



Item	Answer	Frecuency (n)	Percentage
-	Never	18	9.8
Item 1. How often do you have a drink -	Monthly or less	41	22.3
containing alcohol? –	2 to 4 times a month	97	52.7
	2 to 3 times a week	27	14.7
	4 or more times a week	1	0.5
Item 2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	101	54.9
	3 or 4	50	27.2
	5 or 6	25	13.6
	7, 8 or 9	7	3.8
	10 or more	1	0.5
	Never	92	50.0
Item 3 How often do you have six or -	Less than monthly	59	32.1
Item 3. How often do you have six or more drinks on one occasion?	Monthly	32	17.4
	Weekly	1	0.5
	Daily or almost daily	0	0.0
Item 4. How often during the last year have you found that you were no table to stop drinking once you had started?	Never	145	78.8
	Less than monthly	24	13.0
	Monthly	9	4.9
	Weekly	1	0.5
	Daily or almost daily	5	2.7
	Never	149	81.0
Item 5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Less than monthly	31	16.8
	Monthly	4	2.2
	Weekly	0	0.0
	Daily or almost daily	0	0.0
	Never	133	72.3
Item 6. How often during the last year -	Less than monthly	39	21.2
have you needed a first drink in the	Monthly	10	5.4
heavy drinking session?	Weekly	1	0.5
neavy armking session?	Daily or almost daily	1	0.5
	Never	124	67.4
Item 7. How often during the last year	Less than monthly	43	23.4
have you had a feeling of guilt or	Monthly	13	7.1
remorse after drinking?	Weekly	4	2.2
	Daily or almost daily	0	0.0
	Never	118	64.1
Item 8. How often during the last year -	Less than monthly	56	30.4
have you been unable to remember –	Monthly	8	4.3
what happened the night before -	Weekly	2	1.1
because you had been drinking? –	Daily or almost daily	0	0.0
Item 9. Have you or someone else	No	173	94.0
been injured as a result of your	Yes, but not in the last year	6	3.3
drinking?	Yes, during the last year	5	2.7
Item 10. Has a relative or friend or a	No	172	93.5
doctor or another health worker been	Yes, but not in the last year	7	3.8
concerned about your drinking or suggested you cut down?	Yes, during the last year	5	2.7

Table S1. Descriptive analysis of the items of AUDIT.

	Item	Answer	Frecuency	Percentage
PART A	Item 1. Drink any alcohol (more than a few sips)? (Do not	Yes	158	86.8
	count sips of alcohol taken during family or religious events)	No	24	13.2
	Item 2. Smoles on a manimum or head-t-b.	Yes	62	34.1
	Item 2. Smoke any marijuana or hashish?	No	120	65.9
	Item 3. Use anything else to get high?	Yes	10	5.5
	("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	No	172	94.5
PART B	Item 4. Have you ever ridden in a car by someone	Yes	121	75.6
	(including yourself) who was "high" or had been using alcohol or drugs?	No	39	24.4
	Item 5. Do your family or friends ever tell you that you	Yes	17	10.6
	should cut down on your drinking or drug use?	No	143	89.4
	Item 6. Do you ever use alcohol or drugs to relax, feel	Yes	48	30.0
	better about yourself, or fit in?	No	112	70.0
	Item 7. Have you ever gotten into trouble while you were	Yes	17	10.6
	using alcohol or drugs?	No	143	89.4
	Item 8. Do you ever forget things you did while using	Yes	84	52.5
	alcohol or drugs?	No	76	47.5
	Item 9. Do you ever use alcohol or drugs while you are by	Yes	31	19.4
	yourself, or alone?	No	129	80.6

 Table S2. Descriptive analysis of the items of CRAFFT.