



## **FOLLOW UP SURVEY**

Version 2a: 5 February 2013

### **Instructions**

1. Please answer every question.
2. There are no right or wrong answers.
3. The information you provide will be handled confidentially and reported in such a way that individuals cannot be identified.
4. If you have any questions or concerns about the study please do not hesitate to telephone Joanna Latter on (02) 40420379.
5. If you have any concerns or complaints about the conduct of the study, you may contact the Manager of the Hunter New England Research Ethics and Governance Unit on 49214950.

**Thank you for your time**



# Drinking Diary

## Standard Drinks Guide



=1

Spirit Shot/Nip (30ml)  
Port/Sherry (60ml)  
Full Strength Beer (Middy)



=1.5

Full Strength Beer (375ml)



=1.5

Pre-Mix Drinks (375ml)  
Champagne (170ml)  
Wine (150ml)



=0.8

Light Beer (375ml)



=7.5

=22

Bottle of Wine (750ml)  
Bottle of Spirits (700ml)

We'd like to ask you about your drinking in the **last 7 days**.

For each of the following days, starting with yesterday, please specify the **number of standard drinks** you consumed.

We understand that it might be difficult to remember exactly so for these questions **please give your best estimates**.

Please use the definitions of Standard Drinks on the left as a guide.

Day	How many drinks?
Yesterday	<input type="text"/> drinks
Two days ago	<input type="text"/> drinks
Three days ago	<input type="text"/> drinks
Four days ago	<input type="text"/> drinks
Five days ago	<input type="text"/> drinks
Six days ago	<input type="text"/> drinks
Seven days ago	<input type="text"/> drinks
Was last week typical of your usual drinking?	
Yes	<input type="text"/>
No, I usually drink less	<input type="text"/>
No, I usually drink more	<input type="text"/>

# Your Alcohol Use in the Last 6 Months

## Standard Drinks Guide



=1

Spirit Shot/Nip (30ml)  
Port/Sherry (60ml)  
Full Strength Beer (Middy)



=1.5

Full Strength Beer (375ml)



=1.5

Pre-Mix Drinks (375ml)  
Champagne (170ml)  
Wine (150ml)



=0.8

Light Beer (375ml)



=7.5      =22

Bottle of Wine (750ml)  
Bottle of Spirits (700ml)

Now we'd like to ask some questions about your alcohol use in the **last 6 months**.

If you have not had any alcohol in the **last 6 months** please tick this box and go to **question 9** on the next page

☐ I haven't had any alcohol in the **last 6 months**

- Please mark the box that best describes your answer to each question.
- We understand that it can be difficult to remember exactly.
- For these questions please give your best estimates.

1. How often do you have a drink containing alcohol?

Never      Monthly or less      2-4 times a month      2-3 times a week      4 or more times a week

☐      ☐      ☐      ☐      ☐

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2      3 or 4      5 or 6      7 to 9      10 or more

☐      ☐      ☐      ☐      ☐

3. How often do you have six or more drinks on one occasion?

Never      Less than monthly      Monthly      Weekly      Daily or almost daily

☐      ☐      ☐      ☐      ☐

4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?

☐      ☐      ☐      ☐      ☐

5. How often during the last 6 months have you failed to do what was normally expected of you because of drinking?

☐      ☐      ☐      ☐      ☐

6. How often during the last 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?

☐      ☐      ☐      ☐      ☐

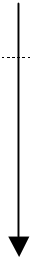
7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?

☐      ☐      ☐      ☐      ☐

8. How often during the last 6 months have you been unable to remember what happened the night before because of your drinking?

☐      ☐      ☐      ☐      ☐

	No	Yes, but <b>not</b> in the last 6 months	Yes, during the last 6 months
9. Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you sought help to reduce your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. Which services did you use?	
I saw my GP or another doctor	<input type="checkbox"/>
I saw a psychologist or counsellor	<input type="checkbox"/>
I attended a self-help group (e.g., Alcoholics Anonymous)	<input type="checkbox"/>
I used a self-help program on the internet	<input type="checkbox"/>
Other (please specify):	

**Now, we'd like to ask you about the questionnaire you completed on the iPad while waiting for your outpatient appointment.**

13. Did you get feedback on the iPad about your drinking?	
Yes	<input type="checkbox"/> Go to Q14
No, I did <b>not</b> receive feedback on my drinking but would like to.	<input type="checkbox"/> Go to Q15
No, I did <b>not</b> receive feedback on my drinking and I am <b>not</b> interested in receiving it.	<input type="checkbox"/> Go to Q15

14. The feedback you received on your drinking may have included comparisons of your drinking with the average drinking levels of others the same age and gender as you. The averages presented were:

About what I expected	<input type="checkbox"/>
Higher than I expected	<input type="checkbox"/>
Lower than I expected	<input type="checkbox"/>
I had no idea what the average was	<input type="checkbox"/>
I didn't get this feedback	<input type="checkbox"/>

**15. Are there any comments you would like to make about your experience with alcohol or any aspect of being involved in this research?**

[illegible]

**This is the end of the questionnaire.**

**Please check that you have answered all of the questions before returning the questionnaire to us in the reply-paid envelope provided.**

**Thank you for your time**