

Screening Questionnaire

Participant Number _____

Date of Interview _____

Recruitment method

GP

RDS

- 1 What's your name? _____
- 2 What do you like to be called/Nickname? _____
- 3 Do you have a mobile phone? Yes No
- 4 Do you send or receive text messages? Yes No
- 5 Can you receive picture messages on your phone? Yes No
- 6 Date of birth _____
- 7 Address & post code _____

- 8 Have you drunk 4 pints of lager or more on at least two separate occasions in the last month? Yes No
- 9 Are you currently receiving any treatment or care for alcohol problems? Yes No
- 10 Are you married/living with a partner or single? Partner / Single
- 11 Are you unemployed or employed? Unemployed / Employed
- If employed, what is your occupation? _____
- 12 Did you have any education after you left school? Yes No
- If yes – highest level? _____
- 13 What's your mobile phone number? _____
- 14 What's the best time to contact you again to enter the study? _____
- (Respondent driven sample only)**
- 15 Can you nominate two friends into the study? Yes No