

A Study on Alcohol and Men's Health

Participant Number: _____ **Date:** _____

Please answer the following questions about yourself

1. **Name:** _____

2. **Date of birth:** _____

3. **Mobile telephone number:** _____

4. **Home telephone number:** _____

5. **Email address:** _____

6. **Address:** _____

7. **Postcode:** _____

8. **Education (highest level) (please tick):**

Secondary education	Diploma (HNC, HND)	University degree	Other
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9. **Employment status (please tick):**

Employed	Unemployed	Other
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10. **If you are employed:**

Do you work full-time or part-time? _____

What is your occupation? _____

11. Marital status (please tick):

Single	Married/Living with partner	Separated/divorced	Widowed	In a relationship	Other
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12. Which of the following statements best describes how you feel right now? (please tick)

I never think about drinking less	Sometimes I think about drinking less	I have decided to drink less	I am already trying to cut back on my drinking
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13. This next section asks you about your drinking over the past 28 days. For each day we would like you to tell us:

- **What kind 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'.**

It may sound a lot but it's quite easy to remember if you take one day at a time. Use the calendar on the next page to fill in your answers for each day. Cross out today's date, count back 28 days, then cross out the 29th day. You should then write what you have had to drink in each of the 28 days in between. Here's an example showing what we're looking for.

Saturday 2nd	Sunday 3rd	Monday 4th
<i>2 pints of Carling beer 1 large glass of red wine</i>	<i>Two 330ml bottles of Carlsberg Export 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				

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

a) How often do you have eight or more units of alcohol on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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b) How often during the last year 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
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c) How often during the last year have you failed to do what was normally expected of you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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d) In the last year has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No	Yes, on one occasion	Yes, on more than one occasion
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Fast Alcohol Screening Test (FAST). London: Health Development Agency, 2002.¹³⁷ Free from copyright

Thank you for taking the time to complete this questionnaire