

Follow up questionnaire

Participant Number _____ Date of Interview _____

Section 1 Current alcohol consumption

Binge Drinking

- 1a 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
- 1b On those days – on average how many drinks would you have? e.g. 4,5,6 pints? Drinks
- 1c Over those last 30 days try to remember on how many of those days you drank 8 or more pints of lager Days

Moderate Drinking

- 2 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 Days
- 3 On those drinking days – on average how many drinks would you have? eg 1,2, 3 pints? Drinks

Section 2 Benefits and harms

Perception of Harm

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

Benefits vs Harms

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree | |
| 6 | 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 |
| 7 | 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 |
| 8 | 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)¹

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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"/> |

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly agree | Agree | Don't know | Disagree | Strongly disagree | |
| 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 questionnaire²

| | | 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"/> |

Section 5 Study feedback

- 1 Now the study is finished, would you recommend the study to anybody?
- Yes No Maybe
- 2 Did you manage to open all the text messages?
- Yes No
- If 'No' any reason you didn't?
-
- 3 Did you get any of the texts at a time that you didn't like, or was inconvenient for you?
- Yes No
- If 'Yes' what times were inconvenient?
-
- And what times would have been better?
-
- 4 The study lasted for 28 days. Do you think you had the right amount of text messages, too many, or would you have liked to have had more?
- Right amount Too many More
- 5 Did you send any of the study texts to you family or friends?
- Yes No
- 6 Did you mention the study to anyone at all?
- Yes No
- If 'Yes' who?
-
- 7 Do you think it was worthwhile taking part in the study?
- Yes No Maybe
- 8 If you were to mark the study out of 10, what score would you give it?
-
- 9 Did you learn anything from taking part in the study?
- Yes No Maybe
- 10 Did any of the messages encourage you to think about your health?
- Yes No
- If 'Yes' Did they make you want to change or improve your health? How?
-
- 11 Do you think taking part in this study helped reduce the amount you drink?
- Yes No Maybe