

A Study on Alcohol and Men's Health

Participant Number: _____

Date: _____

Name: _____

Thank you for taking part in this study. It is now about five months since you met up with my colleague. For the final part of the study, we would like you to complete this questionnaire. Some of the questions were asked at your last meeting, but there are also some new ones.

Section 1

The first section, asks you about your drinking over the **past 28 days**. We would like you to complete a calendar going back 28 days from today. This is the same format that you used at the previous visit. For each day we would like you to tell us:

- What brand of alcoholic drinks you had and how many of each.
- The size of each alcoholic drink.
- On days you didn't drink any alcohol just put in a '0'.

Use the calendar to fill in your answers for each day.

Saturday 2 nd	Sunday 3 rd	Monday 4 th
<i>2 pints of Carling lager</i> <i>1 large glass of red wine</i>	<i>Two 330ml bottles of Carlsberg Export</i> <i>One 25ml measure of whisky</i>	<i>0</i>

August/September 2015

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Section 2

These are just a few more questions about your drinking and experiences.

1. How often do you have eight or more units of alcohol on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

2. How often **since you began the study** 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
<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

3. How often **since you began the study** have you failed to do what was normally expected of you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

4. **Since you began the study** has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

Never	Yes, on one occasion	Yes, on more than one occasion
<input type="text"/> 0	<input type="text"/> 2	<input type="text"/> 4

Section 3

The drinking refusal self-efficacy questionnaire-revised (DRSEQ-R) has been redacted for copyright reasons.

Section 4

This section asks about changes to your drinking patterns at different times in the past.

- | | No | Yes, before
taking part in
the study | Yes, since
taking part in
the study |
|---------------------------------------------------------------------|--------------------------|---------------------------------------------------|--------------------------------------------------|
| 1 Have you ever thought about cutting down on your drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: what was the main reason ? | | (tick both boxes if appropriate) | |

- | | No | Yes, before
taking part in
the study | Yes, since
taking part in
the study |
|---------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|--------------------------------------------------|
| 2 Have you ever made a plan on how you would go about cutting down on your drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what was it (on your most recent attempt)? | | (tick both boxes if appropriate) | |

- | | No | Yes, before
taking part in
the study | Yes, since
taking part in
the study |
|-----------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|--------------------------------------------------|
| 3 Have you ever tried to cut down on your drinking? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes: what was the main reason for trying to cut down (on your most recent attempt)? | | (tick both boxes if appropriate) | |

- 4a Have you ever successfully cut down on your drinking? No Yes, **before** taking part in the study Yes, **since** taking part in the study
(tick both boxes if appropriate)

If the answer to 4a is No, answer 4c only, if the answer is Yes, answer all questions on this page

- b If yes, can you think of anything that **helped you** to cut down (on your most recent attempt)?

- c Can you think of anything that **made it difficult** to cut down?
If yes, specify (on your most recent attempt)

- d If you have managed to cut down in the past, did you get any **benefits** from cutting down? No Yes, **before** taking part in the study Yes, **since** taking part in the study
(tick both boxes if appropriate)

- e If yes, please specify (for your most recent attempt)

- f If you managed to cut down in the past, have you continued to drink less? No Yes, **before** taking part in the study Yes, **since** taking part in the study
(tick both boxes if appropriate)

- g If no, can you think of reasons why it has increased again (on your most recent attempt)?

No

Yes, **before**
taking part in
the study

Yes, **since**
taking part in
the study

- 5 Have you ever made a plan to deal with situations when you might end up drinking more than you intend to (e.g. social events)?
If yes, please specify (most recent plan)

(tick both boxes if appropriate)

- 6 Can you think of any problems associated with drinking too much alcohol?
-
-

No

Yes, **before**
taking part in
the study

Yes, **since**
taking part in
the study

- 7 Have you ever considered yourself to be at risk from the effects of drinking alcohol?
If yes, please specify

(tick both boxes if appropriate)

- 8 Which of the following statements best describes how you feel **right now**?

I **never think**
about drinking
less

Sometimes I
think about
drinking less

I have **decided**
to drink less

I am already
trying to cut
down on my
drinking

I **have already**
cut down on
my drinking

Section 5

Knowledge about alcohol

In this section we would like to ask you some questions about the content of alcoholic drinks and also a few on weight. If you don't know the answers, don't worry, we would be very grateful if you could give us your best guess.

1 How many **units of alcohol** do you think are in the following drinks

a A pint of normal strength lager (4%) _____ units

b A large glass of wine (250 ml) _____ units

c A single measure of spirits (30 ml) _____ units

2 What is the maximum weekly intake of alcohol for men, recommended by the Government? _____

3 Have you ever counted the number of calories that you consume from alcohol?

No Yes, **before** taking part in the study Yes, **since** taking part in the study
(tick both boxes if appropriate)

4 How many **calories** do you think are in the following drinks

a A pint of normal strength lager (4%) _____ calories

b A large glass of wine (250 ml) _____ calories

c A single measure of spirits (30 ml) _____ calories

5 How many calories from alcohol do you think you consume in a normal week? _____ calories

6 Do you know your current BMI (body mass index)? No Yes
If yes, please specify

7 Do you think alcohol contributed to you becoming overweight? No Yes Don't know

Section 6

This section asks questions on how you feel about taking part in this study

1 How did you feel about being approached to take part in a study on alcohol and health?

2 What is the thing you remember most about the session with the study researcher?

3 How useful did you find the information given at the meeting with the study researcher?

Very useful

Useful

Don't know

Not very useful

Not at all useful

	1
	2
	3
	4
	5

4 Do you feel that you benefitted in any way from taking part in the study?

Yes

No

If yes, please specify

5 Thinking back to the text messages you received, what do you remember about them?
Please specify

6 Did you find the comments made by the characters helpful in any way? (Mark, Ross, Neil, Rab) Yes No

Please specify

7 Did you show the text messages to anyone? Yes No
Please specify

8 The text messages were sent to you over a period of two months.
Would you have liked to receive them over a shorter or longer period?

Shorter

Longer

It was about right

No preference

<input type="checkbox"/>	1
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	4

9 Did you discuss the study with anyone? Yes No
If yes, please specify

10 Would you recommend the study to anyone? Yes No
If yes, please specify

11 Can you think of any way in which the study could be improved? Yes No
If yes, please specify

Section 7

This section asks how often you have used various services in the past 6 months. Please listen to each question carefully and remember each question relates to the **past 6 months** only. (If the answer is none, please enter zero ('0') in the box)

Hospital Services

- 1 In the **past 6 months** how many **times** have you visited an accident and emergency department as a patient?
- 2 In the **past 6 months** how many **nights** have you spent in hospital as a patient?
- 3 In the **past 6 months** how many **times** have you been admitted to hospital but not been kept in overnight?
- 4 In the **past 6 months** how many **appointments** have you had as an outpatient at the hospital?

General Practice Services

- 1 In the **past 6 months** how many **times** have you visited a doctor at your GP practice?
- 2 In the **past 6 months** how many **times** has a doctor visited you at home?
- 3 In the **past 6 months** how many **times** have you visited the nurse at your GP practice?
- 4 In the **past 6 months** how many **times** has a nurse visited you at home?
- 5 In the **past 6 months** how many **times** have you received a prescription?

Social and Care Services

- 1 In the **past 6 months** how many **times** have you been visited by a social worker at home?
- 2 In the **past 6 months** how many **times** have you visited a social worker at their office?
- 3 In the **past 6 months** how many **times** have you been visited at home by a care worker or advisor?
- 4 In the **past 6 months** how many **times** have you visited a care worker or advisor at their office?

Criminal Justice Services

- 1 In the **past 6 months** how many **times** have you been arrested, cautioned or received an on-the-spot fine?
- 2 In the **past 6 months** how many **days** have you appeared at a Justice of the Peace/ Sheriff Court?
- 3 In the **past 6 months** how many **times** have you appeared at a High Court?
- 4 In the **past 6 months** how many **days** have you spent in prison?

Section 8

The EQ-5D-5L has been redacted for copyright reasons.

The next four questions ask about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please give an answer on a scale of zero to 10, where zero is 'not at all' and 10 is 'completely'.

Satisfaction

Overall, how satisfied are you with your life **nowadays**?

Interviewer instruction: where zero is 'not at all satisfied' and 10 is 'completely satisfied'

Worth

Overall, to what extent do you feel that the things you do in your life are worthwhile?

Interviewer instruction: where zero is 'not at all worthwhile' and 10 is 'completely worthwhile'

Happiness

Overall, how happy did you feel **yesterday**?

Interviewer instruction: where zero is 'not at all happy' and 10 is 'completely happy'

Anxiety

On a scale where zero is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel **yesterday**?

Office for National Statistics. Personal Well-being Survey User Guide: 2013-2014 Dataset. ¹³⁸ © Crown copyright 2014. You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence.

Finally, do you have any other comments about the study?

Thank you for taking the time to complete this questionnaire