviors). Finally, the third step involved first regressing the dependent variables on both the independent variables, followed by regressing the dependent variables on both mediators. The criteria to establish mediation was determined by first obtaining significant correlations among the predictions in both step one and two. Upon adding the proposed mediating variables in the third step, the path coefficients between the criterion and independent variables should diminish and be non-significant, indicating partial mediation, or drop down to zero, indicating full mediation.

To test the prediction that hypothetical problem drinker quantity/frequency and problem behaviors might moderate the relationship between parent/caretaker and self-reported quantity/frequency and problem behaviors, two hierarchical regression analyses were conducted based on the criteria outlined by Baron and Kenny (1986) in order to test for moderation. Based on these guidelines, the moderator hypothesis is supported when the interaction is significant. The addition of the moderating variable should serve to influence the direction and/or strength of the relationship of the predictor on the criterion variable. It was believed in this hypothesis that parent/caretaker number of drinks and problem behaviors would predict self-reported number of drinks and problem behaviors. That is, as reported parent/caretaker number of drinks and problem behaviors increase, self-reported number of drinks and problem behaviors would increase. When participants’ report of hypothetical problem drinkers’ number of drinks and problem behaviors are entered as moderating variables, they should predict self-reported number of drinks and problem behaviors, so that hypothetical problem drinkers’ number of drinks and problem behaviors will predict a significant increase in self-reported number of drinks and problem behaviors.
In each regression, parent/caretaker quantity/frequency and problem behaviors were entered as predictors, followed by hypothetical problem drinker quantity/frequency and problem behaviors added to the model. Then parent/caretaker and “hypothetical problem drinker” quantity/frequency and problem behaviors were multiplied together and used as interaction variables after each variable was centered on its own respective mean. These interaction variables were used to predict self-reported quantity/frequency and problem behaviors (see Figures 4 and 5 for moderation models).

-----------------------------

Insert Figures 3 and 4 about here

-----------------------------

**Power Analysis**

Power analysis is an important tool to determine the ability of a study to reject the null hypothesis (Cohen, 1992). The Sample Power Software (Bornstein, Rothstein, & Cohen, 1997) was used to evaluate power for the analyses related to each hypothesis. By recruiting 198 participants for this study and setting \( \alpha \) at .05, there was a power of .80 to detect a small effect size for each \( t \) test in Hypothesis 1. For Hypothesis 2, when splitting groups into a \( n \) of 66 in one group and an \( n \) of 131 in the other, power was .91 to detect a medium effect size, and .26 to determine a small effect, when adjusting \( \alpha \) to the .05 level with a two-tailed test. Splitting the sample into four groups to run the MANOVA in Hypothesis 3 resulted in smaller \( n \)’s in some groups; thus power was restricted. For each regression equation in Hypothesis 4 with a sample size of \( n = 149 \), power was .40 for the three step model.
Results

Table 2 presents a correlation matrix for the measures. Amount of self-reported drinks per week on the TLFB was significantly correlated with self-reported problem behaviors on the RAPI-S ($r = .348$, $p < .01$). In addition, number of days drinking per week on the TLFB was highly correlated with number of drinks ($r = .855$, $p < .01$). Self-reported drinks and drinking days on the PDQ-S were significantly correlated with self-reported number of drinks and drinking days reported on the TLFB, indicating that there were no differences between self-reported quantity and frequency of alcohol consumption due to instrumentation effects. Consistent with self-reported number of drinks and problem behaviors, parent/caretaker number of drinks per week (PDQ-C), number of drinking days, and reported problem behaviors (RAPI-C) were significantly correlated. Reported number of drinks per week for a problem drinker was correlated with number of drinking days ($r = .656$, $p < .01$).

Oddly, reported numbers of drinks for a problem drinker (PDQ-PD) was not significantly related to problem drinker scores on the RAPI-PD ($r = .054$, $p > .05$). Upon reviewing the data, it appears that participants believe that problem drinkers are measured more by the amount of problem behaviors they exhibit rather than the amount of alcohol they consume. Although participants endorsed many alcohol-related problem behaviors for a hypothetical problem drinker, it seems a problem drinker does not necessarily have to consume a large amount of alcohol to have considerable amounts of problems from drinking. However, this finding is incongruent with participants’ generated thoughts when thinking about a problem drinker, particularly because 60% of participants
described a problem drinker as someone who consumes a lot of alcohol and/or drinks often (see Table 3).

It may be that the instrument used to inquire about the number of drinks a problem drinker consumes was too constricted (see Appendix J for PDQ-PD). That is, participants chose number of drinks based on multiple-choice responses ranging from one to six drinks. Although a write-in space was provided for participants to indicate anything beyond six drinks consumed, it may have been easier for participants to circle the choice with the greatest number of drinks provided rather than generate their own number.

Parent/caretaker number of drinks per week was significantly related to amount of drinks per week for a problem drinker \( (r = .241, p < .01) \), and amount of drinking days \( (r = .260, p < .01) \). Social desirability was significantly and negatively correlated with self-reported problem behaviors on the RAPI-S \( (r = -.144, p < .05) \), indicating that individuals who endorsed more socially desirable responses self-reported fewer problem behaviors from alcohol. However, Social Desirability was not correlated with self-reported number of drinks \( (r = .120, p > .05) \), nor with any of the problem behavior measures.

Table 3 presents the Thought Listing categories for this sample of participants. Approximately sixty percent of participants described a problem drinker as someone who consumes a lot of alcohol (quantity) and/or drinks often (frequency). An example statement was “a problem drinker is a person who drinks all day, every day.” Fifty-five percent of participants described a problem drinker as someone who lacks responsibility, for example, “skipping school/work.” Fifty-one percent of participants described a problem drinker as experiencing social problems when drinking, followed by 50% of
participants who indicated that a problem drinker is someone who loses control of
themselves when drinking, e.g., “are out of control, don’t know what they are doing.”
Forty nine-percent of participants stated that a problem drinker is someone who has
problems with their physical health, i.e., drinking so much that they experience negative
consequences such as: “hangovers,” “blackouts,” “vomiting,” and “cirrhosis of the liver.”
Participants described a problem drinker as someone who is violent and/or abusive when
they drink (48%), and experiencing problems with friends and families because of
drinking (46%). Forty-two percent indicated that a problem drinker lacks any inhibition,
e.g., “makes a fool out of themselves when drinking.” Forty percent described problem
drinkers as experiencing increased negative emotional states such as “remorse,” “anger,”
“sadness,” and “shame,” and 35% depicted a problem drinker as an addict, e.g., “cannot
function without alcohol.” (see Table 3 for a full list of categories and their frequencies.)

Table 4 shows the mean ratings of the individual adjectives that were endorsed for
self and a problem drinker. Results illustrated many differences between personality
descriptions of the self and problem drinkers. Individuals described themselves as
Considerate ($M = 7.55, SD = 1.23$), Kind ($M = 7.41, SD = 1.13$), Cooperative ($M = 7.27,
SD = 1.33$), Helpful ($M = 7.24, SD = 1.22$), Pleasant ($M = 7.22, SD = 1.09$), Active ($M =
7.17, SD = 1.38$), Sympathetic ($M = 7.12, SD = 1.41$), Trustful ($M = 7.09, SD = 1.95$),
Warm ($M = 7.09, SD = 1.42$), and Generous ($M = 7.07, SD = 1.36$), while describing a
problem drinker as prominently Moody ($M = 7.20, SD = 1.70$), Irritable ($M = 6.97, SD =
1.69$), Temperamental ($M = 6.93, SD = 1.83$), Daring ($M = 6.73, SD = 1.89$), Negligent
($M = 6.72, SD = 1.84$), Emotional ($M = 6.70, SD = 1.95$), Inconsistent ($M = 6.68, SD =
1.92$), Selfish ($M = 6.62, SD = 2.01$), Disorganized ($M = 6.57, SD = 1.97$), and Talkative
In order to test Hypothesis 1, \( t \) tests were conducted to determine whether participants would describe hypothetical problem drinkers as consuming more alcohol and exhibiting more alcohol related problem behaviors than themselves. This hypothesis was supported, with significant differences between the two groups on quantity and frequency of alcohol consumption (TLFB and PDQ-PD; PDQ-S and PDQ), days reported drinking (TLFB and PDQ-PD; PDQ-S and PDQ-PD), total number of drinks divided by the total number of drinking days (TLFB and PDQ-PD; PDQ-S and PDQ-PD), and alcohol-related problem behaviors (RAPI-S and RAPI-PD; See Table 5). It is important to note that although results were highly significant, differences among measures may have resulted from instrumentation effects, as two different instruments were used, and the TLFB is a 30-day measure of daily drinking and the PDQ-PD is an average weekly measure of consumption. However, some of this potential confounding may have been alleviated by employing the average weekly drinking measure (PDQ-S) as a self-report measure in addition to the TLFB.

For differences between self-reported personality traits and hypothetical problem drinker personality traits measured by Golberg’s Unipolar adjectives that load onto five factors of Surgency, Agreeableness, Conscientiousness, Emotional Stability, and Intellect, a split-plot MANOVA was run, and a significant overall difference was obtained across the five factors, multivariate \( F(5, 187) = 182.86, p < .0005 \). Univariate tests indicated that four out of the five factors were significant with the exception of
Surgency (see Table 6 for Univariate tests across the five factors and Figure 6 for a graph of mean differences across the five factors.)

For Hypothesis 2, independent samples $t$ tests revealed no significant differences on self-reported alcohol consumption and self-reported alcohol-related problem behaviors when participants reported their parent/caretaker did or did not have an alcohol problem (see Table 7 for mean differences between the groups).

In Hypothesis 3, perceived parent/caretaker problem/no problem groups were collapsed with parent/caretaker drinks per week and parent/caretaker alcohol related problem behaviors to examine mean differences between the groups on self-reported alcohol consumption and alcohol-related problem behaviors. Differences in reported parent/caretaker problem/no problem, drinks per week, and alcohol-related problem behaviors were analyzed using Multivariate Analysis of Variance (MANOVA) with self-reported number of drinks (TLFB) and alcohol-related problem behaviors (RAPI-S) as the dependent measures. The multivariate analysis revealed no significant differences overall between the four groups $F(9, 185) = .438, p = .914$.

Exploratory analyses were run between the four groups, and $t$ tests revealed significant differences between reported parent/caretaker alcohol consumption, problem behaviors, and self-reported consumption and problem behaviors when participants reported their parent caretaker did have an alcohol problem, with participants reporting their parent/caretaker consumed more alcohol and exhibited greater problem behaviors than themselves. This significant difference occurred when participants reported accurately that their parent/caretaker did have an alcohol problem, as well as when
participants believed their parent/caretaker did have an alcohol problem but the
parent/caretaker did not (see Tables 8 & 9).

In addition, the patterns of correlations between parent/caretaker consumption and
problem behaviors and self-reported consumption and problem behaviors were quite
similar across all four groups. However, there was a significant relationship between
parent/caretaker and self-reported alcohol consumption for the group of participants who
said that their parent/caretaker had no alcohol problem and the parent/caretaker did not ($r$
= .21). Finally, the prediction of self-reported alcohol consumption and alcohol related
problem behaviors in relation to perceived parent/caretaker problem/no problem was
explored in a series of moderator analyses (see footnote 1). In no case did the results meet
Baron and Kenny’s (1986) criteria for moderation.

Testing the first step of one mediation model in Hypothesis 4, hypothetical
problem drinker quantity/frequency was regressed onto parent/caretaker
quantity/frequency. This correlation was significant ($R^2 = .058, p < .01$). The second step
of the model involved regressing self-reported quantity/frequency onto parent/caretaker
quantity/frequency. Results were non-significant ($R^2 = .014, p > .05$). Because the second
step for testing the model was not significant, no further analyses were run for this model.
The second model involved regressing hypothetical problem drinker problem behaviors
onto parent/caretaker problem behaviors as the first step. Unfortunately, the first step in
this analysis was not significant ($R^2 = .013, p > .05$), therefore no further analyses were
conducted.
To examine whether hypothetical problem drinkers’ quantity/frequency and problem behaviors acted as moderators with parent/caretaker quantity/frequency and problem behaviors in predicting self-reported quantity/frequency and problem behaviors, a series of multiple regression analyses were conducted. In the first model examining drinks per week, no significant main effects found for either the first predictor parent/caretaker drinks per week ($R^2 = .015, p > .05$), nor when the second predictor, problem drinker drinks per week was entered into the model ($R^2 = .017, p > .05$). In addition, the interaction term constructed from these two variables was not significant ($R^2 = .018, p > .05$; see Table 10).

With regard to problem behaviors, the second moderation model used parent/caretaker problem behaviors as the first predictor in the hierarchical regression analyses predicting self-reported problem behavior scores. Next added to the model was the problem drinker problem behavior variable, and the third step included the interaction term. No significant main effects were found for parent/caretaker problem behaviors ($R^2 = .000, p > .05$), problem drinker problem behaviors ($R^2 = .007, p > .05$), or the interaction ($R^2 = .009, p > .05$; see Table 11).

In addition to the hypotheses outlined above, exploratory analyses were conducted with Montana born participants, to explore cultural issues related to alcohol consumption in rural Montana. In particular, it was of interest to examine whether individuals born and/or raised in rural Montana would report more alcohol consumption and problem behaviors than individuals born and raised outside of rural Montana. Independent $t$ tests were conducted between the two groups on self-reported number of drinks per week and alcohol related problem behaviors. Significant differences were
found between the groups with number of drinks per week ($t = 1.99, p = .048$), indicating that participants who were born and/or raised outside of rural Montana consumed more alcohol per week ($M = 6.65, SD = 9.37$) than individuals who were born and/or raised in Montana ($M = 4.35, SD = 6.22$).

Discussion

This research examined how individuals defined a hypothetical problem drinker and whether individuals described their own personality traits, amount of alcohol consumption, and drinking related problems as significantly different from perceived problem drinkers. In this study, these hypotheses were supported. Participants described a hypothetical problem drinker as consuming significantly more drinks per week and having significantly more alcohol related problems than themselves. In addition, on personality trait measures participants described themselves as significantly more Agreeable, Conscientious, Emotionally stable, and Intelligent than a hypothetical problem drinker.

In addition, this research examined differences in self-reported quantity/frequency levels and alcohol related problem behaviors for participants who reported their parent/caretaker did or did not have an alcohol problem. Based on previous research that found that some, but not all offspring exhibit a “fall off effect” by drinking less than their parents do when they perceive a parent as having an alcohol related problem, the current research was interested in examining how accurate these beliefs were with respect to parent/caretaker actual drinking patterns, and whether participants drink more when under a false assumption about their parents drinking, i.e., believing that parents do not
have an alcohol problem when they consume high levels of alcohol and exhibit alcohol related-problem behaviors.

Finally, this research was interested in determining whether beliefs about a hypothetical problem drinker’s alcohol consumption and alcohol-related problem behaviors develop through parental modeling of drinking, and are stored as expectancies of a problem drinker, remaining stable over time and directly or indirectly influencing self-reported drinking and alcohol related problem behaviors.

**Personality Traits, Alcohol Consumption, and Problem Behaviors**

Although it has been suggested that individuals will attempt to balance any differences between themselves and others in a positive direction (Heider, 1958), like similar others (Warrington, & Blaisdell, 1952), like individuals who share similar attitudes and beliefs (Newcomb, 1953; Riecken & Homans, 1954; Smith, 1957), and rate themselves as similar on characteristics such as attraction (Tagiuri, 1956), in this research, participants rated a hypothetical problem drinker as consuming more alcohol and exhibiting more alcohol-related problem behaviors than themselves. This is consistent with previous findings that individuals rate themselves more positively and less negatively than when rating others (Alicke, 1985; Bender & Hastorf, 1950; Brinthaupt, Moreland, & Levine, 1991; Brown, 1986; Schuldberg & Guisinger, 1991; Taylor & Brown, 1988).

Similarly, studies have shown that individuals believe differences exist between the self and other with respect to alcohol use, reporting that they experience greater
pleasure and fewer negative effects from alcohol then others do (Roizen, 1983; Leigh, 1987; Rohsenow, 1983).

Additionally, it appears that when traits are viewed as undesirable or incongruent with individuals' perceptions of themselves, individuals see others as less desirable and more dissimilar to themselves. Previous research on stereotyping illustrates this, indicating that the self-image is threatened when being stereotyped, and to restore positive self-image individuals will engage in stereotyping others (Fein & Spencer, 1997; Spencer, Fein, Wolfe, Fong, & Dunn, 1998).

In this research, it is plausible that priming people with the word “problem” to describe a drinker induced a negative stereotyped image that subsequently influenced participant responding. Indeed, when asked to think about a problem drinker, participants generated few positive thoughts, other than imagining that problem drinkers experience positive emotions and positive effects from alcohol. Participants may have been threatened by this imagined stereotype when considering their own drinking behavior, thereby, describing themselves as consuming less alcohol, exhibiting fewer problem behaviors, and possessing more positive traits than a hypothetical problem drinker.

In this study, participants described themselves as higher on the factors of Agreeableness, Conscientious, Emotional Stability (reversed scored Neuroticism), and Intellect, than when compared to a hypothetical problem drinker. This is consistent with previous research that found that having an alcohol use disorder was positively associated with the trait of Neuroticism, and negatively associated with traits of Agreeableness and Conscientiousness (Martin & Sher, 1994; Trull & Sher, 1994). More recently in a study that examined the relationships between the Five factor personality domains and drinking
and alcohol related problems, the authors found the domains of Neuroticism and Conscientiousness and facets of these domains were related to drinking and alcohol use problems (Ruiz, Pincus, & Dickinson, 2003). Specifically, in the Neuroticism domain, these authors found that traits of Angry Hostility, Depression, Self-Consciousness, Impulsiveness, and Vulnerability were all positively related to alcohol related problems, and Impulsiveness was related to drinking. In the domain of Conscientiousness, all facets (Competence, Order, Dutifulness, Achievements striving, Self-Discipline, and Deliberation) were significantly and negatively related to alcohol related problems, and all but one facet (Order), was inversely related to drinking. Similarly, the current study found that the mean ratings of individual adjective traits endorsed for a hypothetical problem drinker were greatest in the domain Emotional Stability (reverse scored Neuroticism). In particular, the highest endorsed singular adjective traits used to describe a hypothetical problem drinker were Moody, Irritable, and Temperamental, which fit well with the aforementioned findings of Angry Hostility and Depression as facets positively associated with alcohol related problems.

Likewise, adjectives that loaded onto the Conscientiousness factor in the current study were similar to those outlined above. In particular, the adjectives with the highest mean ratings for hypothetical problem drinkers included Negligent, Inconsistent, Disorganized, Careless, and Inefficient to name a few. What this suggests is that consistent constellations of personality traits seem to be emerging to describe individuals with alcohol related problems. In addition, when describing a hypothetical problem drinker, participants in this study unknowingly chose the same personality traits that have been used to describe individuals with alcohol related problems. What this suggests is
that a problem drinker schema may be well developed and based on an accurate representation of what constitutes a problem drinker based on personality characteristics. This study further delineated what comprises a problem drinker schema by looking at individual adjective traits rather than just examining clusters of traits. In addition, participants’ self-generated thoughts about a problem drinker suggested that above all, participants believe a problem drinker is someone who consumes large quantities of alcohol on a regular basis. While some individuals described a problem drinker as an individual who “drinks all day every day,” others gave a specific number of drinks and days as a measure of problem drinking. Participants also described a problem drinker as exhibiting a lack of responsibility. Future research will want to tease these beliefs apart further, as this may help to treat individuals with alcohol use disorders. If a problem drinker schema exists, than this information may be used to promote insight in individuals who deny experiencing problems with alcohol use.

Parent/Caretaker Problem/No Problem and the “Fall off Effect”

Based on previous research that found that many, but not all offspring exhibit a “fall off effect” by drinking less than their parents do when they perceive a parent as having an alcohol related problem (Harburg, DiFranceisco, Webster, Gleiberman, & Schork, 1988), this research was interested in whether self-reported alcohol consumption and alcohol-related behaviors would be greater when participants reported that their parent/caretaker did not have an alcohol problem even when reporting the parent/caretaker consumed high number of drinks per week and exhibited alcohol-related problem behaviors. This hypothesis was not supported. There was no difference in self-
reported drinking for individuals who reported their parent/caretaker did or did not have an alcohol problem. However, when splitting participants into four groups in exploratory analyses, results showed that participants who reported that their parent/caretaker did have an alcohol problem exhibited a fall off effect, reporting significantly less alcohol consumption for themselves than for the parent/caretaker. Interestingly, this finding occurred for not only participants who endorsed that their parent/caretaker did have an alcohol problem when they actually did, but also when participants reported that their parent/caretaker did have an alcohol problem when the parent/caretaker did not. It appears that participants’ cognitions about their parent/caretaker’s alcohol consumption may be more salient than amount of drinks when considering drinking based decisions. This has implications for future research, and highlights the importance of measuring cognitions when addressing alcohol use disorders.

**Parental Modeling, Expectancies of Problem Drinkers, and Consumption and Problem Behaviors**

In addition to the abovementioned findings, the relationship between parents/caretakers, hypothetical problem drinkers, and self-reports of alcohol consumption and alcohol related problem behaviors was investigated. Based on previous research emphasizing Social Learning (Bandura, 1969, 1977, 1985), it was theorized that knowledge about alcohol consumption and alcohol related problem behaviors would be transmitted through modeling of parent/caretaker drinking behaviors. This relationship was thought to be directly or indirectly influenced by “expectancies” of a hypothetical problem drinker’s consumption patterns and problem behaviors, subsequently leading to
individual drinking decisions and problem drinking behaviors. Neither the mediation nor the moderation models supported these findings.

To support employing a mediation model, the hypothesized predictor should have a strong relationship with the criterion variable prior to testing mediation. Although there is a large body of empirical support for the relationship between parent/caretaker alcohol consumption, problem behaviors and offspring usage and alcohol related problems (Alterman & Tarter, 1983; Cadoret & Gath, 1978; Cotton, 1979; Goodwin, 1979; Harford, Haack, & Spiegler, 1988; Jacob & Windle, 2000; Penick, Powell, Bingham, Liskow, Miller, & Read, 1987; Petrakis, 1985; Schuckit, 1983), surprisingly this research did not support these earlier findings. That is, when parent/caretaker drinks per week and alcohol related problem behaviors were entered as predictors of self-reported drinks per week and alcohol related problems, neither of the two regression equations provided support for a social modeling relationship between parents/caretakers and their offspring.

What this suggests is that peer influence continues to exert a powerful influence on late adolescence and perhaps throughout the college years. Because prior research has shown consistently that parental modeling and behavior does not predict adolescent drinking as strongly as peer modeling (Curran, Stice, & Chassin, 1997; Kandel, 1985), it may be that participants for this study should be older, as parental influence tends to wane during adolescence, and less is known about how parents exert their influence beyond the college years. Similarly, measuring drinking during the college years may not be a good indicator of stable drinking patterns and beliefs. It has been determined that most binge drinking occurs during the college years, and individuals tend to “mature out” of these patterns upon completing college (Chen & Kandel, 1995; Gotham, Sher, &
Wood, 1997; Temple & Filmore, 1985-1986). However, studies have shown that parents’ influence remains strong in some instances, regardless of the strength of peer influence. For example, parental behaviors (i.e., nurturance and monitoring), and attitudes and values of parents (i.e., disapproval for heavy drinking and permissiveness for drinking) were found to moderate peer influenced drinking behavior. That is, the higher the level of parental involvement, the weaker the relationship between peer influences, alcohol use, and problems (Wood, Mitchell, Read, & Brand, 2004).

Alcohol in Montana Rural Culture

To examine cultural issues related to alcohol use in Montana, it was of interest to examine potential differences in alcohol consumption and alcohol related problem behaviors among rural and non-rural youth, specifically, those participants born and/or raised in Montana versus those that were not. Among this sample there were differences in self-reported number of drinks per week, with participants born and/or raised outside of Montana consuming significantly more drinks per week than rural Montanans. This finding is promising and diverges from previous research findings that rural youth consume more alcohol, binge drink more, and experience more alcohol-related problems such as motor vehicle deaths and driving under the influence of alcohol than their urban counterparts do (Cronk & Sarvela, 1997; Sloboda, Rosenquist, & Howard, 1997).

Limitations

There are some limitations to the present study. First, there is no way to determine whether participants responded accurately about knowledge of parent/caretaker
problem behaviors and quantity and frequency of alcohol consumption based on retrospective recall. Previous research has shown that retrospective recall of events can be both inaccurate and biased (e.g., Hammersley, 1994). However, whether or not individuals report accurately may not be as important as individual beliefs about accuracy, which appear to be strong predictors of motivation (Iannotti, Bush, & Weinfort, 1996). In addition, individuals generally provide accurate and honest information pertaining to alcohol use, and self-report of problem and non-problem drinkers are considered reliable and valid (Babor et al., 1987; Cohen & Vinson, 1995; Midanik et al., 1989; Werch, 1990).

In addition, although this study employed a measure of social desirability and partial counterbalancing of measures to alleviate potential carryover effects and biased responding, it remains impossible to determine whether individuals responded to questions about a problem drinker based on their own reports of problem behaviors and alcohol consumption rather than their true perceptions.

Although it is important to consider these proposed limitations of the present study, it has important implications for the treatment of individuals with an alcohol use disorder. Assessing and altering cognitions about the perceptions of “problem drinkers” may be an important determinant of positive treatment outcome and maintenance. Although this study determined that beliefs about problem drinkers’ consumption patterns and problem behaviors did not influence self-reported drinking and problems associated with drinking, future research should replicate this study using samples of adults beyond the adolescent years. Additionally, future research should examine how peers, rather than parents/caretakers directly or indirectly influence expectancies about
hypothetical problem drinkers, and how these expectancies influence and sustain drinking patterns and behaviors. We know that individuals' positive and negative expectancies about the effects of alcohol are potent motivators toward current and future drinking decisions (Goldman et al., 1991; Goldman & Rather, 1993; Smith, 1989), that expectancies play a mediating role in alcohol use (Darkes, Greenbaum, & Goldman, 1996; Finn, Sharkansky, Brandt, & Turcotte, 2000; Scheier & Botvin, 1997; Sher, Walitzer, Wood, & Brent, 1991; Smith & Goldman, 1990), and that altering expectancies about the effects of alcohol can lead to decreases in drinking (see Jones, Corbin, & Fromme, 2001 for a review). It is therefore worthwhile to continue examining how expectancies and personality traits act independently and/or interact in predicting drinking behavior and alcohol-related problems. Because perceptions of problem drinkers differ from self-perceptions of drinking behavior, it may be that individuals who have drinking-related problems will be unable to identify themselves as problem drinkers. It is possible that these individuals have well-developed schemas of a problem drinker, and this in turn reinforces their current level of drinking and their inability to recognize themselves as exhibiting alcohol-related problems. Future research should continue to expand on these initial findings. It may be that treatment for alcohol use disorders needs to focus on elucidating the roles of person-schemas and perhaps social comparison in drinking behavior.
References


alcohol expectancies to predict adolescent drinking behavior after one year.


expectancies among male alcoholics, problem drinkers, and nonproblem drinkers.

**Alcoholism: Clinical and Experimental Research.** 10(6), 667-671.

interviewer characteristics on the reliability of young adults’ self-reports of


Costa, P. T., Jr., & McCrae, R. R. (1992). Revised NEO Personality Inventory (NEO-PI-
R) and NEO Five-Factor Inventory (NEO-FFI) professional manual. Odessa, FL:
Psychological Assessment Resources.

on Alcohol. **40,** 89-116.

(Ed.), **Progress in experimental personality research** (Vol. 9, pp. 89-148). San
Diego, CA: Academic press.

Maisto (Eds.), **Determinants of substance abuse** (pp. 209-246) New York: Plenum
Press.

Dependence. **19,** 279.

and peer alcohol use: A longitudinal random coefficients model. **Journal of**
Consulting & Clinical Psychology. **65(1),** 130-140.

Dawson, D. A., Harford, T. C., & Grant, B. F. (1992). Family history as a predictor of


alcoholics as college freshman and at time of treatment. Quarterly Journal of Studies on Alcohol, 34, 390-399.


Rather, B. C., & Goldman, M. S. (1994). Drinking-related differences in the memory


Sher, K. J., Trull, T. J., Bartholow, B. D., & Vieth, A. (1999). Personality and


Tolman, E. C. (1932). *Purposive behavior in animals and men*. New York: Appleton-
Century-Crofts.


Table 1

Inter-rater Reliability Coefficients for Thought Listing Variables

<table>
<thead>
<tr>
<th>Categories</th>
<th>Intraclass Correlation Coefficient (ICC)</th>
<th>Kappa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of thoughts</td>
<td>.987</td>
<td></td>
</tr>
<tr>
<td>Number of negative thoughts</td>
<td>.971</td>
<td></td>
</tr>
<tr>
<td>Number of positive thoughts</td>
<td>.984</td>
<td></td>
</tr>
<tr>
<td>Number of neutral thoughts</td>
<td>.972</td>
<td></td>
</tr>
<tr>
<td>Violence/Abuse</td>
<td>.929</td>
<td></td>
</tr>
<tr>
<td>Drinking and Driving</td>
<td>.925</td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>.920</td>
<td></td>
</tr>
<tr>
<td>Money</td>
<td>.888</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>.888</td>
<td></td>
</tr>
<tr>
<td>Negative self-reflection</td>
<td>.887</td>
<td></td>
</tr>
<tr>
<td>Quantity/frequency</td>
<td>.886</td>
<td></td>
</tr>
<tr>
<td>Solitary</td>
<td>.880</td>
<td></td>
</tr>
<tr>
<td>Caretaking/fix</td>
<td>.870</td>
<td></td>
</tr>
<tr>
<td>Friends/family</td>
<td>.828</td>
<td></td>
</tr>
<tr>
<td>Escape</td>
<td>.815</td>
<td></td>
</tr>
<tr>
<td>Secrecy</td>
<td>.811</td>
<td></td>
</tr>
<tr>
<td>Positive effects</td>
<td>.801</td>
<td></td>
</tr>
<tr>
<td>Lack of inhibition</td>
<td>.767</td>
<td></td>
</tr>
<tr>
<td>Negative emotion</td>
<td>.700</td>
<td></td>
</tr>
<tr>
<td>Physical/health</td>
<td>.689</td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td>.679</td>
<td></td>
</tr>
<tr>
<td>Loss of control</td>
<td>.666</td>
<td></td>
</tr>
<tr>
<td>Positive emotion</td>
<td>.654</td>
<td></td>
</tr>
<tr>
<td>Social problem</td>
<td>.419</td>
<td></td>
</tr>
</tbody>
</table>

Note. \( n = 183 \) for Intraclass correlations except number of thoughts \( n = 198 \); \( n = 198 \) for \( Kappas \). Ranges of clinical significance for \( Kappa \) and \( ICC \) reliability values are .75 or greater = excellent, .60-.74 = good, .40-.59 = fair, and <.40 = poor (Cicchetti & Sparrow, 1981).
Table 2
Correlations Among Study Variables

<table>
<thead>
<tr>
<th></th>
<th>TLFB drinks per week</th>
<th>TLFB drinking days</th>
<th>PDQ Self drinks per week</th>
<th>PDQ Self days drinking</th>
<th>PDQ Caretaker drinks per week</th>
<th>PDQ Caretaker days drinking</th>
<th>Problem Drinker drinks per week</th>
<th>Problem Drinker drinking days</th>
<th>RAPI Self</th>
<th>RAPI Caretaker</th>
<th>RAPI Problem Drinker</th>
<th>Social Desirability</th>
</tr>
</thead>
<tbody>
<tr>
<td>TLFB drinks per week</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TLFB drinking days</td>
<td>.855**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDQ Self drinks per week</td>
<td>.510**</td>
<td>.401**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDQ Self days drinking</td>
<td>.283**</td>
<td>.305**</td>
<td>.636**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDQ Caretaker drinks per week</td>
<td>.120</td>
<td>.165*</td>
<td>.064</td>
<td>.062</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PDQ Caretaker days drinking</td>
<td>.096</td>
<td>.161*</td>
<td>-.027</td>
<td>.009</td>
<td>745**</td>
<td>.241**</td>
<td>.260**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Drinker drinks per week</td>
<td>.119</td>
<td>121</td>
<td>.010</td>
<td>-.009</td>
<td>.241**</td>
<td>.260**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Drinker drinking days</td>
<td>-.005</td>
<td>.079</td>
<td>-.107</td>
<td>.050</td>
<td>.118</td>
<td>.257**</td>
<td>.656**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAPI Self</td>
<td>.348**</td>
<td>.345**</td>
<td>.380**</td>
<td>.126</td>
<td>.085</td>
<td>.084</td>
<td>.002</td>
<td>-.178*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAPI Caretaker</td>
<td>.043</td>
<td>123</td>
<td>.029</td>
<td>.064</td>
<td>.635**</td>
<td>.533**</td>
<td>.043</td>
<td>-.001</td>
<td>.020</td>
<td>.100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAPI Problem Drinker</td>
<td>.030</td>
<td>.049</td>
<td>.049</td>
<td>.061</td>
<td>-.052</td>
<td>-.060</td>
<td>.054</td>
<td>.044</td>
<td>.079</td>
<td>-.115</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Social Desirability</td>
<td>.120</td>
<td>.139</td>
<td>.050</td>
<td>.023</td>
<td>-.047</td>
<td>-.023</td>
<td>-.019</td>
<td>.062</td>
<td>-.144</td>
<td>.006</td>
<td>.007</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* p < .05 (two tailed); ** p < .01 (two tailed)
Table 3
Frequencies of Thought Listing Categories Describing a Problem Drinker (listed in Descending Order of Endorsement)

<table>
<thead>
<tr>
<th>Categories</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity/Frequency</td>
<td>59.6%</td>
</tr>
<tr>
<td>Lack of Responsibility</td>
<td>54.8%</td>
</tr>
<tr>
<td>Social Problem</td>
<td>50.8%</td>
</tr>
<tr>
<td>Loss of Control</td>
<td>50.3%</td>
</tr>
<tr>
<td>Physical/Health Problems</td>
<td>48.7%</td>
</tr>
<tr>
<td>Violence/Abuse</td>
<td>48.2%</td>
</tr>
<tr>
<td>Friends/Family</td>
<td>46.2%</td>
</tr>
<tr>
<td>Lack of Inhibition</td>
<td>42.2%</td>
</tr>
<tr>
<td>Negative Emotions</td>
<td>39.7%</td>
</tr>
<tr>
<td>Addiction</td>
<td>35.2%</td>
</tr>
<tr>
<td>Negative Self-Reflection</td>
<td>27.6%</td>
</tr>
<tr>
<td>Experience Positive Effects</td>
<td>26.1%</td>
</tr>
<tr>
<td>Money</td>
<td>24.6%</td>
</tr>
<tr>
<td>Experience Positive Emotions</td>
<td>24.6%</td>
</tr>
<tr>
<td>Experience Legal Problems</td>
<td>23.6%</td>
</tr>
<tr>
<td>Drink and Drive</td>
<td>21.6%</td>
</tr>
<tr>
<td>Use Alcohol as an Escape</td>
<td>21.6%</td>
</tr>
<tr>
<td>Solitary (drinks alone)</td>
<td>17.1%</td>
</tr>
<tr>
<td>Secrecy (hides drinking)</td>
<td>14.1%</td>
</tr>
<tr>
<td>Caretaking/Fix</td>
<td>11.1%</td>
</tr>
<tr>
<td>Sex</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Note. n = 198; The inter-rater
<table>
<thead>
<tr>
<th>Adjective</th>
<th>Self M</th>
<th>Self SD</th>
<th>Problem Drinker Adjective</th>
<th>Problem Drinker M</th>
<th>Problem Drinker SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate</td>
<td>7.55</td>
<td>1.23</td>
<td>Moody</td>
<td>7.20</td>
<td>1.70</td>
</tr>
<tr>
<td>Kind</td>
<td>7.41</td>
<td>1.13</td>
<td>Irritable</td>
<td>6.97</td>
<td>1.69</td>
</tr>
<tr>
<td>Cooperative</td>
<td>7.27</td>
<td>1.33</td>
<td>Temperamental</td>
<td>6.93</td>
<td>1.83</td>
</tr>
<tr>
<td>Helpful</td>
<td>7.24</td>
<td>1.22</td>
<td>Daring</td>
<td>6.73</td>
<td>1.89</td>
</tr>
<tr>
<td>Pleasant</td>
<td>7.22</td>
<td>1.09</td>
<td>Negligent</td>
<td>6.72</td>
<td>1.84</td>
</tr>
<tr>
<td>Active</td>
<td>7.17</td>
<td>1.38</td>
<td>Emotional</td>
<td>6.70</td>
<td>1.95</td>
</tr>
<tr>
<td>Sympathetic</td>
<td>7.12</td>
<td>1.41</td>
<td>Inconsistent</td>
<td>6.68</td>
<td>1.92</td>
</tr>
<tr>
<td>Trustful</td>
<td>7.09</td>
<td>1.95</td>
<td>Selfish</td>
<td>6.62</td>
<td>2.01</td>
</tr>
<tr>
<td>Warm</td>
<td>7.09</td>
<td>1.42</td>
<td>Disorganized</td>
<td>6.57</td>
<td>1.97</td>
</tr>
<tr>
<td>Generous</td>
<td>7.07</td>
<td>1.36</td>
<td>Talkative</td>
<td>6.55</td>
<td>1.94</td>
</tr>
<tr>
<td>Bright</td>
<td>7.05</td>
<td>1.40</td>
<td>Self-pitying</td>
<td>6.55</td>
<td>2.01</td>
</tr>
<tr>
<td>Agreeable</td>
<td>6.85</td>
<td>1.32</td>
<td>Touchy</td>
<td>6.50</td>
<td>1.95</td>
</tr>
<tr>
<td>Conscientious</td>
<td>6.82</td>
<td>1.55</td>
<td>Careless</td>
<td>6.49</td>
<td>2.40</td>
</tr>
<tr>
<td>Practical</td>
<td>6.82</td>
<td>1.54</td>
<td>Insecure</td>
<td>6.48</td>
<td>2.11</td>
</tr>
<tr>
<td>Energetic</td>
<td>6.79</td>
<td>1.54</td>
<td>Inefficient</td>
<td>6.48</td>
<td>1.88</td>
</tr>
<tr>
<td>Intellectual</td>
<td>6.74</td>
<td>1.45</td>
<td>Demanding</td>
<td>6.48</td>
<td>1.93</td>
</tr>
<tr>
<td>Careful</td>
<td>6.70</td>
<td>1.66</td>
<td>Jealous</td>
<td>6.47</td>
<td>1.90</td>
</tr>
<tr>
<td>Prompt</td>
<td>6.62</td>
<td>1.74</td>
<td>Distrustful</td>
<td>6.45</td>
<td>1.93</td>
</tr>
<tr>
<td>Imaginative</td>
<td>6.60</td>
<td>1.66</td>
<td>Harsh</td>
<td>6.43</td>
<td>1.81</td>
</tr>
<tr>
<td>Efficient</td>
<td>6.58</td>
<td>1.52</td>
<td>Undependable</td>
<td>6.31</td>
<td>2.19</td>
</tr>
<tr>
<td>Deep</td>
<td>6.55</td>
<td>1.41</td>
<td>Rude</td>
<td>6.30</td>
<td>1.84</td>
</tr>
<tr>
<td>Emotional</td>
<td>6.41</td>
<td>1.76</td>
<td>Verbal</td>
<td>6.29</td>
<td>1.98</td>
</tr>
<tr>
<td>Creative</td>
<td>6.41</td>
<td>1.91</td>
<td>Sloppy</td>
<td>6.25</td>
<td>1.90</td>
</tr>
<tr>
<td>Thorough</td>
<td>6.38</td>
<td>1.55</td>
<td>Bold</td>
<td>6.20</td>
<td>2.07</td>
</tr>
<tr>
<td>Complex</td>
<td>6.34</td>
<td>1.82</td>
<td>Uncooperative</td>
<td>6.19</td>
<td>1.90</td>
</tr>
<tr>
<td>Organized</td>
<td>6.30</td>
<td>2.14</td>
<td>Anxious</td>
<td>6.12</td>
<td>2.04</td>
</tr>
<tr>
<td>Systematic</td>
<td>6.24</td>
<td>1.46</td>
<td>Haphazard</td>
<td>6.11</td>
<td>1.97</td>
</tr>
</tbody>
</table>
Table 4 continued

Mean Ratings of Adjectives Endorsed for Self and Problem Drinkers in order of Endorsed Means

<table>
<thead>
<tr>
<th>Self Adjective</th>
<th>M</th>
<th>SD</th>
<th>Problem Drinker Adjective</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>6.17</td>
<td>1.79</td>
<td>High-strung</td>
<td>6.05</td>
<td>1.99</td>
</tr>
<tr>
<td>Intropective</td>
<td>6.12</td>
<td>1.49</td>
<td>Unrestrained</td>
<td>6.02</td>
<td>2.00</td>
</tr>
<tr>
<td>Talkative</td>
<td>6.11</td>
<td>1.90</td>
<td>Impractical</td>
<td>5.97</td>
<td>1.87</td>
</tr>
<tr>
<td>Neat</td>
<td>6.10</td>
<td>2.09</td>
<td>Shallow</td>
<td>5.90</td>
<td>2.04</td>
</tr>
<tr>
<td>Relaxed</td>
<td>6.10</td>
<td>1.69</td>
<td>Nervous</td>
<td>5.89</td>
<td>1.91</td>
</tr>
<tr>
<td>Steady</td>
<td>6.05</td>
<td>1.37</td>
<td>Complex</td>
<td>5.71</td>
<td>2.06</td>
</tr>
<tr>
<td>Vigorous</td>
<td>5.90</td>
<td>1.36</td>
<td>Envious</td>
<td>5.70</td>
<td>1.92</td>
</tr>
<tr>
<td>Assertive</td>
<td>5.88</td>
<td>1.74</td>
<td>Assertive</td>
<td>5.64</td>
<td>2.20</td>
</tr>
<tr>
<td>Quiet</td>
<td>5.65</td>
<td>2.06</td>
<td>Withdrawn</td>
<td>5.53</td>
<td>2.13</td>
</tr>
<tr>
<td>Innovative</td>
<td>5.64</td>
<td>1.49</td>
<td>Extraverted</td>
<td>5.50</td>
<td>2.03</td>
</tr>
<tr>
<td>Philosophical</td>
<td>5.59</td>
<td>1.88</td>
<td>Unsystematic</td>
<td>5.46</td>
<td>1.88</td>
</tr>
<tr>
<td>Bold</td>
<td>5.59</td>
<td>1.66</td>
<td>Unsympathetic</td>
<td>5.44</td>
<td>1.92</td>
</tr>
<tr>
<td>Daring</td>
<td>5.58</td>
<td>1.82</td>
<td>Fretful</td>
<td>5.40</td>
<td>1.87</td>
</tr>
<tr>
<td>Reserved</td>
<td>5.50</td>
<td>1.84</td>
<td>Uncharitable</td>
<td>5.36</td>
<td>1.95</td>
</tr>
<tr>
<td>Anxious</td>
<td>5.43</td>
<td>1.88</td>
<td>Unsophisticated</td>
<td>5.31</td>
<td>2.03</td>
</tr>
<tr>
<td>Artistic</td>
<td>5.41</td>
<td>2.29</td>
<td>Unreflective</td>
<td>5.27</td>
<td>2.00</td>
</tr>
<tr>
<td>Extraverted</td>
<td>5.32</td>
<td>1.81</td>
<td>Uncreative</td>
<td>5.26</td>
<td>1.83</td>
</tr>
<tr>
<td>Moody</td>
<td>5.08</td>
<td>1.92</td>
<td>Cold</td>
<td>5.24</td>
<td>2.00</td>
</tr>
<tr>
<td>Introverted</td>
<td>4.98</td>
<td>1.94</td>
<td>Vigorous</td>
<td>5.21</td>
<td>1.83</td>
</tr>
<tr>
<td>Demanding</td>
<td>4.97</td>
<td>1.75</td>
<td>Unkind</td>
<td>5.20</td>
<td>2.00</td>
</tr>
<tr>
<td>Bashful</td>
<td>4.97</td>
<td>1.95</td>
<td>Inhibited</td>
<td>5.17</td>
<td>2.19</td>
</tr>
<tr>
<td>Shy</td>
<td>4.89</td>
<td>2.22</td>
<td>Fearful</td>
<td>5.16</td>
<td>2.08</td>
</tr>
<tr>
<td>Temperamental</td>
<td>4.78</td>
<td>1.78</td>
<td>Imperceptive</td>
<td>4.99</td>
<td>1.64</td>
</tr>
<tr>
<td>Imperturbable</td>
<td>4.72</td>
<td>1.36</td>
<td>Introspective</td>
<td>4.89</td>
<td>1.73</td>
</tr>
<tr>
<td>Simple</td>
<td>4.70</td>
<td>2.19</td>
<td>Unimaginative</td>
<td>4.88</td>
<td>1.82</td>
</tr>
<tr>
<td>Irritable</td>
<td>4.69</td>
<td>1.81</td>
<td>Uninquisitive</td>
<td>4.83</td>
<td>1.67</td>
</tr>
</tbody>
</table>
Table 4 continued

Mean Ratings of Adjectives Endorsed for Self and Problem Drinkers in order of Endorsed Means

<table>
<thead>
<tr>
<th>Self Adjective</th>
<th>M</th>
<th>SD</th>
<th>Problem Drinker Adjective</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecure</td>
<td>4.64</td>
<td>2.14</td>
<td>Unintellectual</td>
<td>4.81</td>
<td>1.83</td>
</tr>
<tr>
<td>Envious</td>
<td>4.63</td>
<td>1.94</td>
<td>Deep</td>
<td>4.81</td>
<td>2.13</td>
</tr>
<tr>
<td>Nervous</td>
<td>4.62</td>
<td>1.84</td>
<td>Introverted</td>
<td>4.78</td>
<td>2.08</td>
</tr>
<tr>
<td>Touchy</td>
<td>4.61</td>
<td>1.86</td>
<td>Imperturbable</td>
<td>4.76</td>
<td>1.55</td>
</tr>
<tr>
<td>Undemanding</td>
<td>4.61</td>
<td>2.01</td>
<td>Intellectual</td>
<td>4.73</td>
<td>1.76</td>
</tr>
<tr>
<td>Timid</td>
<td>4.54</td>
<td>1.95</td>
<td>Bright</td>
<td>4.70</td>
<td>1.84</td>
</tr>
<tr>
<td>Fretful</td>
<td>4.51</td>
<td>1.78</td>
<td>Imaginative</td>
<td>4.68</td>
<td>1.82</td>
</tr>
<tr>
<td>High-strung</td>
<td>4.50</td>
<td>2.10</td>
<td>Kind</td>
<td>4.67</td>
<td>1.67</td>
</tr>
<tr>
<td>Fearful</td>
<td>4.46</td>
<td>1.74</td>
<td>Innovative</td>
<td>4.64</td>
<td>1.69</td>
</tr>
<tr>
<td>Inhibited</td>
<td>4.44</td>
<td>1.66</td>
<td>Generous</td>
<td>4.61</td>
<td>1.88</td>
</tr>
<tr>
<td>Disorganized</td>
<td>4.23</td>
<td>2.33</td>
<td>Philosophical</td>
<td>4.59</td>
<td>1.98</td>
</tr>
<tr>
<td>Unenvious</td>
<td>4.27</td>
<td>2.23</td>
<td>Creative</td>
<td>4.57</td>
<td>1.74</td>
</tr>
<tr>
<td>Imperceptive</td>
<td>4.23</td>
<td>1.68</td>
<td>Artistic</td>
<td>4.55</td>
<td>1.77</td>
</tr>
<tr>
<td>Jealous</td>
<td>4.10</td>
<td>2.04</td>
<td>Simple</td>
<td>4.53</td>
<td>1.91</td>
</tr>
<tr>
<td>Haphazard</td>
<td>3.93</td>
<td>1.72</td>
<td>Unintelligent</td>
<td>4.51</td>
<td>1.84</td>
</tr>
<tr>
<td>Inconsistent</td>
<td>3.79</td>
<td>1.68</td>
<td>Energetic</td>
<td>4.50</td>
<td>1.99</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>3.78</td>
<td>1.95</td>
<td>Active</td>
<td>4.39</td>
<td>2.01</td>
</tr>
<tr>
<td>Unrestrained</td>
<td>3.75</td>
<td>1.87</td>
<td>Unadventurous</td>
<td>4.36</td>
<td>2.14</td>
</tr>
<tr>
<td>Impractical</td>
<td>3.74</td>
<td>1.59</td>
<td>Warm</td>
<td>4.33</td>
<td>1.79</td>
</tr>
<tr>
<td>Self-pitying</td>
<td>3.67</td>
<td>1.89</td>
<td>Timid</td>
<td>4.24</td>
<td>1.93</td>
</tr>
<tr>
<td>Untalkative</td>
<td>3.61</td>
<td>2.03</td>
<td>Relaxed</td>
<td>4.23</td>
<td>2.07</td>
</tr>
<tr>
<td>Sloppy</td>
<td>3.52</td>
<td>2.07</td>
<td>Unenvious</td>
<td>4.15</td>
<td>1.97</td>
</tr>
<tr>
<td>Harsh</td>
<td>3.50</td>
<td>1.78</td>
<td>Shy</td>
<td>4.15</td>
<td>1.96</td>
</tr>
<tr>
<td>Selfish</td>
<td>3.34</td>
<td>1.80</td>
<td>Sympathetic</td>
<td>4.12</td>
<td>1.83</td>
</tr>
<tr>
<td>Inefficient</td>
<td>3.30</td>
<td>1.66</td>
<td>Systematic</td>
<td>4.09</td>
<td>1.81</td>
</tr>
<tr>
<td>Unadventurous</td>
<td>3.25</td>
<td>1.98</td>
<td>Helpful</td>
<td>4.07</td>
<td>1.69</td>
</tr>
</tbody>
</table>
Table 4 continued

Mean Ratings of Adjectives Endorsed for Self and Problem Drinkers in order of Endorsed Means

<table>
<thead>
<tr>
<th>Self Adjective</th>
<th>M</th>
<th>SD</th>
<th>Problem Drinker Adjective</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distrustful</td>
<td>3.23</td>
<td>2.15</td>
<td>Unexcitable</td>
<td>4.05</td>
<td>1.93</td>
</tr>
<tr>
<td>Careless</td>
<td>3.20</td>
<td>1.67</td>
<td>Agreeable</td>
<td>4.05</td>
<td>2.05</td>
</tr>
<tr>
<td>Unsystematic</td>
<td>3.08</td>
<td>1.70</td>
<td>Undemanding</td>
<td>4.03</td>
<td>1.98</td>
</tr>
<tr>
<td>Negligent</td>
<td>3.06</td>
<td>1.71</td>
<td>Reserved</td>
<td>3.95</td>
<td>1.92</td>
</tr>
<tr>
<td>Uncreative</td>
<td>2.98</td>
<td>1.86</td>
<td>Pleasant</td>
<td>3.91</td>
<td>1.88</td>
</tr>
<tr>
<td>Unexcitable</td>
<td>2.94</td>
<td>1.76</td>
<td>Thorough</td>
<td>3.90</td>
<td>1.65</td>
</tr>
<tr>
<td>Unsophisticated</td>
<td>2.94</td>
<td>1.59</td>
<td>Untalkative</td>
<td>3.87</td>
<td>2.05</td>
</tr>
<tr>
<td>Unemotional</td>
<td>2.87</td>
<td>1.68</td>
<td>Steady</td>
<td>3.85</td>
<td>1.87</td>
</tr>
<tr>
<td>Cold</td>
<td>2.84</td>
<td>1.84</td>
<td>Bashful</td>
<td>3.84</td>
<td>2.20</td>
</tr>
<tr>
<td>Unimaginative</td>
<td>2.84</td>
<td>1.66</td>
<td>Unemotional</td>
<td>3.83</td>
<td>2.03</td>
</tr>
<tr>
<td>Uninquisitive</td>
<td>2.82</td>
<td>1.53</td>
<td>Practical</td>
<td>3.72</td>
<td>1.72</td>
</tr>
<tr>
<td>Uncharitable</td>
<td>2.77</td>
<td>1.57</td>
<td>Organized</td>
<td>3.72</td>
<td>1.72</td>
</tr>
<tr>
<td>Rude</td>
<td>2.67</td>
<td>1.69</td>
<td>Conscientious</td>
<td>3.70</td>
<td>1.77</td>
</tr>
<tr>
<td>Uncooperative</td>
<td>2.60</td>
<td>1.48</td>
<td>Neat</td>
<td>3.69</td>
<td>1.69</td>
</tr>
<tr>
<td>Unreflective</td>
<td>2.57</td>
<td>1.50</td>
<td>Trustful</td>
<td>3.62</td>
<td>1.83</td>
</tr>
<tr>
<td>Shallow</td>
<td>2.56</td>
<td>1.71</td>
<td>Efficient</td>
<td>3.56</td>
<td>1.83</td>
</tr>
<tr>
<td>Unintellectual</td>
<td>2.50</td>
<td>1.44</td>
<td>Considerate</td>
<td>3.54</td>
<td>1.64</td>
</tr>
<tr>
<td>Undependable</td>
<td>2.41</td>
<td>1.52</td>
<td>Quiet</td>
<td>3.49</td>
<td>2.03</td>
</tr>
<tr>
<td>Unintelligent</td>
<td>2.34</td>
<td>1.42</td>
<td>Prompt</td>
<td>3.49</td>
<td>1.75</td>
</tr>
<tr>
<td>Unsympathetic</td>
<td>2.25</td>
<td>1.41</td>
<td>Cooperative</td>
<td>3.41</td>
<td>1.74</td>
</tr>
<tr>
<td>Unkind</td>
<td>2.00</td>
<td>1.24</td>
<td>Careful</td>
<td>2.96</td>
<td>1.76</td>
</tr>
</tbody>
</table>

Note. \( n = 197 \); Adjectives measured on a Likert scale, 1=extremely inaccurate to 9=extremely accurate
### Table 5

Mean Differences and *t* tests: Self-reported and Problem Drinker Quantity/Frequency and Problem Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Problem Drinker</th>
<th>df</th>
<th><em>t</em></th>
<th><em>p</em></th>
<th><em>d</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>M</em> (SD)</td>
<td><em>M</em> (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinks per Week (TLFB; PDQ-PD)</td>
<td>5.54 (7.98)</td>
<td>32.23 (13.60)</td>
<td>184</td>
<td>24.31</td>
<td>.000</td>
<td>2.39</td>
</tr>
<tr>
<td>Drinks per Week (PDQ-S; PDQ-PD)</td>
<td>8.47 (12.10)</td>
<td>31.97 (13.65)</td>
<td>177</td>
<td>17.28</td>
<td>.000</td>
<td>1.82</td>
</tr>
<tr>
<td>Days Drinking per Week (TLFB; PDQ-PD)</td>
<td>1.17 (1.24)</td>
<td>5.72 (1.62)</td>
<td>185</td>
<td>31.65</td>
<td>.000</td>
<td>3.15</td>
</tr>
<tr>
<td>Days Drinking per Week (PDQ-S; PDQ-PD)</td>
<td>2.02 (2.26)</td>
<td>5.70 (1.62)</td>
<td>182</td>
<td>18.36</td>
<td>.000</td>
<td>1.87</td>
</tr>
<tr>
<td>Drinks/Days Drinking (TLFB; PDQ)</td>
<td>4.00 (2.38)</td>
<td>5.77 (2.09)</td>
<td>144</td>
<td>8.09</td>
<td>.000</td>
<td>.790</td>
</tr>
<tr>
<td>Drinks/Days Drinking (PDQ-S; PDQ-PD)</td>
<td>4.18 (2.70)</td>
<td>5.72 (2.07)</td>
<td>152</td>
<td>6.73</td>
<td>.000</td>
<td>.640</td>
</tr>
<tr>
<td>Problem Behaviors (RAPI-S; RAPI PD)</td>
<td>36.29 (15.31)</td>
<td>82.94 (15.85)</td>
<td>195</td>
<td>30.89</td>
<td>.000</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Note. TLFB and PDQ-S are both self-report measures of alcohol consumption. *n* = 185 and 178 for Drinks per Week respectively; *n* = 186 and 183 for Days Drinking per Week respectively; *n* = 145 and 152 for Drinks divided by the Total Number of Drinking Days per Week; *n* = 196 for Problem Behaviors.
Table 6

Univariate tests of group differences on five adjective factors for self and problem drinker

<table>
<thead>
<tr>
<th>Factor</th>
<th>Self M (SD)</th>
<th>Problem Drinker M (SD)</th>
<th>F</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgency</td>
<td>5.63 (.96)</td>
<td>5.67 (.94)</td>
<td>.140</td>
<td>.708</td>
<td></td>
</tr>
<tr>
<td>Agreeableness</td>
<td>7.10 (.92)</td>
<td>4.03 (.18)</td>
<td>861.71</td>
<td>.000</td>
<td>2.90</td>
</tr>
<tr>
<td>Conscientiousnes</td>
<td>6.53 (.02)</td>
<td>3.68 (.15)</td>
<td>602.29</td>
<td>.000</td>
<td>2.62</td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>4.96 (.95)</td>
<td>3.84 (.98)</td>
<td>150.72</td>
<td>.000</td>
<td>1.16</td>
</tr>
<tr>
<td>Intellect</td>
<td>6.61 (.90)</td>
<td>4.88 (.09)</td>
<td>389.36</td>
<td>.000</td>
<td>1.73</td>
</tr>
</tbody>
</table>

Note. n = 193; df = 1. For Omnibus Multivariate Test, F (5, 187) = 182.86, p < .0005.
Table 7

Mean differences and $t$ tests for parent/caretaker “no problem” and “problem” group and self-reported drinks per week and problem behaviors

<table>
<thead>
<tr>
<th></th>
<th>Problem</th>
<th>No Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$ $(SD)$</td>
<td>$M$ $(SD)$</td>
</tr>
<tr>
<td>Self-reported Drinks per Week (TLFB)</td>
<td>5.81 (8.14)</td>
<td>5.22 (7.77)</td>
</tr>
<tr>
<td>Self-reported Drinks per Week (PDQ-S)</td>
<td>9.30 (14.11)</td>
<td>7.40 (9.59)</td>
</tr>
<tr>
<td>Self-reported Problem Behaviors (RAPI-S)</td>
<td>38.07 (16.88)</td>
<td>35.50 (14.48)</td>
</tr>
</tbody>
</table>

Note. For problem drinkers: $n = 66$ for drinks per week (TLFB), $n = 62$ for drinks per week (PDQ-S), $n = 65$ for problem behaviors; For no problem drinkers: $n = 131$ for drinks per week (TLFB), $n = 126$ for drinks per week (PDQ-S), $n = 130$ for problem behaviors.
Table 8
Mean differences and dependent Samples \( t \) tests for parent/ caretaker “yes” problem group (and really problem) and parent and self-reported drinks per week and problem behaviors

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Parent/Caretaker</th>
<th>( df )</th>
<th>( t )</th>
<th>( p )</th>
<th>( d )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinks per Week</td>
<td>5.95 (8.54)</td>
<td>32.57 (19.16)</td>
<td>48</td>
<td>9.08</td>
<td>.000</td>
<td>1.79</td>
</tr>
<tr>
<td>Problem Behaviors</td>
<td>37.60 (15.39)</td>
<td>72.77 (24.11)</td>
<td>47</td>
<td>7.72</td>
<td>.000</td>
<td>1.74</td>
</tr>
</tbody>
</table>

Note. \( n = 49 \) for drinks per week, \( n = 48 \) for problem behaviors
Table 9
Mean differences and dependent Samples t tests for parent/ caretaker “yes” problem group (and really “no” problem) and parent and self-reported drinks per week and problem behaviors

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Parent/Caretaker</th>
<th>df</th>
<th>t</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M (SD)</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinks per Week (TLFB; PDQ-C)</td>
<td>4.97 (3.31)</td>
<td>18.00 (12.28)</td>
<td>35</td>
<td>6.19</td>
<td>.000</td>
<td>1.45</td>
</tr>
<tr>
<td>Problem Behaviors (RAPI-S; RAPI-C)</td>
<td>39.58 (18.10)</td>
<td>45.72 (16.16)</td>
<td>35</td>
<td>1.56</td>
<td>.128</td>
<td></td>
</tr>
</tbody>
</table>

Note. n = 36
Table 10

Multiple Regression Analysis Predicting Self-reported Drinks per Week (TLFB) based on levels of Parent/Caretaker Drinks per Week (PDQ-C) and Problem Drinker Drinks per Week (PDQ-PD)

<table>
<thead>
<tr>
<th></th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$p$</th>
<th>$\beta$</th>
<th>Partials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker</td>
<td>.015</td>
<td>.015</td>
<td>.135</td>
<td>.123</td>
<td>.123</td>
</tr>
<tr>
<td>Drinks per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker</td>
<td>.017</td>
<td>.001</td>
<td>.646</td>
<td>.114</td>
<td>.111</td>
</tr>
<tr>
<td>Drinks per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Drinker</td>
<td></td>
<td></td>
<td></td>
<td>.039</td>
<td>.038</td>
</tr>
<tr>
<td>Drinks per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker</td>
<td>.018</td>
<td>.001</td>
<td>.651</td>
<td>.247</td>
<td>.067</td>
</tr>
<tr>
<td>Drinks per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Drinker</td>
<td></td>
<td></td>
<td></td>
<td>.066</td>
<td>.053</td>
</tr>
<tr>
<td>Drinks per week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
<td></td>
<td>-.147</td>
<td>-.038</td>
</tr>
</tbody>
</table>

Note. $n = 149$. Criterion Variable: Self-reported drinks per week. Partials = the unique contribution of the variable when controlling for the variance shared by other variables.
Table 11

Multiple Regression Analysis Predicting Self-reported Problem Behaviors (RAPI-S) based on levels of Parent/Caretaker Problem Behaviors (RAPI-C) and Problem Drinker Problem Behaviors (RAPI-PD)

<table>
<thead>
<tr>
<th></th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$p$</th>
<th>$\beta$</th>
<th>Partials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker Problem Behaviors</td>
<td>.000</td>
<td>.000</td>
<td>.778</td>
<td>.020</td>
<td>.020</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker Problem Behaviors</td>
<td>.007</td>
<td>.006</td>
<td>.277</td>
<td>.029</td>
<td>.029</td>
</tr>
<tr>
<td>Problem Drinker Problem Behaviors</td>
<td></td>
<td></td>
<td></td>
<td>.079</td>
<td>.079</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Caretaker Problem Behaviors</td>
<td>.009</td>
<td>.002</td>
<td>.496</td>
<td>.031</td>
<td>.031</td>
</tr>
<tr>
<td>Problem Drinker Problem Behaviors</td>
<td></td>
<td></td>
<td></td>
<td>.075</td>
<td>.075</td>
</tr>
<tr>
<td>Interaction</td>
<td></td>
<td></td>
<td></td>
<td>.049</td>
<td>.049</td>
</tr>
</tbody>
</table>

Note. $n = 195$. Criterion Variable: Self-reported problem behavior scores. Partials = the unique contribution of the variable when controlling for the variance shared by other variables.
Figure 1.

Mediation Model

Hypothetical "Problem Drinker" Quantity/Frequency of Alcohol Consumption

Parent/Caretaker Quantity/Frequency of Alcohol Consumption

Self-Reported Quantity-Frequency of Alcohol Consumption
Figure 2.

Mediation Model

- Hypothetical "Problem Drinker" Problem Behaviors reported on the RAPI-PD
- Parent/Caretaker Problem Behaviors reported on the RAPI-C
- Self-Reported Problem Behaviors on the RAPI-S
Figure 3.

Moderation Model

- Parent/Caretaker Quantity/Frequency of Alcohol Consumption (PDQ-C)
- Hypothetical "Problem Drinker" Quantity/Frequency of Alcohol Consumption (PDQ-PD)
- Parent/Caretaker X Hypothetical "Problem Drinker" Quantity/Frequency (Interaction)

→

Self-Reported Quantity-Frequency of Alcohol Consumption (TLFB)
Figure 4.

Moderation Model

- Parent/Caretaker Problem Behaviors reported on the RAPI-C
- Hypothetical "Problem Drinker" Problem Behaviors reported on the RAPI-PD
- Parent/Caretaker X Hypothetical "Problem Drinker" Problem Behaviors (Interaction)

Self-Reported Problem Behaviors on the RAPI-S
Figure 5.

Five Factor Profiles: Self and problem Drinker

- Self
- Problem Drinker
Appendix A

Goldberg’s Big Five Factors derived from the 100 Unipolar Adjectives

<table>
<thead>
<tr>
<th>Factor I. Surgency (Extraversion)</th>
<th>Factor IV. Emotional stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraverted</td>
<td>Unenvious</td>
</tr>
<tr>
<td>Talkative</td>
<td>Moody</td>
</tr>
<tr>
<td>Assertive</td>
<td>Temperamental</td>
</tr>
<tr>
<td>Verbal</td>
<td>Envious</td>
</tr>
<tr>
<td>Energetic</td>
<td>Emotional</td>
</tr>
<tr>
<td>Bold</td>
<td>Irritable</td>
</tr>
<tr>
<td>Active</td>
<td>Fretful</td>
</tr>
<tr>
<td>Daring</td>
<td>Jealous</td>
</tr>
<tr>
<td>Vigorous</td>
<td>Insecure</td>
</tr>
<tr>
<td>Unrestrained</td>
<td>Fearful</td>
</tr>
<tr>
<td></td>
<td>Self-pitying</td>
</tr>
<tr>
<td></td>
<td>High-strung</td>
</tr>
<tr>
<td></td>
<td>Touchy</td>
</tr>
<tr>
<td></td>
<td>Nervous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor II. Agreeableness</th>
<th>Factor V. Intellect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kind</td>
<td>Intellectual</td>
</tr>
<tr>
<td>Cooperative</td>
<td>Creative</td>
</tr>
<tr>
<td>Sympathetic</td>
<td>Complex</td>
</tr>
<tr>
<td>Warm</td>
<td>Imaginative</td>
</tr>
<tr>
<td>Trustful</td>
<td>Bright</td>
</tr>
<tr>
<td>Considerate</td>
<td>Philosophical</td>
</tr>
<tr>
<td>Pleasant</td>
<td>Artistic</td>
</tr>
<tr>
<td>Agreeable</td>
<td>Deep</td>
</tr>
<tr>
<td>Helpful</td>
<td>Innovative</td>
</tr>
<tr>
<td>Generous</td>
<td>Unintroversive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor III. Conscientiousness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized</td>
<td>Intellectual</td>
</tr>
<tr>
<td>Systematic</td>
<td>Creative</td>
</tr>
<tr>
<td>Thorough</td>
<td>Complex</td>
</tr>
<tr>
<td>Practical</td>
<td>Imaginative</td>
</tr>
<tr>
<td>Neat</td>
<td>Bright</td>
</tr>
<tr>
<td>Efficient</td>
<td>Philosophical</td>
</tr>
<tr>
<td>Careful</td>
<td>Artistic</td>
</tr>
<tr>
<td>Steady</td>
<td>Deep</td>
</tr>
<tr>
<td>Conscientious</td>
<td>Innovative</td>
</tr>
<tr>
<td>Prompt</td>
<td>Unintroversive</td>
</tr>
</tbody>
</table>

|                               |                               |
|                               | Introspective                |
|                               | Shallow                      |

|                               |                               |
|                               |                               |
Appendix B

Goldberg’s 100 Unipolar Adjectives

**Instructions:** To answer the following questions we would like you to imagine what you consider to be a “problem drinker”. Based on your belief of what a “problem drinker” is, please answer the following questions how you believe a “problem drinker” would respond.

Please use this list of common human traits to describe a “problem drinker” as accurately as possible. Before each trait, please write a number indicating how accurately that trait describes a “problem drinker”, using the following rating scale:

<table>
<thead>
<tr>
<th>Extremely</th>
<th>Very</th>
<th>Quite</th>
<th>Slightly</th>
<th>Neither</th>
<th>Slightly</th>
<th>Quite</th>
<th>Very</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

- Active
- Extraverted
- Negligent
- Trustful
- Agreeable
- Fearful
- Nervous
- Unadventurous
- Artistic
- Generous
- Organized
- Uncharitable
- Assertive
- Haphazard
- Philosophical
- Uncooperative
- Bashful
- Harsh
- Pleasant
- Uncreative
- Bold
- Helpful
- Practical
- Undemanding
- Undependable
- High-strung
- Quiet
- Unemotional
- Bright
- Imaginative
- Reserved
- Unexcitable
- Careful
- Imperceptive
- Rude
- Unimaginative
- Careless
- Imperturbable
- Self-pitying
- Uninquisitive
- Cold
- Complex
- Unimaginative
- Unintellectual
- Consistent
- Inconsistent
- Selfish
- Unintelligent
- Conscientious
- Inefficient
- Shallow
- Unexcitable
- Considerate
- Inhibited
- Unkind
- Cooperate
- Creative
- Innovative
- Simple
- Unreflective
- Daring
- Insecure
- Sloppy
- Unrestrained
- Deep
- Intellectual
- Steady
- Unsophisticated
- Demand
- Introverted
- Systematic
- Unemotional
- Demanding
- Introspective
- Sympathetic
- Unexcitable
- Disorganized
- Jealous
- Temperamental
- Verbal
- Distrustful
- Irritable
- Talkative
- Untalkative
- Efficient
- Jealous
- Temperamental
- Verbal
- Emotional
- Kind
- Thorough
- Vigorous
- Enthusiastic
- Moody
- Timid
- Warm
- Envious
- Neat
- Touchy
- Withdrawn
Appendix C

Goldberg’s 100 Unipolar Adjectives

**Instructions:** Please use this list of common human traits to describe yourself as accurately as possible. Before each trait, please write a number indicating how accurately that trait describes you, using the following rating scale:

<table>
<thead>
<tr>
<th>Inaccurate</th>
<th>Accurate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely</td>
<td>Very</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- Active
- Agreeable
- Anxious
- Artistic
- Assertive
- Bashful
- Bold
- Undependable
- Bright
- Careful
- Careless
- Cold
- Complex
- Conscientious
- Considerate
- Cooperative
- Creative
- Daring
- Deep
- Demanding
- Disorganized
- Distrustful
- Efficient
- Emotional
- Energetic
- Envious

- Extraverted
- Fearful
- Fretful
- Generous
- Haphazard
- Harsh
- Helpful
- Trustful
- Nervous
- Organized
- Philosophical
- Pleasant
- Practical
- Prompt
- Quiet
- Relaxed
- Reserved
- Rude
- Self-pitying
- Selfish
- Shallow
- Shy
- Simple
- Sloppy
- Steady
- Sympathetic
- Systematic
- Talkative
- Temperamental
- Thorough
- Timid
- Touchy
- Warm
- Withdrawn
Appendix D  
RAPI-PD  

**Instructions:** To answer the following questions we would like you to imagine what you consider to be a "problem drinker". Based on your belief of what a "problem drinker" is, please answer the following questions how you believe a "problem drinker" would respond.

For each of the following items, rate approximately how often you would believe it has occurred for a "problem drinker" over the last 6 months.

1) Not able to do homework or study for a test....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) Got into fights, acted bad or did mean things....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3) Missed out on other things because of spending too much money on alcohol....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) Went to work or school high or drunk....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5) Caused shame or embarrassment to someone....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) Neglected responsibilities....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7) Avoided by relatives...

1 2 3 4 5
NEVER MORE THAN 10 TIMES

8) Felt the need for more alcohol than usual in order to get the same effect....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

9) Tried to control drinking by trying to drink only at certain times of the day or certain places....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

10) Had withdrawal symptoms, that is, felt sick because of stopping or cutting down on drinking....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

11) Noticed a change in personality....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

12) Felt that you had a problem with alcohol....

1 2 3 4 5
NEVER MORE THAN 10 TIMES
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13) Missed a day (or part of a day) of school or work....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>14) Tried to cut down or quit drinking....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>15) Suddenly was in a place with no recollection of getting there....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>16) Passed out or fainted suddenly....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>17) Had a fight, argument, or bad feelings with a friend....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>18) Had a fight, argument, or bad feelings with a family member....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>19) Kept drinking when you promised yourself not to....</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>
20) Felt like you were going crazy....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21) Had a bad time....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22) Felt physically or physiologically dependent on alcohol....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23) Was told by a friend or a neighbor to stop or cut down on drinking....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix E

RAPI-C

**Instructions:** Think about the parent/caretaker whom you grew up with who had the most alcohol problems. Please respond to the following questions as you believe occurred for your parent/caretaker, as a function of their drinking.

If you did not live with your parent/s as a child, answer the questions for the individual whom you lived with or spent the most time with when growing up (e.g., grandparent, aunt, uncle, step-parent).

For each of the following items, rate approximately how often you would believe it has occurred for your parent/caretaker.

---

1) **Not able to do work or study....**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

2) **Got into fights, acted bad or did mean things....**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

3) **Missed out on other things because of spending too much money on alcohol....**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

4) **Went to work or school high or drunk....**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

5) **Caused shame or embarrassment to someone....**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>
6) Neglected responsibilities....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

7) Avoided by relatives...

1 2 3 4
5 NEVER MORE THAN 10 TIMES

8) Felt the need for more alcohol than usual in order to get the same effect....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

9) Tried to control drinking by trying to drink only at certain times of the day or certain places....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

10) Had withdrawal symptoms, that is, felt sick because of stopping or cutting down on drinking....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

11) Noticed a change in personality....

1 2 3 4 5
NEVER MORE THAN 10 TIMES
12) They felt they had a problem with alcohol....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

13) Missed a day (or part of a day) of school or work....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

14) Tried to cut down or quit drinking....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

15) Suddenly was in a place with no recollection of getting there....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

16) Passed out or fainted suddenly....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

17) Had a fight, argument, or bad feelings with a friend....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

18) Had a fight, argument, or bad feelings with a family member....

1 2 3 4 5
NEVER MORE THAN 10 TIMES
19) Kept drinking when promising not to....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20) Felt like they were going crazy....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21) Had a bad time....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22) Felt physically or physiologically dependent on alcohol....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23) Was told by a friend or a neighbor to stop or cut down on drinking....

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NEVER</td>
<td>MORE THAN 10 TIMES</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

RAPI-S

Instructions: For each of the following items, rate approximately how often it has occurred while you were drinking or because of your drinking.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not able to do your homework or study for a test….</td>
</tr>
<tr>
<td></td>
<td>1 NEVER 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>2</td>
<td>Got into fights, acted bad or did mean things….</td>
</tr>
<tr>
<td></td>
<td>1 NEVER 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>3</td>
<td>Missed out on other things because you spent too much money on alcohol….</td>
</tr>
<tr>
<td></td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>4</td>
<td>Went to work or school high or drunk….</td>
</tr>
<tr>
<td></td>
<td>1 NEVER 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
<tr>
<td>5</td>
<td>Caused shame or embarrassment to someone….</td>
</tr>
<tr>
<td></td>
<td>1 NEVER 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>
6) Neglected your responsibilities....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

7) Relatives avoided you....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

8) Felt that you needed more alcohol than you used to use in order to get the same effect....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

9) Tried to control your drinking by trying to drink only at certain times of the day or certain places....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

10) Had withdrawal symptoms, that is, felt sick because you stopped or cutting down on drinking....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>

11) Noticed a change in your personality....

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td></td>
<td></td>
<td></td>
<td>MORE THAN 10 TIMES</td>
</tr>
</tbody>
</table>
12) Felt that you had a problem with alcohol....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

13) Missed a day (or part of a day) of school or work....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

14) Tried to cut down or quit drinking....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

15) Suddenly found yourself in a place that you could not remember getting to....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

16) Passed out or fainted suddenly....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

17) Had a fight, argument, or bad feelings with a friend....

1  2  3  4  5
NEVER MORE THAN 10 TIMES

18) Had a fight, argument, or bad feelings with a family member....

1  2  3  4  5
NEVER MORE THAN 10 TIMES
19) Kept drinking when you promised yourself not to....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

20) Felt like you were going crazy....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

21) Had a bad time....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

22) Felt physically or physiologically dependent on alcohol....

1 2 3 4 5
NEVER MORE THAN 10 TIMES

23) Was told by a friend or a neighbor to stop or cut down on drinking....

1 2 3 4 5
NEVER MORE THAN 10 TIMES
Appendix G

Timeline Follow Back (30 Day)

<table>
<thead>
<tr>
<th>Substance Use Codes:</th>
<th>Total number of drinks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>TO</td>
</tr>
<tr>
<td>B = beer</td>
<td></td>
</tr>
<tr>
<td>L = hard liquor (vodka, whiskey, rum)</td>
<td></td>
</tr>
<tr>
<td>W = wine (natural)</td>
<td></td>
</tr>
<tr>
<td>WF = wine (fortified)</td>
<td></td>
</tr>
<tr>
<td>LI = liqueur</td>
<td></td>
</tr>
<tr>
<td>BO = bottle</td>
<td></td>
</tr>
<tr>
<td>MD = mixed drink</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of drinking days:  

TO
Appendix H

Thought Listing

**Directions:**

For the **next 30 seconds**, we would like you to **think**

about a problem drinker ...
Directions (continued):

We are now interested in everything that went through your mind as you thought about a "problem drinker."
Please list these thoughts, whether they were about yourself, others, or anything else; whether the thoughts were neutral, positive, or negative. Any case is fine. IGNORE SPELLING, GRAMMER, and PUNCTUATION. You will have 2.5 minutes to write.
We have deliberately provided more space than we think people will need to insure that everyone will have plenty of room. Please be completely honest; your responses will be anonymous.

Simply write your 1st thought in the first box, the 2nd thought in the second box, etc.
Please put only one idea or thought in each box.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
## Appendix I

### Standard Drink Card

1 Standard Drink (13.6 g absolute alcohol) is equal to:

**Beer (5%):**
- 12 oz. Standard bottle or can

**Lite Beer (3 ½ - 4%):**
- 18 oz. 1 ½ cans or bottles

**Wine (10 – 13%):**
- 5 oz. (white, red, Chablis, chardonnay, champagne)

**Fortified Wine (18%):**
- 3 oz (sherry, Manischevitz, port, sweet wines)

**Hard Liquor (80 proof):**
- 1 – 1 ½ oz.

**Nyquil (25%)**
- 2 ½ oz.

**Listerine (27%)**
- 2 ½ oz.

**Beer:**
- 1 can regular (12 oz) = 1 standard drink
- 1 ½ cans Lite (18 oz) = 1 standard drink
- 1 can Lite (12 oz) = 2/3 of a standard drink

6-pack regular = 6 standard drinks
6-pack Lite = 4 standard drinks

Case (24 regular cans) = 24 standard drinks
Case (24 Lite cans) = 16 standard drinks

**Wine:**
- 1 bottle (25 oz) = 5 standard drinks
- 1 jug (2 bottles / 50 oz) = 10 standard drinks
- 1 bottle fortified (25 oz) = 8 standard drinks

**Hard Liquor:**
- 1 pint (16 oz) = 11 standard drinks
- 1 bottle (a fifth / 25 oz / 750 ml) = 17 standard drinks (a “fifth” means a fifth of a gallon)
- 1 quart (32 oz) = 22 standard drinks
- 1 bottle (40 oz / 1.14 L) = 27 standard drinks
- Nip (airplane bottles / 50 ml / 1 – 1 ¼ oz) = 1 standard drink

**Other:**
- Nyquil: 1 large bottle (14 oz) = 6 standard drinks
- Listerine: 1 large bottle (18 oz) = 7 standard drinks
Appendix J
PDQ-PD

1) In your opinion, do you believe that you are a problem drinker?

   Yes     No

   If you answered “yes” to question #1, skip question #2.

2) If you answered “no” to question #1, have you ever thought you were a problem drinker?

   Yes     No

   * If “yes” to question #2, answer the following questions to the best of your recollection when you believe that you were a problem drinker.

   * If “no” to question 2, answer all questions for what you believe about a problem drinker

3) How often do you think that a problem drinker consumes alcohol?

   A. Once a week
   B. Twice a week
   C. Three times a week
   D. Four times a week
   E. Five times a week
   F. Six times a week
   G. Every day
   H. Other (please describe, Example: twice a month)

4) On the occasions that a problem drinker consumes alcohol, on average, how many drinks does a problem drinker consume?

   * For other standard drink measurements, refer to the Standard Drink Card

   I. One drink
   J. Two drinks
   K. Three drinks
   L. Four drinks
   M. Five drinks
   N. Six or more drinks
   O. Other (write in) ________________________________
Appendix K
PDQ-C

Please answer these questions for the one parent or caretaker you grew up with who consumed the most alcohol.

1) While growing up, did you live with your parent?

   Yes          No

2) If you answered “no” to question #1, did you live with another caretaker (for example Step-parent, grandparent, aunt, uncle)?

   Yes          No

Please write in who here ________________________________

3) In your opinion, do you believe that your parent or caretaker who consumed the most alcohol in your household is a problem drinker?

   Yes          No

4) If you answered “no” to question #3, have you ever thought your parent or caretaker you grew up with was a problem drinker?

   Yes          No

* If “yes” to question #4, answer the following questions to the best of your recollection when you believe that your parent or caretaker you grew up with was a problem drinker.

5) How often do you think that your parent or caretaker you grew up with consumed alcohol?

   A. Never
   B. Once a week
   C. Twice a week
   D. Three times a week
   E. Four times a week
   F. Five times a week
   G. Six times a week
   H. Every day
   I. Other (please describe, Example: twice a month)
6) On the occasions that your parent or caretaker you grew up with consumed alcohol, on average, how many drinks did she/he consume? (if you are in-between numbers, please pick the larger one)

* For other standard drink measurements, refer to the Standard Drink Card

J. None  
K. One drink  
L. Two drinks  
M. Three drinks  
N. Four drinks  
O. Five drinks  
P. Six or more drinks  
Q. Other (write in) ____________________________
1) On average, how often do you consume alcohol?

A. Once a week  
B. Twice a week  
C. Three times a week  
D. Four times a week  
E. Five times a week  
F. Six times a week  
G. Every day  
H. Other (please describe, Example: twice a month)

2) On the occasions that you consume alcohol, on average, how many drinks do you consume?

* For other standard drink measurements, refer to the Standard Drink Card

I. One drink  
J. Two drinks  
K. Three drinks  
L. Four drinks  
M. Five drinks  
N. Six or more drinks  
O. Other (write in) ____________________________
Appendix M
Demographic Information

1. Are you?
   - Female
   - Male

2. Are you? (Check all that apply) (Optional)
   - American Indian/Native American
   - Asian/Asian American
   - Black/African American
   - Hispanic/Latino/a
   - White/European American
   - Other (____________________)

3. What is your age?
   ____ years old

4. Where were you born?
   ______________________

5. Where did you grow up? (If more than one state or country, include all, the age you were at the time, and the time spent there)
   ______________________

6. Who did you live with growing up? (Check all that apply)
   - Mother
   - Father
   - Grandmother
   - Grandfather
   - Aunt
   - Uncle
   - Stepmother
   - Stepfather
   - Other (____________________)
7. Of the parent/s and/or caretaker/s you checked above, indicate the one person with whom you spent the most time, AND who consumed the most alcohol.

8. From question 7, if no parent/s or caretaker/s drank alcohol, indicate the person with whom you spent the most amount of time that consumed alcohol.

9. Highest grade in school completed?
(In other words, if you completed two years of college, you would write 14 below.)

________ highest grade completed

10. What is your current yearly income?

$ ______________

11. What is your parent/s/caretaker's yearly income?

$ ______________

12. Is there a history of alcohol problems in your family?

☐ Yes
☐ No

13. If yes to question #12, who in your family has, or had an alcohol problem?