

 H4PG15 - During this pregnancy, how often did {SHE/YOU} drink alcoholic beverages?

During this pregnancy, how often did {SHE/YOU} drink alcoholic beverages?

|   |                      |
|---|----------------------|
| 0 | never                |
| 1 | once a month or less |
| 2 | 2 or 3 days a month  |
| 3 | 1 or 2 days a week   |

**Conceptual Variable**

1079 - During this pregnancy, how often did {SHE/YOU} drink alcoholic beverages?