In Confidence

Aesops

Baseline Questionnaire

Office use only (for designated person to complete)

Practice ID: ☐☐ - ☐☐☐☐☐

Date AUDIT Completed: ☐☐ / ☐☐ / ☐☐☐☐
day month year

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to complete this questionnaire.

The responses you give in this questionnaire will help us understand the relationship between drinking and health. Please read each section carefully. Please answer all the questions. Although some questions appear similar, it is still important that you answer every one. If you find it difficult to answer a question, please give the best answer that you can.

Please follow the instructions for each question carefully.

For each question you will be asked to put a cross in the box.

For example in the following question, if your answer to the question was 'Yes', you should place a cross in the box next to 'Yes'.

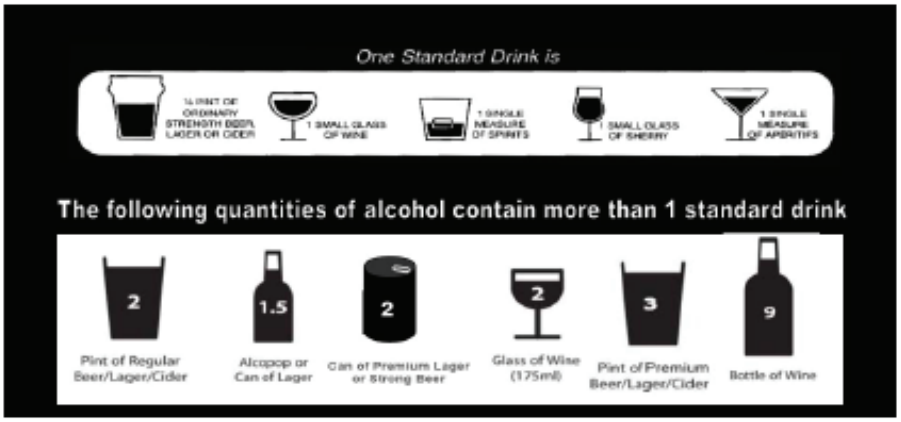
Do you drive a car ? **Yes** ☒

No ☐

Please use a black or blue pen. Please do not use a pencil or any other coloured pen.

Section 1

This section asks about the alcohol you have drunk in the past **6 months**. The questions ask about how many **standard drinks** you have consumed. A description of a standard drink is given in the box below.



Please answer each question by placing a cross in the box. Please only cross one box for each question.

1. How often do you have a drink containing alcohol ?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 to 5 times a week	6 or more times a week
☐	☐	☐	☐	☐	☐

2. How many **standard drinks** containing alcohol do you drink on a typical day you are drinking ?

None	1 to 2	3 to 4	5 to 6	7 to 9	10 or more
☐	☐	☐	☐	☐	☐

3. How often have you had 6 or more **standard drinks** on a single occasion in the past 6 months?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. **Compared with six months ago**, how much alcohol do you drink in a typical week?

Much less than 6 months ago	A bit less than 6 months ago	About the same as 6 months ago	A bit more than 6 months ago	A lot more than 6 months ago
☐	☐	☐	☐	☐

Section 2

The following questions ask about any problems you have experienced related to drinking alcohol. Please answer each question by placing a cross in the box. If you do not drink alcohol please cross the 'Never' box for each question.

In the **past 6 months** how often have you....

	Never	Once or twice	Occasionally	Fairly often	Often
Been drunk after drinking	☐	☐	☐	☐	☐
Had a fall or accident after drinking	☐	☐	☐	☐	☐
Felt confused after drinking	☐	☐	☐	☐	☐
Had a friend worry or complain about your drinking	☐	☐	☐	☐	☐
Neglected your appearance because of your drinking	☐	☐	☐	☐	☐
Had problems occur between you and a member of your family because of your drinking	☐	☐	☐	☐	☐
Gone to anyone for help about your drinking	☐	☐	☐	☐	☐
Neglected your work because of your drinking	☐	☐	☐	☐	☐
Lost friends because of your drinking	☐	☐	☐	☐	☐
Become intoxicated or drunk after drinking	☐	☐	☐	☐	☐
Skipped meals because of your drinking	☐	☐	☐	☐	☐
Had a family member worry or complain about your drinking	☐	☐	☐	☐	☐
Felt you were spending too much money on drink	☐	☐	☐	☐	☐
Felt isolated from people because of your drinking	☐	☐	☐	☐	☐
Had a drink to help you forget your worries	☐	☐	☐	☐	☐
Had a craving for a drink the first thing after you woke up	☐	☐	☐	☐	☐
Neglected the appearance of your living quarters because of your drinking	☐	☐	☐	☐	☐

Section 3
This section asks for your views about your health. This section will help us keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
(please cross one box only)

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

4. During the past **4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the past **4 weeks**, how much of the time have you been limited in performing any kind of regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the past **4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

7. During the past **4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

8. During the past **4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

9. How much during the **last month** have you felt calm and peaceful ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

10. How much during the **last month** did you have a lot of energy ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. How much during the **last month** have you felt downhearted and depressed ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

12. During the past **4 weeks** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives etc.) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Section 4

This section also asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your health state today.

Place a cross in one box in each group.

1. **Mobility**

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

2. **Self-care**

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

3. **Usual activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

4. **Pain or discomfort**

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

5. **Anxiety or depression**

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Section 5

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**. If your answer is 'none', please enter 'zero' in the box.

Hospital and Primary Health Care 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 an inpatient? ☐☐☐
3. In the **past 6 months** how many times have you attended hospital as an outpatient? ☐☐☐
4. In the **past 6 months** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight) ☐☐☐
5. In the **past 6 months** how many times have you been taken to hospital in an emergency ambulance? ☐☐☐
6. In the **past 6 months** how many times have you been taken to or from hospital using a patient transport service? ☐☐☐
7. In the **past 6 months** how many times have you visited a doctor at your GP practice? ☐☐☐
8. In the **past 6 months** how many times has a doctor visited you at home? ☐☐☐
9. In the **past 6 months** how many times have you visited the nurse at your GP practice? ☐☐☐
10. In the **past 6 months** how many times has a nurse visited you at home? ☐☐☐
11. How many times have you received a prescription in the **past 6 months?** ☐☐☐
12. In the **past 6 months** have you visited any other health care professional other than a doctor or nurse at your GP surgery?

Professional visited	Number of visits
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐

13. In the **past 6 months** has any other health care professional other than a doctor or nurse visited you at home?

Professional who has visited you	Number of visits
_____	☐☐☐
_____	☐☐☐
_____	☐☐☐

Social and Care Services

1. In the **past 6 months** have you used any of the following services and if so, how many times?

Community/Day Centres	☐☐☐
Meals on Wheels	☐☐☐
Social Services Home Care Services	☐☐☐

2. In the **past 6 months** how many times have you been visited by a social worker at home? ☐☐☐

3. In the **past 6 months** how many times have you visited a social worker at their office? ☐☐☐

4. In the **past 6 months** how many times have you visited a care worker or advisor at their office? ☐☐☐

5. In the **past 6 months** how many times have you been visited at home by a care worker or advisor? ☐☐☐

Police and Criminal Justice System Contacts

1. In the **past 6 months** how many times have you been arrested, cautioned or received an on-the-spot fine? ☐☐☐

2. Have you appeared in court in the **past 6 months**? ☐ Yes ☐ No

   If yes how many times?

Magistrates Court (days)	☐☐☐
Crown Court (times)	☐☐☐

3. Have you been in prison in the **past 6 months**? ☐ Yes ☐ No

   If yes how many days in total?

Number of days	☐☐☐

Section 6

1. What is your age in years? ☐☐

2. Are you? Male ☐ Female ☐

3. Are you?
   - A current smoker ☐
   - An ex-smoker ☐
   - A never smoker ☐

4. Which of the following best describes your main activity?
   - In employment or self employment ☐
   - Retired ☐
   - Housework ☐
   - Student ☐
   - Seeking Work ☐
   - Other ☐

   (If 'Other', please specify below)

   _____

5. Which of the following best describes your living arrangements?
   - Single ☐
   - Married ☐
   - Co-habiting ☐
   - Widowed ☐

6. Which of the following best describes your current accommodation?
   - Owner occupied ☐
   - Private rented ☐
   - LA/Housing association ☐
   - Temporary ☐

7. Did your education continue after the minimum school leaving age? Yes ☐ No ☐

8. Do you have a Degree or equivalent professional qualification? Yes ☐ No ☐

9. Are you willing to be contacted regarding participation in this research study? Yes ☐ No ☐

If you have any comments you would like to add, please use the space below.

In Confidence

Aesops

Six Month Questionnaire

Office use only (for designated person to complete)

Practice ID: ☐☐ - ☐☐☐☐☐

Date AUDIT Completed: ☐☐ / ☐☐ / ☐☐☐☐
day month year

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Please follow the instructions for each question carefully.

For each question you will be asked to put a cross in the box.

For example in the following question, if your answer to the question was 'Yes', you should place a cross in the box next to 'Yes'.

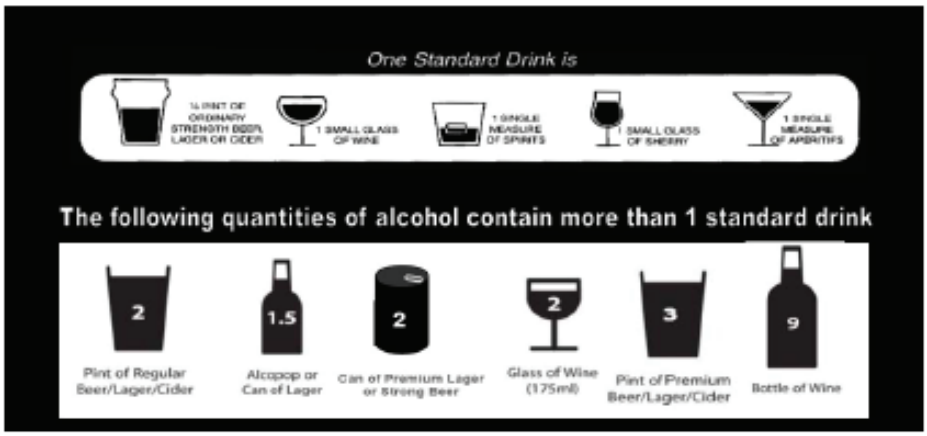
Do you drive a car ? **Yes** ☒

No ☐

Please use a black or blue pen. Please do not use a pencil or any other coloured pen.

Section 1

This section asks about the alcohol you have drunk in the past **6 months**. The questions ask about how many **standard drinks** you have consumed. A description of a standard drink is given in the box below.



Please answer each question by placing a cross in the box. Please only cross one box for each question.

1. How often do you have a drink containing alcohol ?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 to 5 times a week	6 or more times a week
☐	☐	☐	☐	☐	☐

2. How many **standard drinks** containing alcohol do you drink on a typical day you are drinking ?

None	1 to 2	3 to 4	5 to 6	7 to 9	10 or more
☐	☐	☐	☐	☐	☐

3. How often have you had 6 or more **standard drinks** on a single occasion in the past 6 months?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. **Compared with six months ago**, how much alcohol do you drink in a typical week?

Much less than 6 months ago	A bit less than 6 months ago	About the same as 6 months ago	A bit more than 6 months ago	A lot more than 6 months ago
☐	☐	☐	☐	☐

Section 2

The following questions ask about any problems you have experienced related to drinking alcohol. Please answer each question by placing a cross in the box. If you do not drink alcohol please cross the 'Never' box for each question.

In the **past 6 months** how often have you....

	Never	Once or twice	Occasionally	Fairly often	Often
Been drunk after drinking	☐	☐	☐	☐	☐
Had a fall or accident after drinking	☐	☐	☐	☐	☐
Felt confused after drinking	☐	☐	☐	☐	☐
Had a friend worry or complain about your drinking	☐	☐	☐	☐	☐
Neglected your appearance because of your drinking	☐	☐	☐	☐	☐
Had problems occur between you and a member of your family because of your drinking	☐	☐	☐	☐	☐
Gone to anyone for help about your drinking	☐	☐	☐	☐	☐
Neglected your work because of your drinking	☐	☐	☐	☐	☐
Lost friends because of your drinking	☐	☐	☐	☐	☐
Become intoxicated or drunk after drinking	☐	☐	☐	☐	☐
Skipped meals because of your drinking	☐	☐	☐	☐	☐
Had a family member worry or complain about your drinking	☐	☐	☐	☐	☐
Felt you were spending too much money on drink	☐	☐	☐	☐	☐
Felt isolated from people because of your drinking	☐	☐	☐	☐	☐
Had a drink to help you forget your worries	☐	☐	☐	☐	☐
Had a craving for a drink the first thing after you woke up	☐	☐	☐	☐	☐
Neglected the appearance of your living quarters because of your drinking	☐	☐	☐	☐	☐

Section 3
This section asks for your views about your health. This section will help us keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
(please cross one box only)

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

4. During the past **4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the past **4 weeks**, how much of the time have you been limited in performing any kind of regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the past **4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

7. During the past **4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

8. During the past **4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

9. How much during the **last month** have you felt calm and peaceful ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

10. How much during the **last month** did you have a lot of energy ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. How much during the **last month** have you felt downhearted and depressed ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

12. During the past **4 weeks** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives etc.) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Section 4

This section also asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your health state today.

Place a cross in one box in each group.

1. **Mobility**

I have no problems in walking about ☐

I have some problems in walking about ☐

I am confined to bed ☐

2. **Self-care**

I have no problems with self-care ☐

I have some problems washing or dressing myself ☐

I am unable to wash or dress myself ☐

3. **Usual activities** (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities ☐

I have some problems with performing my usual activities ☐

I am unable to perform my usual activities ☐

4. **Pain or discomfort**

I have no pain or discomfort ☐

I have moderate pain or discomfort ☐

I have extreme pain or discomfort ☐

5. **Anxiety or depression**

I am not anxious or depressed ☐

I am moderately anxious or depressed ☐

I am extremely anxious or depressed ☐

Section 5

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**. If your answer is 'none', please enter '0' in the box.

Hospital and Primary Health Care 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 an inpatient? ☐☐☐
3. In the **past 6 months** how many times have you attended hospital as an outpatient? ☐☐☐
4. In the **past 6 months** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight) ☐☐☐
5. In the **past 6 months** how many times have you been taken to hospital in an emergency ambulance? ☐☐☐
6. In the **past 6 months** how many times have you been taken to or from hospital using a patient transport service? ☐☐☐
7. In the **past 6 months** how many times have you visited a doctor at your GP practice? ☐☐☐
8. In the **past 6 months** how many times has a doctor visited you at home? ☐☐☐
9. In the **past 6 months** how many times have you visited the nurse at your GP practice? ☐☐☐
10. In the **past 6 months** how many times has a nurse visited you at home? ☐☐☐
11. How many times have you received a prescription in the **past 6 months?** ☐☐☐
12. In the **past 6 months** have you visited any other health care professional other than a doctor or nurse at your GP surgery?

Professional visited	Number of visits
	☐☐☐
	☐☐☐
	☐☐☐

13. In the **past 6 months** has any other health care professional other than a doctor or nurse visited you at home?

Professional who has visited you	Number of visits
	☐☐☐
	☐☐☐
	☐☐☐

Social and Care Services

1. In the **past 6 months** have you used any of the following services and if so, how many times?

   Community/Day Centres ☐☐☐

   Meals on Wheels ☐☐☐

   Social Services Home Care Services ☐☐☐

2. In the **past 6 months** how many times have you been visited by a social worker at home? ☐☐☐

3. In the **past 6 months** how many times have you visited a social worker at their office? ☐☐☐

4. In the **past 6 months** how many times have you visited a care worker or advisor at their office? ☐☐☐

5. In the **past 6 months** how many times have you been visited at home by a care worker or advisor? ☐☐☐

Police and Criminal Justice System Contacts

1. In the **past 6 months** how many times have you been arrested, cautioned or received an on-the-spot fine? ☐☐☐

2. Have you appeared in court in the **past 6 months**? ☐ Yes ☐ No

   If yes how many times?

   Magistrates Court (days) ☐☐☐

   Crown Court (times) ☐☐☐

3. Have you been in prison in the **past 6 months**? ☐ Yes ☐ No

   If yes how many days in total?

   Number of days ☐☐☐

If you have any comments you would like to add, please use the space below.

In Confidence

Aesops

Twelve Month Questionnaire

Office use only (for designated person to complete)

Practice ID: ☐☐ - ☐☐☐☐☐

Date: ☐☐ / ☐☐ / ☐☐☐☐
day month year

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Please follow the instructions for each question carefully.

For each question you will be asked to put a cross in the box.

For example in the following question, if your answer to the question was 'Yes', you should place a cross in the box next to 'Yes'.

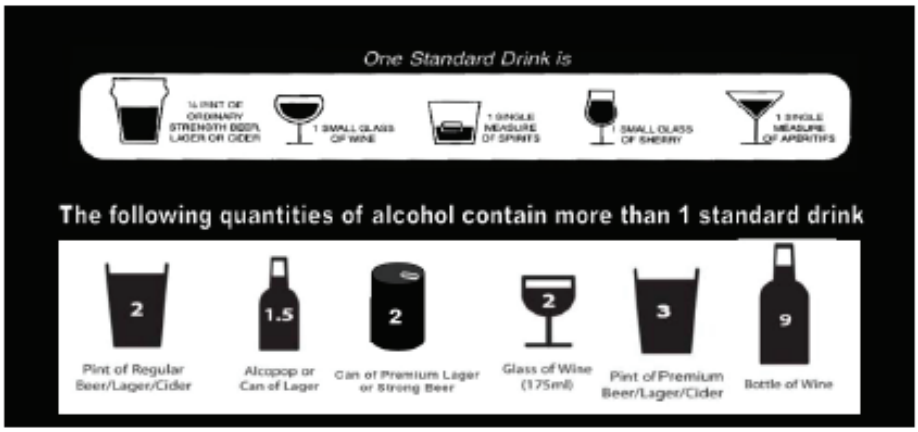
Do you drive a car ? **Yes** ☒

No ☐

Please use a black or blue pen. Please do not use a pencil or any other coloured pen.

Section 1

This section asks about the alcohol you have drunk in the past **6 months**. The questions ask about how many **standard drinks** you have consumed. A description of a standard drink is given in the box below.



Please answer each question by placing a cross in the box. Please only cross one box for each question.

1. How often do you have a drink containing alcohol ?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 to 5 times a week	6 or more times a week
☐	☐	☐	☐	☐	☐

2. How many **standard drinks** containing alcohol do you drink on a typical day you are drinking ?

None	1 to 2	3 to 4	5 to 6	7 to 9	10 or more
☐	☐	☐	☐	☐	☐

3. How often have you had 6 or more **standard drinks** on a single occasion in the past 6 months?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. **Compared with six months ago**, how much alcohol do you drink in a typical week?

Much less than 6 months ago	A bit less than 6 months ago	About the same as 6 months ago	A bit more than 6 months ago	A lot more than 6 months ago
☐	☐	☐	☐	☐

Section 2

The following questions ask about any problems you have experienced related to drinking alcohol. Please answer each question by placing a cross in the box. If you do not drink alcohol please cross the 'Never' box for each question.

In the **past 6 months** how often have you....

	Never	Once or twice	Occasionally	Fairly often	Often
Been drunk after drinking	☐	☐	☐	☐	☐
Had a fall or accident after drinking	☐	☐	☐	☐	☐
Felt confused after drinking	☐	☐	☐	☐	☐
Had a friend worry or complain about your drinking	☐	☐	☐	☐	☐
Neglected your appearance because of your drinking	☐	☐	☐	☐	☐
Had problems occur between you and a member of your family because of your drinking	☐	☐	☐	☐	☐
Gone to anyone for help about your drinking	☐	☐	☐	☐	☐
Neglected your work because of your drinking	☐	☐	☐	☐	☐
Lost friends because of your drinking	☐	☐	☐	☐	☐
Become intoxicated or drunk after drinking	☐	☐	☐	☐	☐
Skipped meals because of your drinking	☐	☐	☐	☐	☐
Had a family member worry or complain about your drinking	☐	☐	☐	☐	☐
Felt you were spending too much money on drink	☐	☐	☐	☐	☐
Felt isolated from people because of your drinking	☐	☐	☐	☐	☐
Had a drink to help you forget your worries	☐	☐	☐	☐	☐
Had a craving for a drink the first thing after you woke up	☐	☐	☐	☐	☐
Neglected the appearance of your living quarters because of your drinking	☐	☐	☐	☐	☐

Section 3
This section asks for your views about your health. This section will help us keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
(please cross one box only)

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs ? If so, how much ?
(please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

4. During the past **4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the past **4 weeks**, how much of the time have you been limited in performing any kind of regular daily activities **as a result of your physical health** ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the past **4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

7. During the past **4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

8. During the past **4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

9. How much during the **last month** have you felt calm and peaceful ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

10. How much during the **last month** did you have a lot of energy ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. How much during the **last month** have you felt downhearted and depressed ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

12. During the past **4 weeks** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives etc.) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Section 4

This section also asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your health state today.

Place a cross in one box in each group.

1. **Mobility**

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

2. **Self-care**

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

3. **Usual activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

4. **Pain or discomfort**

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

5. **Anxiety or depression**

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Section 5

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**. If your answer is 'none', please enter '0' in the box.

Hospital and Primary Health Care 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 an inpatient? | | | |
3. In the **past 6 months** how many times have you attended hospital as an outpatient? | | | |
4. In the **past 6 months** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight) | | | |
5. In the **past 6 months** how many times have you been taken to hospital in an emergency ambulance? | | | |
6. In the **past 6 months** how many times have you been taken to or from hospital using a patient transport service? | | | |
7. In the **past 6 months** how many times have you visited a doctor at your GP practice? | | | |
8. In the **past 6 months** how many times has a doctor visited you at home? | | | |
9. In the **past 6 months** how many times have you visited the nurse at your GP practice? | | | |
10. In the **past 6 months** how many times has a nurse visited you at home? | | | |
11. How many times have you received a prescription in the **past 6 months?** | | | |
12. In the **past 6 months** have you visited any other health care professional other than a doctor or nurse at your GP surgery?

Professional visited	Number of visits

13. In the **past 6 months** has any other health care professional other than a doctor or nurse visited you at home?

Professional who has visited you	Number of visits

Social and Care Services

1. In the **past 6 months** have you used any of the following services and if so, how many times?

Community/Day Centres	☐☐☐
Meals on Wheels	☐☐☐
Social Services Home Care Services	☐☐☐

2. In the **past 6 months** how many times have you been visited by a social worker at home? ☐☐☐

3. In the **past 6 months** how many times have you visited a social worker at their office? ☐☐☐

4. In the **past 6 months** how many times have you visited a care worker or advisor at their office? ☐☐☐

5. In the **past 6 months** how many times have you been visited at home by a care worker or advisor? ☐☐☐

Police and Criminal Justice System Contacts

1. In the **past 6 months** how many times have you been arrested, cautioned or received an on-the-spot fine? ☐☐☐

2. Have you appeared in court in the **past 6 months**? ☐ Yes ☐ No

   If yes how many times?

Magistrates Court (days)	☐☐☐
Crown Court (times)	☐☐☐

3. Have you been in prison in the **past 6 months**? ☐ Yes ☐ No

   If yes how many days in total?

Number of days	☐☐☐

If you have any comments you would like to add, please use the space below.

In Confidence

Aesops

Non Participant Questionnaire

Office use only (for designated person to complete)

Practice ID:	☐☐
A_Score:	☐☐
Date AUDIT Completed:	☐☐ / ☐☐ / ☐☐☐☐
	day / month / year

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to complete this questionnaire. We will only ask you to complete this questionnaire. The questionnaire contains no information that can identify you.

The responses you give in this questionnaire will help us understand the relationship between drinking and health. Please read each section carefully. Please answer all the questions. Although some questions appear similar, it is still important that you answer every one. If you find it difficult to answer a question, please give the best answer that you can.

Please follow the instructions for each question carefully.

For each question you will be asked to put a cross in the box.

For example in the following question, if your answer to the question was 'Yes', you should place a cross in the box next to 'Yes'.

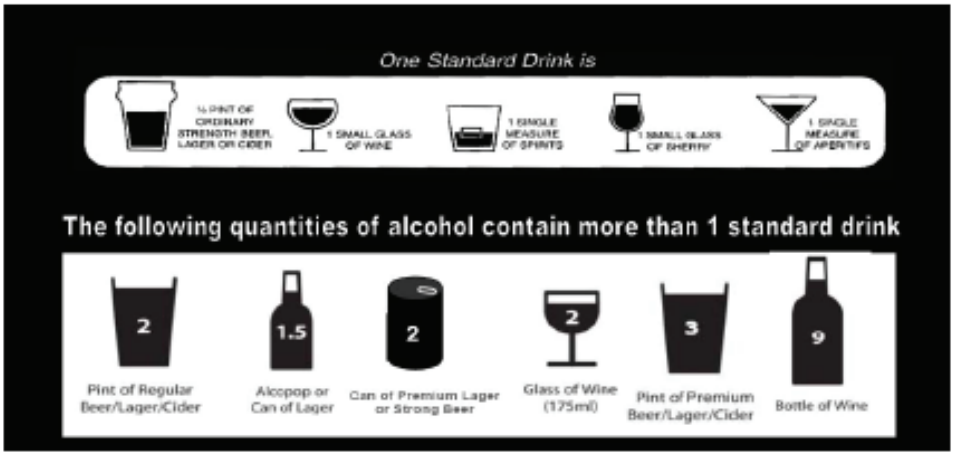
Do you drive a car ? **Yes** ☒

No ☐

Please use a black or blue pen. Please do not use a pencil or any other coloured pen.

Section 1

This section asks about the alcohol you have drunk in the past **6 months**. The questions ask about how many **standard drinks** you have consumed. A description of a standard drink is given in the box below.



Please answer each question by placing a cross in the box. Please only cross one box for each question.

1. How often do you have a drink containing alcohol ?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 to 5 times a week	6 or more times a week
☐	☐	☐	☐	☐	☐

2. How many **standard drinks** containing alcohol do you drink on a typical day you are drinking ?

None	1 to 2	3 to 4	5 to 6	7 to 9	10 or more
☐	☐	☐	☐	☐	☐

3. How often have you had 6 or more **standard drinks** on a single occasion in the past 6 months?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. **Compared with six months ago**, how much alcohol do you drink in a typical week?

Much less than 6 months ago	A bit less than 6 months ago	About the same as 6 months ago	A bit more than 6 months ago	A lot more than 6 months ago
☐	☐	☐	☐	☐

Section 2

The following questions ask about any problems you have experienced related to drinking alcohol. Please answer each question by placing a cross in the box. If you do not drink alcohol please cross the 'Never' box for each question.

In the **past 6 months** how often have you….

	Never	Once or twice	Occasionally	Fairly often	Often
Been drunk after drinking	☐	☐	☐	☐	☐
Had a fall or accident after drinking	☐	☐	☐	☐	☐
Felt confused after drinking	☐	☐	☐	☐	☐
Had a friend worry or complain about your drinking	☐	☐	☐	☐	☐
Neglected your appearance because of your drinking	☐	☐	☐	☐	☐
Had problems occur between you and a member of your family because of your drinking	☐	☐	☐	☐	☐
Gone to anyone for help about your drinking	☐	☐	☐	☐	☐
Neglected your work because of your drinking	☐	☐	☐	☐	☐
Lost friends because of your drinking	☐	☐	☐	☐	☐
Become intoxicated or drunk after drinking	☐	☐	☐	☐	☐
Skipped meals because of your drinking	☐	☐	☐	☐	☐
Had a family member worry or complain about your drinking	☐	☐	☐	☐	☐
Felt you were spending too much money on drink	☐	☐	☐	☐	☐
Felt isolated from people because of your drinking	☐	☐	☐	☐	☐
Had a drink to help you forget your worries	☐	☐	☐	☐	☐
Had a craving for a drink the first thing after you woke up	☐	☐	☐	☐	☐
Neglected the appearance of your living quarters because of your drinking	☐	☐	☐	☐	☐

Section 3
This section asks for your views about your health. This section will help us keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
   (please cross one box only)

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. During a typical day does **your health** limit you in **moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf ? If so, how much ?
   (please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

3. During a typical day does **your health** limit you in climbing **several** flights of stairs ? If so, how much ?
   (please cross one box only)

Yes, limited a lot	Yes, limited a little	No, not limited at all
☐	☐	☐

4. During the past **4 weeks**, how much of the time have you accomplished less than you would like in regular daily activities **as a result of your physical health** ?
   (please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

5. During the past **4 weeks**, how much of the time have you been limited in performing any kind of regular daily activities **as a result of your physical health** ?
   (please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

6. During the past **4 weeks**, how much of the time have you accomplished less than you would have liked in your work or any other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious) ?
   (please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

7. During the past **4 weeks**, how much of the time have you done work or other activities less carefully than usual **as a result of any emotional problems** (such as feeling depressed or anxious) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

8. During the past **4 weeks**, how much did **pain** interfere with your normal work (both outside the home and housework) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

9. How much during the **last month** have you felt calm and peaceful ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

10. How much during the **last month** did you have a lot of energy ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

11. How much during the **last month** have you felt downhearted and depressed ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

12. During the past **4 weeks** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives etc.) ?
(please cross one box only)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Section 4

This section also asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your health state today.

Place a cross in one box in each group.

1. **Mobility**

- I have no problems in walking about ☐
- I have some problems in walking about ☐
- I am confined to bed ☐

2. **Self-care**

- I have no problems with self-care ☐
- I have some problems washing or dressing myself ☐
- I am unable to wash or dress myself ☐

3. **Usual activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities ☐
- I have some problems with performing my usual activities ☐
- I am unable to perform my usual activities ☐

4. **Pain or discomfort**

- I have no pain or discomfort ☐
- I have moderate pain or discomfort ☐
- I have extreme pain or discomfort ☐

5. **Anxiety or depression**

- I am not anxious or depressed ☐
- I am moderately anxious or depressed ☐
- I am extremely anxious or depressed ☐

Section 5

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**. If your answer is 'none', please enter 'zero' in the box.

Hospital and Primary Health Care 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 an inpatient? | | | |
3. In the **past 6 months** how many times have you attended hospital as an outpatient? | | | |
4. In the **past 6 months** how many times have you attended a day hospital? (i.e. you have been admitted to hospital but not kept in overnight) | | | |
5. In the **past 6 months** how many times have you been taken to hospital in an emergency ambulance? | | | |
6. In the **past 6 months** how many times have you been taken to or from hospital using a patient transport service? | | | |
7. In the **past 6 months** how many times have you visited a doctor at your GP practice? | | | |
8. In the **past 6 months** how many times has a doctor visited you at home? | | | |
9. In the **past 6 months** how many times have you visited the nurse at your GP practice? | | | |
10. In the **past 6 months** how many times has a nurse visited you at home? | | | |
11. How many times have you received a prescription in the **past 6 months?** | | | |
12. In the **past 6 months** have you visited any other health care professional other than a doctor or nurse at your GP surgery?

Professional visited	Number of visits

13. In the **past 6 months** has any other health care professional other than a doctor or nurse visited you at home?

Professional who has visited you	Number of visits

Social and Care Services

1. In the **past 6 months** have you used any of the following services and if so, how many times?

Community/Day Centres	☐☐☐
Meals on Wheels	☐☐☐
Social Services Home Care Services	☐☐☐

2. In the **past 6 months** how many times have you been visited by a social worker at home? ☐☐☐

3. In the **past 6 months** how many times have you visited a social worker at their office? ☐☐☐

4. In the **past 6 months** how many times have you visited a care worker or advisor at their office? ☐☐☐

5. In the **past 6 months** how many times have you been visited at home by a care worker or advisor? ☐☐☐

Police and Criminal Justice System Contacts

1. In the **past 6 months** how many times have you been arrested, cautioned or received an on-the-spot fine? ☐☐☐

2. Have you appeared in court in the **past 6 months**? ☐ Yes ☐ No

   If yes how many times?

Magistrates Court (days)	☐☐☐
Crown Court (times)	☐☐☐

3. Have you been in prison in the **past 6 months**? ☐ Yes ☐ No

   If yes how many days in total?

Number of days	☐☐☐

Section 6

1. What is your age in years? ☐☐

2. Are you? Male ☐ Female ☐

3. Are you?
   - A current smoker ☐
   - An ex-smoker ☐
   - A never smoker ☐

4. Which of the following best describes your main activity?
   - In employment or self employment ☐
   - Retired ☐
   - Housework ☐
   - Student ☐
   - Seeking Work ☐
   - Other ☐

   (If 'Other', please specify below)

   _____

5. Which of the following best describes your living arrangements?
   - Single ☐
   - Married ☐
   - Co-habiting ☐
   - Widowed ☐

6. Which of the following best describes your current accommodation?
   - Owner occupied ☐
   - Private rented ☐
   - LA/Housing association ☐
   - Temporary ☐

7. Did your education continue after the minimum school leaving age? Yes ☐ No ☐

8. Do you have a Degree or equivalent professional qualification? Yes ☐ No ☐

If you have any comments you would like to add, please use the space below.