

Person—alcohol consumption frequency (self-reported), code NN

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Person—alcohol consumption frequency (self-reported), code NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Alcohol consumption frequency (self reported)
METEOR identifier:	270247
Registration status:	Health! , Standard 01/03/2005
Definition:	A person's self-reported frequency of alcohol consumption, as represented by a code.
Data Element Concept:	Person—alcohol consumption frequency
Value Domain:	Alcohol consumption frequency code NN

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

	Value	Meaning
Permissible values:	01	Every day/7 days per week
	02	5 to 6 days per week
	03	3 to 4 days per week
	04	1 to 2 days per week
	05	2 to 3 days per month
	06	Once per month
	07	7 to 11 days in the past year
	08	4 to 6 days in the past year
	09	2 to 3 days in the past year
	10	Once in the past year
	11	Never drank any alcoholic beverage in the past year
	12	Never in my life
Supplementary values:	99	Not reported

Data element attributes

Collection and usage attributes

Collection methods: The World Health Organisation, in its 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document, suggests that in assessing alcohol consumption patterns a 'Graduated Quantity Frequency' method is preferred. This method requires that questions about the quantity and frequency of alcohol consumption should be asked to help determine short-term and long-term health consequences. This information can be collected (but not confined to) the following ways:

- in a clinical setting with questions asked by a primary healthcare professional
- as a self-completed questionnaire in a clinical setting
- as part of a health survey
- as part of a computer aided telephone interview.

It should be noted that, particularly in telephone interviews, the question(s) asked may not be a direct repetition of the Value domain; yet they may still yield a response that could be coded to the full Value domain or a collapsed version of the Value domain.

Source and reference attributes

Submitting organisation: Cardiovascular Data Working Group
Origin: Australian Alcohol Guidelines: Health Risks and Benefits, National Health & Medical Research Council, October 2001

Relational attributes

Related metadata references: Is re-engineered from  [Alcohol consumption frequency- self report, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf](#) (24.3 KB)
No registration status

See also [Person—alcohol consumption amount, total standard drinks NN Health!](#), Standard 17/10/2018

Implementation in Data Set Specifications: [Cardiovascular disease \(clinical\) DSS Health!](#), Superseded 15/02/2006

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in

the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: -
have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Risk of harm in the long-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on an average day)	Up to 4	5 to 6	7 or more
Overall weekly level	Up to 28 Per week	29 to 42 Per week	43 or more Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
Overall weekly level	Up to 14 Per week	15 to 28 Per week	29 or more Per week

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

[Cardiovascular disease \(clinical\) DSS](#)
Health!, Superseded 04/07/2007

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Risk of harm in the long-term

	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on an average day)	Up to 4	5 to 6	7 or more
Overall weekly level	Up to 28 Per week	29 to 42 Per week	43 or more Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
Overall weekly level	Up to 14 Per week	15 to 28 Per week	29 or more Per week

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

[Cardiovascular disease \(clinical\) DSS](#)

Health!, Superseded 22/12/2009

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: -
have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Risk of harm in the long-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on an average day)	Up to 4	5 to 6	7 or more
Overall weekly level	Up to 28 Per week	29 to 42 Per week	43 or more Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
Overall weekly level	Up to 14 Per week	15 to 28 Per week	29 or more Per week

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

[Cardiovascular disease \(clinical\) DSS](#)

[Health!](#), Superseded 01/09/2012

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,

- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: -
have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Risk of harm in the long-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)

Males (on an average day)	Up to 4	5 to 6	7 or more
Overall weekly level	Up to 28 Per week	29 to 42 Per week	43 or more Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
Overall weekly level	Up to 14 Per week	15 to 28 Per week	29 or more Per week

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

[Cardiovascular disease \(clinical\) NBPDS](#)

[Health!](#), Superseded 17/10/2018

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g.

driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Risk of harm in the long-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on an average day)	Up to 4	5 to 6	7 or more
Overall weekly level	Up to 28 Per week	29 to 42 Per week	43 or more Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
Overall weekly level	Up to 14 Per week	15 to 28 Per week	29 or more Per week

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

[Cardiovascular disease \(clinical\) NBPDS](#)

[Health!](#), Standard 17/10/2018

DSS specific information:

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

- social problems such as domestic violence, unsafe sex,
- financial and relationship problems,
- physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis,
- an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems.

Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables. It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so. It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected. The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.

The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who: - have a condition made worse by drinking,

- are on medication,
- are under 18 years of age,
- are pregnant,
- are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

Risk of harm in the short-term			
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	7 or more

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

<i>Risk of harm in the long-term</i>			
	<i>Low risk</i> (standard drinks)	<i>Risky</i> (standard drinks)	<i>High risk</i> (standard drinks)
<i>Males</i> (on an average day)	<i>Up to 4</i>	<i>5 to 6</i>	<i>7 or more</i>
<i>Overall weekly level</i>	<i>Up to 28</i> <i>Per week</i>	<i>29 to 42</i> <i>Per week</i>	<i>43 or more</i> <i>Per week</i>
<i>Females</i> (on an average day)	<i>Up to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
<i>Overall weekly level</i>	<i>Up to 14</i> <i>Per week</i>	<i>15 to 28</i> <i>Per week</i>	<i>29 or more</i> <i>Per week</i>

Source: *NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.*

Implementation in Indicators:

Used as Numerator

[National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014 Health!](#), Superseded 14/01/2015

[National Healthcare Agreement: PI 05-Levels of risky alcohol consumption, 2014 Health!](#), Superseded 14/01/2015

[National Indigenous Reform Agreement: P05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011

[National Indigenous Reform Agreement: P05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2010](#)

[Community Services \(retired\)](#), Superseded 04/04/2011

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2013](#)

[Indigenous](#), Superseded 13/12/2013

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2013](#)

[Indigenous](#), Superseded 13/12/2013

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 04-Levels of risky alcohol consumption, 2014](#)

[Indigenous](#), Superseded 24/11/2014

[National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2011](#)

[Indigenous](#), Superseded 01/07/2012

[National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2012](#)

[Indigenous](#), Superseded 13/06/2013

[National Indigenous Reform Agreement: PI 05-Average daily alcohol consumption and associated risk levels; rates of alcohol consumption at long-term risky to high risk levels, 2012](#)

[Indigenous](#), Superseded 13/06/2013