



FOLLOW UP SURVEY

Version 2b: 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

Now we'd like to ask some questions about 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)

If you haven't 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

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often during the last 6 months have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often during the last 6 months have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often during the last 6 months have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often during the last 6 months have you been unable to remember what happened the night before because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>No</i>	<i>Yes, but not in the last 6 months</i>	<i>Yes, during the last 6 months</i>
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):	

Please turn the page ...

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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