

REC Ref:
Short Title: AUDIT-v2
Document Name: AUDIT Screening Questionnaire
Version: 2 (Newcastle)
Date: 16/06/2009

[Insert Header – Practice]

Dear patient

We are asking all patients, aged 55 years or older, to complete a questionnaire about how much alcohol they drink.

We would be grateful if you would complete both sides of the questionnaire and then place the completed questionnaire in the envelope, seal it and return it in the enclosed prepaid envelope.

We are conducting a study in the practice looking at how much alcohol people drink and looking at different treatments for those who are drinking more alcohol than is good for their health. If you are happy to help us in this study please enter your name and address on the questionnaire. Someone may contact you within the next week to discuss the study with you or to ask you to complete an additional questionnaire.

If you do not wish to be considered for the study please complete the questionnaire and **do not** complete the name and address section.

All returned questionnaires will be treated in strictest confidence.

Many thanks for reading this letter.

Yours truly,

[insert signatories]

AESOPS

16/06/2009 V2

The following questionnaire asks a few questions about you and how much alcohol you drink. Please answer all the questions below. The questionnaire should only take a few minutes to complete.

If you are willing to be considered for our research study please enter your **name, address and telephone number** below. If you **do not** wish to be considered for our research study then please leave the box below empty and continue to complete the rest of the questionnaire.

Name _____
Address _____ _____
Telephone number: Home _____ Mobile: _____

What is your age? Are you? Male Female

One Standard Drink is


1/2 PINT OF ORDINARY STRENGTH BEER, LAGER OR CIDER


1 SMALL GLASS OF WINE


1 SINGLE MEASURE OF SPIRITS


1 SMALL GLASS OF SHERRY


1 SINGLE MEASURE OF APERTIFIS

The following quantities of alcohol contain more than 1 standard drink


2
Pint of Regular Beer/Lager/Cider


1.5
Alcopop or can/bottle of Regular Lager


2
440ml
Can of Premium Lager or Strong Beer


4
440ml
Can of Super Strength Lager


2
Glass of Wine (175ml)


3
Pint of Premium Beer/Lager/Cider


9
Bottle of Wine

Please circle the relevant answer on each of the 10 questions below.

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
If you drink alcohol, 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
How often do you have 6 or more drinks on a single occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How many times in the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes during the last year
Has a relative, friend, doctor or health worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the last year		Yes during the last year

Thank you for completing. Please return in the stamped addressed envelope provided.

REC Ref:
Short Title: v2.1
Document Name: AUDIT Screening Questionnaire
Version: 3 (Mailout)
Date: 17/09/09

[Insert Header – Practice]

Dear patient

We are asking all patients, aged 55 years or older, to complete a questionnaire about how much alcohol they drink.

We would be grateful if you would complete both sides of the questionnaire and then place the completed questionnaire in the envelope, seal it and return it in the enclosed prepaid envelope.

We are conducting a study in the practice looking at how much alcohol people drink and looking at different treatments for those who are drinking more alcohol than is good for their health. If you are happy to help us in this study please enter your name and address on the questionnaire. The practice nurse or research nurse may contact you within the next week to discuss the study with you or to ask you to complete an additional questionnaire.

If you do not wish to be considered for the study please complete the questionnaire and **do not** complete the name and address section.

All returned questionnaires will be treated in strictest confidence.

Many thanks for reading this letter.

Yours truly,

[insert signatory]

The following questionnaire asks a few questions about you and how much alcohol you drink. Please answer all the questions below. The questionnaire should only take a few minutes to complete.

If you are willing to be considered for our research study please enter your **name, address and telephone number** below. If you **do not** wish to be considered for our research study then please leave the box below empty and continue to complete the rest of the questionnaire.

Name _____
Address _____ _____
Telephone number: Home _____ Mobile: _____

What is your age?

Are you?

Male

Female

One Standard Drink is


1/2 PINT OF ORDINARY STRENGTH BEER, LAGER OR CIDER


1 SMALL GLASS OF WINE


1 SINGLE MEASURE OF SPIRITS


1 SMALL GLASS OF SHERRY


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Bottle of Wine

Please circle the relevant answer on each of the 10 questions below.

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
If you drink alcohol, 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
How often do you have 6 or more drinks on a single occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How many times in the past year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes during the last year
Has a relative, friend, doctor or health worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the last year		Yes during the last year

Thank you for completing. Please return in the stamped addressed envelope provided.

If you are concerned about any issues related to the questions asked in this study or would like further information on where you can obtain help in relation to your drinking you can contact the National Alcohol Helpline:

Freephone DrinkLine

0800-917-8282

(11am-7pm Mon - Fri).

Drinkline offers the following services:

- Information and self-help materials.
- Help to callers worried about their own drinking.
- Support to the family and friends of people who are drinking.
- Advice to callers on where to go for help.

Drinkline is confidential and no names need be given.

Callers to the above number have the option of listening to recorded information about alcohol or talking to an adviser.

All information collected in this study is strictly confidential. We will inform your general practitioner that you are taking part in the study, but if you do not want your GP informed you can indicate this on the consent form. At the end of the study we will send you a copy of the brief report outlining the results of the study.

Thank you for taking the time to read this information sheet. If you need any advice or wish to discuss the study please feel free to contact the Alcohol Health Worker or the trial manager at the addresses below.

If you have any complaint about the study please contact the trial manager below who will deal with your complaint within 7 days.

[Trial Manager contact details]

[Alcohol health worker contact details]

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PARTICIPANT INFORMATION SHEET



PIL v1 (Newcastle) 16/06/08

**Randomised Evaluation of a
Stepped Care Treatment Approach**



You are being invited to take part in a research study. Before you decide whether to take part it is important that you understand why the research is being done and what taking part in the research will involve. Please find the time to read the following information and discuss it with family, relatives, friends or your GP if you wish.

It is entirely up to you if you take part in the research study. If you do not wish to take part your usual care will not be affected in any way. If you do decide to take part you are free to stop taking part in the study at any time, you do not need to provide a reason.

The research is being conducted by the University of York, in conjunction with your GP practice and is funded by the Department of Health and the study has been checked by [insert ethics committee].

Please read the following information carefully. If you have any questions about this study you can ask the Alcohol Health Worker or you can contact the study manager. The study is taking place in [No of practices] across England. We hope that 500 patients who are eligible will consent to take part in the study.



All patients attending this practice who are 55 years or older, between [start date] and [end date] are being asked to complete a questionnaire about how much they drink alcohol and if the results indicate that you may be drinking more alcohol than is good for your health and you have given us your contact details our Alcohol Health Worker will telephone you and make an appointment for you to discuss the study.

If you are happy to take part in the study you will be asked to sign a consent form, a copy of which is enclosed. She will ask you some questions about how much and when you drink alcohol. You will then be asked to fill in a short questionnaire about your general health and how often you use healthcare resources. Once this is completed she will make a telephone call to find out what intervention you will receive. She has no influence over the choice of intervention. All interventions provided will be taped recorded for quality assurance purposes. If you would prefer not to have your session recorded you can indicate this on the consent form. The two approaches are detailed below.

Intervention One: You will receive a short 5 minute discussion about your drinking with the Alcohol Health Worker and some written information about alcohol and your health.



Intervention Two: You will receive a 20 minute discussion with the Alcohol Health Worker about your drinking and explore ways in which you could reduce the amount you drink. About 4 weeks after the Alcohol Health Worker has seen you she will call you and discuss how much alcohol you have drunk in the 4 week period. If at this time she feels you are still drinking too much alcohol for your health they will invite you to see a specialist at the general practice for three 40-minute appointments. The specialist is trained in a technique called Motivational Enhancement Therapy. This approach is known to be effective in helping many people reduce the amount of alcohol they drink. Four weeks after the last of these appointments the Alcohol Health Worker will again contact you to discuss how much alcohol you are drinking. If at this time they feel you are still drinking alcohol at levels that are not good for your health they will ask the general practitioner to make a referral to the local specialist alcohol services.

Irrespective of what intervention you receive, we will send you two questionnaires by post. One will be sent 6 months and the other 12 months after the computer decided which intervention you would be receiving. These questionnaires will be similar to the one you completed just before your intervention was decided.



If you are concerned about any issues related to the questions asked in this study or would like further information on where you can obtain help in relation to your drinking you can contact the National Alcohol Helpline:

Freephone DrinkLine

0800-917-8282

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Drinkline offers the following services:

- Information and self-help materials.
- Help to callers worried about their own drinking.
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- Advice to callers on where to go for help.

Drinkline is confidential and no names need be given.

Callers to the above number have the option of listening to recorded information about alcohol or talking to an adviser.

All information collected in this study is strictly confidential. We will inform your general practitioner that you are taking part in the study, but if you do not want your GP informed you can indicate this on the consent form. At the end of the study we will send you a copy of the brief report outlining the results of the study.

Thank you for taking the time to read this information sheet. If you need any advice or wish to discuss the study please feel free to contact the Practice nurse/ Research nurse or the trial manager at the addresses below.

If you have any complaint about the study please contact the trial manager below who will deal with your complaint within 7 days.

[Trial Manager contact details]

[Practice nurse/ Research nurse contact details]

PI/LV1.1_Mailout 17/09/09

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PARTICIPANT INFORMATION SHEET



**Randomised Evaluation of a
Stepped Care Treatment Approach**



You are being invited to take part in a research study. Before you decide whether to take part it is important that you understand why the research is being done and what taking part in the research will involve. Please find the time to read the following information and discuss it with family, relatives, friends or your GP if you wish.

It is entirely up to you if you take part in the research study. If you do not wish to take part your usual care will not be affected in any way. If you do decide to take part you are free to stop taking part in the study at any time, you do not need to provide a reason.

The research is being conducted by the University of York, in conjunction with your GP practice and is funded by the Department of Health and the study has been checked by [insert ethics committee].

Please read the following information carefully. If you have any questions about this study you can ask the Alcohol Health Worker or you can contact the study manager. The study is taking place in a number of practices across the UK. We hope that 500 patients who are eligible will consent to take part in the study.



All patients attending this practice who are 55 years or older, between [start date] and [end date] are being asked to complete a questionnaire about how much they drink alcohol and if the results indicate that you may be drinking more alcohol than is good for your health and you have given us your contact details your Practice nurse/ Research Nurse will telephone you and make an appointment for you to discuss the study.

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