

## Follow-up questionnaire 2

(twelve months post-intervention)

Participant Name \_\_\_\_\_ Participant Number \_\_\_\_\_

Date of Interview \_\_\_\_\_

To ensure we have the correct address for sending your final £10 gift voucher, please confirm your home address

Change of home address? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Are you unemployed or employed?

Employed  1  
Unemployed  2

If employed, what is your occupation?

\_\_\_\_\_

Do you live with a partner?

Yes  1  
No  2

## Current alcohol consumption

What have you had to drink over the **past 28 days**?

Volume, beverage, frequency

Is this a typical month?

If no, please describe a typical month

### Heaviest drinking day

What did you drink on your heaviest drinking day in the **last week**?

Units

(To be completed from the information given on the previous page)

### Current alcohol consumption summary

#### Binge drinking

Over the **last 28 days**, on how many days did the participant have more than 8 and up to 16 units (4 or more pints of lager/beer, more than 8 nips or any combination in excess of 8 units in one session) Days

On those days – on average how many units would he have? Units

#### Heavy binge drinking

Over the **last 28 days**, on how many days did the participant have more than 16 units (8 or more pints of lager/beer or more than 16 nips or any combination in excess of 16 units in one session) Days

On those days – on average how many units would he have? Units

#### Moderate drinking

Over the **last 28 days**, on how many days did the participant have  $\leq 8$  units (less than 4 pints of lager/beer, less than 8 nips or any combination  $\leq 8$  units in one session) Days

On those drinking days – on average how many units would he have? Units

#### Mean weekly consumption

Over the **last 28 days**, what was the participant's mean weekly consumption? Units

## The Alcohol Use Disorders Identification Test (AUDIT): Interview Version

1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

	Questions	Scoring system				
		0	1	2	3	4
1	How often do you have a drink containing alcohol? <i>If the answer is 'Never' go to Questions 9 &amp; 10</i>	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2	How many drinks containing alcohol do you have on a <b>typical drinking day</b> when you are drinking? (units)	1 or 2 units	3 or 4 units	5 or 6 units	7, 8 or 9 units	10 or more units
3	How often have you had 8 or more units of alcohol on a single occasion in the <b>last year</b> ? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4	How often during the <b>last year</b> have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5	How often during the <b>last year</b> have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6	How often during the <b>last year</b> have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7	How often during the <b>last year</b> have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8	How often during the <b>last year</b> 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
9	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the <b>last year</b>		Yes, during the <b>last year</b>
10	Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the <b>last year</b>		Yes, during the <b>last year</b>

## Changes to drinking during the past year

- 1 Have you tried to reduce your drinking during the **past year**? Yes  No

If no:

**Go to page 7**

If yes:

- 2 What was your **main reason** for trying to cut down?
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- 3 Did you set a goal to cut down on your drinking? Yes  No

If yes, how did you try to achieve your goal?

(if the participant has had more than one goal/plan ask about the most recent)

(where, when how)

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- 4 If you cut down, can you think of anything that **helped you** to cut down? Yes  No

If yes, specify

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- 5 Can you think of anything that **made it difficult** to cut down? Yes  No

If yes, specify

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6 If you did cut down, did you get any **benefits** from cutting down?  Yes  No

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7 If you managed to cut down, have you continued to drink less?  Yes  No  
If no, can you think of reasons why it has increased again?

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8 Do you have a plan to deal with situations when you might end up drinking more than you intend to?  Yes  No  Not applicable

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## Service Use Questionnaire

This section asks about your use of health and social resources in the past 6 months. Please read each question carefully and remember each question relates to the **past 6 months** only.

### 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?


This section asks about your use of criminal justice resources in the past 6 months. Please read 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.

### 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?


## About the study

1 Thinking back to the text messages you received, what do you remember about them?

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2 Did you find the comments made by the characters helpful in any way? Yes  No

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3 Do you feel that you benefitted in any way from taking part in the study? Yes  No

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4 Did you discuss the study with anyone? Yes  No

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5 Did you show the text messages to anyone? Yes  No

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5 The text messages were sent to you over a period of three months. Would you have liked to receive them over a longer period?  Yes  No

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7 Did you enjoy taking part in the study?  Yes  No

8 Would you recommend the study to anyone?  Yes  No

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9 Can you think of any way in which the study could be improved?  Yes  No

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10 Do you have any other comments?