

[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. You should have received a copy of the questionnaire and an envelope from the receptionist when you came for your appointment.

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 place in the box by the practice reception, or if you prefer to complete the questionnaire at home return it in the stamped addressed envelope provided..

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 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 wish to be considered for the study please complete the questionnaire and **complete the name and address section**. The practice nurse will contact you in the near future about participation.

All returned questionnaires will be treated in strictest confidence.

Many thanks for reading this letter.

Yours truly,

The following questionnaire asks a few questions about you and about how much alcohol you drink. Please answer the questions on this side of the paper and then turn over the paper and answer the questions on the other side. 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 in the box below. If you **do not** wish to be considered for our research study leave the box below empty and continue to complete the questionnaire.

Name, Address and Telephone
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**Please answer the following questions then turn over the page**

1. What is your age?

2. Are you male or female?    Male     Female

**Now please answer the questions overleaf...**

For each of the 10 questions please put a cross in the box below the answer that is correct for you.

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

<b>Never</b>	<b>Monthly or less</b>	<b>2 to 4 times a month</b>	<b>2 to 3 times a week</b>	<b>4 or more times a week</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

A drink is half a pint of normal bitter, lager or cider or a small glass of wine or a small measure of spirits.

<b>1 or 2</b>	<b>3 or 4</b>	<b>5 or 6</b>	<b>7 to 9</b>	<b>10 or more</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often do you have 6 or more drinks on a single occasion?

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How many times in the past year have you found that you were not able to stop drinking after you had started?

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often during the last year have you had guilt or remorse after drinking?

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you, or someone else been injured as a result of your drinking?

<b>No</b>	<b>Yes, but not in the last year</b>	<b>Yes during the last year</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Has a relative, friend, doctor or other health worker been concerned about your drinking and suggested you cut down?

<b>No</b>	<b>Yes, but not in the last year</b>	<b>Yes during the last year</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>