

Baseline questionnaire

Participant Number _____

Date of Interview _____

Section 1 Current alcohol consumption

Binge Drinking

- | | Never | Less than monthly | Monthly | Weekly | Daily, or almost daily |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1 How often have you had 4 pints/8 nips or more on a single occasion in the last year? (FAST 1 ¹) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a Think back over the last 30 days and try to remember on how many of those 30 days you drank 4 or more pints of lager or nips? | | | | | Days
<input type="text"/> |
| 2b On those days – on average how many drinks would you have? e.g. 4,5,6 pints? | | | | | Drinks
<input type="text"/> |
| 2c Over those last 30 days try to remember on how many of those days you drank 8 or more pints of lager | | | | | Days
<input type="text"/> |

Moderate Drinking

- Again think back over the last 30 days but this time try to remember on how many of those days you drank less than 4 pints of lager
- | | | | | | |
|---|--|--|--|--|--------------------------------|
| 3 | | | | | Days
<input type="text"/> |
| 4 | | | | | Drinks
<input type="text"/> |

Section 2 Benefits and harms

Perception of Harm

- | | | | |
|--|--------------------------------|---|---|
| 1 Can you think of any harms or problems caused by alcohol? | _____ | | |
| 2 Have you ever thought you should cut down on your drinking because of the harms it causes? | No
<input type="checkbox"/> | Yes, but not in last 3 months
<input type="checkbox"/> | Yes, in last 3 months
<input type="checkbox"/> |
| 3 How many pints/nips would you say binge drinking was? | | | Pints/Nips
<input type="text"/> |

- | | | | | | |
|---|--|--------------------------|--------------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 4 | Binge drinking is often defined as having 4 pints of lager in a single session. Do you think drinking 4 pints in a single session is harmful to your health? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 5 | Do you think your current level of drinking is harming your health? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | Less than monthly | Monthly | Weekly | Daily, or almost daily |
| 6 | How often during the last year have you been unable to remember what happened the night before because of drinking? (FAST 2 ¹) | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | Less than monthly | Monthly | Weekly | Daily, or almost daily |
| 7 | How often during the last year have you failed to do what was normally expected from you because of drinking? (FAST 3 ¹) | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Never | Yes, on one occasion | Yes, on more than one occasion | | |
| 8 | Has a relative or friend, or other health worker been concerned about your drinking or suggested that you cut down? (FAST 4 ¹) | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Benefits vs Harms

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 9 | Do you think the benefits you get from drinking outweigh the harms it causes? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Benefits of moderated drinking

- | | | | | | |
|----|---|--|--|--------------------------|--------------------------|
| | | | | Yes | No |
| 10 | Can you think of any benefits of drinking less? If 'Yes' can you list them? | | | | |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Intentions for future drinking

- | | | | | | |
|----|--|--|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | Thinking about it |
| 11 | Do you have any plans to cut down your drinking in the future? | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 Selected questions from the Drinking refusal self-efficacy questionnaire-revised (DRSEQ-R)²

- | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 1 | Do you think you could resist alcohol When you go out to eat? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 2 | Do you think you could resist alcohol When you are watching TV | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree |
| 3 | Do you think you could resist alcohol When someone offers you a drink? | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
4 Do you think you could resist alcohol When your friends are drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you think you could resist alcohol When you are bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 Readiness to change questionnaire³

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
1 It's a waste of time thinking about my drinking because I don't have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I enjoy my drinking but sometimes I drink too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 There's nothing seriously wrong with my drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Sometimes I think I should quit or cut down on my drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Anyone can talk about wanting to do something about their drinking, but I'm actually doing something about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I am a fairly normal drinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 My drinking is a problem sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I am actually changing my drinking habits right now (either cutting down or quitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I have started to carry out a plan to cut down or quit drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 There is nothing I really need to change about my drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Sometimes I wonder if my drinking is out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I am actively working on my drinking problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>