

**COLLABORATIVE STUDY ON  
ALCOHOL AND INJURIES**

**REGISTRATION,  
SCREENING, ASSESSMENT AND  
QUESTIONNAIRE FORMS**

**WORLD HEALTH ORGANISATION**

**June 2001**

**Draft : Version 1G**

## SECTION A : REGISTRATION FORM

### Patient (details) Sticky

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QA01	Case ID number						
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QA02	Hospital admission/registration number <i>(for follow up purposes)</i>								
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QA03	Collaborating project site identification code		
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QA04	Field worker/interviewer's code number			
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QA05	Date of recruitment	<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>
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QA06	Time of recruitment (use 24 hour clock)	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>
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QA07	Patient's age (in years)		
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QA08	Patient's sex	<b>M</b>	<b>F</b>
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QA09	Chief complaint (specify)	
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## SECTION B : SCREENING

Hello, I 'm (NAME) from [FILL IN AGENCY NAME] We're talking with people coming to the emergency room today and I'd like to interview you.

*IF NEEDED:* This is a research study being conducted here at [NAME OF HOSPITAL] about the problems that bring people to emergency rooms

### Screening Questions

<b>QB01</b>	<b>How long ago did the injury occur? (in hours)</b>		
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*If > 6 hours, thank and break off*

<b>QB02</b>	<b>Is this the first treatment for this injury, i.e. not reattending?</b>	Yes	1
		No	2

*If No, thank and break off*

Would you please read this consent form or would you like me to read it for you? It tells you more about the study and what we're asking you to do (or I can read it for you if you like). **ASK THE PATIENT IF HE/SHE CONSENTS TO THE STUDY**

<b>QB04</b>	<b>Was consent given?</b>	Yes	1
		No	2

*If No, thank and break off*

<b>QB05</b>	<b>If no, Why did the patient not give consent?</b>	Refused	1
		Language barrier	2
		Ventilated	3
		Too severely injured or unconscious	4
		Confused	5
		Too intoxicated to cooperate	6
		Other (specify _____)	8

## SECTION C : OBSERVATIONAL ASSESSMENT OF ALCOHOL INTOXICATION

This observation should be undertaken by a **trained triage nurse or a medical doctor** for evidence of alcohol intoxication in accordance with the Y91 codes.

*This assessment must be done prior to the patient being breathalysed.*

### Patient (details) Sticky

<b>Case ID number</b>												
<b>QC01</b>	<b>Time of assessment (use 24 hour clock)</b>						<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>		
<b>QC02</b>	<b>In the table below, please indicate which signs of intoxication the patient displays as well as the severity of these signs (please tick appropriate boxes)</b>											
<b>Clinical signs</b>						<b>Severity / Prominence</b>						
						<b>Very Severe</b>	<b>Severe</b>	<b>Moderate</b>	<b>Mild</b>	<b>None</b>	<b>Not applicable (specify)</b>	
Smell of alcohol on breath												
Conjunctival injection and/or flushed face												
Impairment of speech (e.g. slurring)												
Impairment of motor coordination												
Impairment of attention and/or judgement												
Elated (euphoria) or depressed mood												
Disturbances in behavioural responses												
Disturbances in emotional responses												
Impaired ability to cooperate												
Horizontal gaze nystagmus												

<b>QC03</b>	<b>Based on the signs above, would you say that the patient is in the state of:</b> <i>(Tick appropriate box)</i>		
Y91.3	Very severe alcohol intoxication <i>(Very severe disturbance in functions and responses, very severe difficulty in coordination, or loss of ability to cooperate)</i>	4	
Y91.2	Severe alcohol intoxication <i>(Severe disturbance in functions and responses, severe difficulty in coordination, or impaired ability to cooperate)</i>	3	
Y91.1	Moderate alcohol intoxication <i>(Smell of alcohol on breath, moderate behavioural disturbance in functions and responses, or moderate difficulty in coordination)</i>	2	
Y91.0	Mild alcohol intoxication <i>(Smell of alcohol on breath, slight behavioural disturbance in functions and responses, or slight difficulty in coordination)</i>	1	
Y91.9	Alcohol involvement, not otherwise specified <i>(please specify reason: _____)</i> <i>(_____)</i>	9	
	or		
	Not intoxicated at all	0	
<b>QC04</b>	<b>Do you think that there is any evidence of substance usage other than alcohol?</b>		
	No	0	
	Yes, based on self report	1	
	Yes, based on collateral information	2	
	Yes, based on self report and collateral information	3	
	Not sure	9	

<b>QC05a</b>	<b>State your name</b>				
<b>QC05b</b>	<b>And designation</b>				

## SECTION QC-A : ADDITIONAL OBSERVATIONAL ASSESSMENT OF ALCOHOL INTOXICATION

This observation should be undertaken by a FIELD WORKER (NOT a trained triage nurse or a medical doctor) BEFORE clinical assessment made by clinician and certainly before taking breath analysis, or BLIND to it if it is undertaken after.

**Patient (details) Sticky**

<b>Case ID number</b>					
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<b>QC06</b>	<b>Time of assessment (use 24 hour clock)</b>	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>
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<b>QC07</b>	<b>Based on your observation and descriptions given below please circle an appropriate figure in the right column</b>			
	<i>It is impossible to establish a meaningful communication with a person. It is unclear whether a person is uncooperative (soporose / comatose) due to alcohol intoxication or other medical condition, or both.</i>			4
	<i>It is obvious that a person is severely intoxicated even without any interaction with him/her. It is possible to establish communication with a person, though communication and interaction are severely impaired due to intoxication.</i>			3
	<i>It is obvious that a person is intoxicated if interacting with him/her or when performing coordination-demanding tasks. However, alcohol intoxication is not obvious for other people without interaction or performance of coordination-demanding tasks.</i>			2
	<i>The person is intoxicated, but it is not obvious for other people even if interacting with him/her.</i>			1
	<i>Alcohol involvement, not otherwise specified</i>			9
	<i>Not intoxicated at all</i>			0
	Please specify reason:			

<b>QC08</b>	<b>Field worker/interviewer's code number</b>			
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## SECTION D : BREATH ALCOHOL ANALYSIS

**Patient (details) Sticky**

<b>Case ID number</b>					
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<b>QD01</b>	<b>Time of breath analysis (use 24 hour clock)</b>	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>
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<b>QD02</b>	<b>Field worker/interviewer's code number</b>			
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Now I just need to take a reading with this instrument. When I tell you, take a deep breath and hold it for a moment. Blow continuously through the mouthpiece until I tell you to stop.

<b>QD03</b>	<b>Breathalyser code number</b>			
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<b>QD04</b>	<b>Breathalyser level</b>	0	.		
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<b>QD05</b>	<b>If a breath alcohol specimen could not be taken, please state reason</b>
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	Patient could not be traced	1
	Patient would not cooperate	2
	Patient died	3
	Breathalyser not working	4
	Other (Specify _____)	5

<b>QD06</b>	<b>Was the passive adapter used to take the breath alcohol specimen?</b>	Yes	1
		No	2

## SECTION E: INJURY QUESTIONNAIRE

### Patient (details) Sticky

<b>Case ID number</b>					
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Now I just want to ask you a few questions about your injury. *(This information may be obtained from the medical records if the patient is unable to answer questions)*

<b>QE01</b>	<b>Please tell me what happened to you. That is - what is the main reason you are here today?</b>		
<i>(Record verbatim, or look in medical records)</i>			
<b>[CODE ALL THAT APPLY]</b>			
	Fracture		1
	Strain, sprain, dislocation		2
	Cut, bite, penetrating injury, open wound		3
	Bruise, scrape, superficial wound		4
	Burn		5
	Concussion, closed head injury		6
	Organ system injury / Multiple organ injury		7
	Other (Specify _____)		8
	Unknown		9

<b>QE02</b>	<b>How were you injured?</b>		
<b>[CODE ONLY ONE RESPONSE]</b>			
	Being hit by a vehicle (when I was a pedestrian)		1
	Being in a vehicle collision (when I was the driver)		2
	Being in a vehicle collision (when I was a passenger)		3
	Sexual assault		4
	Blunt force injury		5
	Gunshot		6
	Stab, cut, bite		7
	Choking, hanging		8
	Fall, trip		9
	Struck against / caught between		10
	Drowning / near-drowning		11
	Poisoning		12
	Burn with fire, flame, heat, hot liquid		13
	Other (Specify _____)		89
	Unknown		99

<b>QE03</b>	<b>Why were you injured? Did you get into a fight, were you beaten, attacked or raped? Was it self harm or an accident?</b>		
<b>[CODE MAIN REASON]</b>			
	Unintentional [skip to QE06]		1
	Intentional self-inflicted [skip to QE06]		2
	Intentional by someone else [go to QE04+QE05]		3
	Legal intervention [skip to QE06]		4
	Other (Specify _____)		8
	Unknown		9

<b>QE04</b>	<b>Who was the person who harmed you or fought with you?</b>	
[CODE MAIN PERPETRATOR]		Spouse, partner (past or present) 1
		Parent, step parent 2
	Other relative (Specify _____)	3
		Friend, acquaintance 4
		Stranger 5
	Other (Specify _____)	8
		Unknown 9

<b>QE05</b>	<b>In your opinion, had the person(s) who harmed you or you fought with, been drinking alcohol?</b>	
		Yes, definitely 1
		Suspected 2
		No 3
		Don't know, unsure 9

<b>QE06</b>	<b>Where were you when you had your injury/accident?</b>	
	<i>(If necessary prompt answer or look in medical records)</i>	
		Own home 1
		Other home 2
		Street, highway 3
		School 4
		Pub, hotel, tavern, other drinking place 5
		Work place 6
	Other (Specify _____)	8
		Unknown 9

<b>QE07</b>	<b>What were you doing at the time of your injury/accident?</b>	
		Paid work 1
		Commuting, travelling, walking 2
		Education 3
		Sports 4
		Leisure, playing 5
		Doing nothing in particular 6
	Other (Specify _____)	8
		Unknown 9

## SECTION F : DRINKING PRIOR TO INJURY

**Patient (details) Sticky**

<b>Case ID number</b>					
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<b>QF01</b>	<b>Date of interview</b>	<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>
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<b>QF02</b>	<b>Time of interview (use 24 hour clock)</b>	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>
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<b>QF03</b>	<b>Field worker/interviewer's code number</b>			
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Now I want to ask you some questions with regard to alcohol use. This is part of the study. Please be assured that this information will be treated as strictly confidential.

<b>QF04</b>	<b>In the 6 hours before and up to you having your injury/accident, did you have any alcohol to drink - even one drink?</b>							
	Yes							1
	No [ <i>skip to Section G</i> ]							2
	Refused							3
	Unknown							9

<b>QF05</b>	<b>What time did you start drinking?</b>								
QF05a	Date	<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>
QF05b	Time (use 24 hour clock)	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>				

<b>QF06</b>	<b>What time did you have your last drink?</b>								
QF06a	Date	<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>
QF06b	Time (use 24 hour clock)	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>				

<b>QF066</b>	<b>How many hours/minutes occurred between the time you had your last drink and the time the accident/injury happened?</b>								
QF066	Hours/minutes	<i>h</i>	<i>h</i>	<i>m</i>	<i>m</i>				

<b>QF07</b>	<b>In the 6 hours before you were injured, what did you have to drink? What size was the container(s)? How many such drinks did you have?</b>
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<b>Drink *</b>	<b>Size of container</b>	<b>Number of containers</b>	<b>Absolute alcohol per container</b>	<b>Absolute alcohol total</b>
Low alcohol beer (~2.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		8ml	
	Large handle, big can or bottle (500ml)		12ml	
	Jug (1 litre)		24ml	
Normal beer (~5%) ----- Yes   No	Glass, standard can or bottle (330ml)		16ml	
	Large handle, big can or bottle (500ml)		24ml	
	Jug (1 litre)		48ml	
Strong beer (~7.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		24ml	
	Large handle, big can or bottle (500ml)		36ml	
	Jug (1 litre)		72ml	
Table wine (~11%) ----- Yes   No	Glass (150ml)		16ml	
	Bottle (500ml)		55ml	
	Bottle (750ml)		80ml	
Fortified wines (~18%) ----- Yes   No	A small glass (90ml)		16ml	
	Bottle (500ml)		90ml	
	Bottle (750ml)		135ml	
Spirits (~40%) ----- Yes   No	A single measure (40ml)		16ml	
	Bottle (500ml)		200ml	
	Bottle (750ml)		300ml	
Strong Spirits (~60%) ----- Yes   No	A single measure (40ml)		24ml	
	Bottle (500ml)		300ml	
	Bottle (750ml)		450ml	
Local drink ( %) ----- Yes   No				
Refused to answer question				
Don't know, can't remember				
<b>Total amount of absolute alcohol consumed by patient#</b>				

\* if you are unable to categorise the type of drink, please write down the brand name. The alcohol content can be established when coding the questionnaire.

<b>QF08</b>	<b>In which of the following place(s) were you drinking prior to your injury / accident?</b> <i>(read list to patient)</i>
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[CODE ALL THAT APPLY]	Own home	1
	Someone else's home	2
	Pub, hotel, tavern, other drinking place	3
	Nightclub	4
	Sports club	5
	Restaurant, café which serves full meals	6
	Theatre, movies	7
	Work place	8
	In a private vehicle	9
	At a sporting event	10
	At outdoor public place, e.g. street, beach, park	11
	Other (Specify _____)	89
	Unknown	99

<b>QF09</b>	<b>Where did you have your last drink prior to your injury / accident?</b> <i>(read list to patient)</i>
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[CODE ONLY ONE]	Own home	1
	Someone else's home	2
	Pub, hotel, tavern, other drinking place	3
	Nightclub	4
	Sports club	5
	Restaurant, café which serves full meals	6
	Theatre, movies	7
	Work place	8
	In a private vehicle	9
	At a sporting event	10
	At outdoor public place, e.g. street, beach, park	11
	Other (Specify _____)	89
	Unknown	99

<b>QF10</b>	<b>On a scale of 0 to 4, with 4 being "very severely drunk" and 0 being "not drunk at all", how drunk were you feeling at the time of your injury / accident?</b> <i>(Read the list to the patient. Restate the question stressing the <u>In your opinion</u> how drunk...)</i>
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Y90.3	Very severely drunk / Very severely intoxicated	4
Y90.2	Severely drunk / Severely intoxicated	3
Y90.1	Moderately drunk / Moderately intoxicated	2
Y90.0	A little drunk / Mildly intoxicated	1
	Not drunk at all	0
Y90.9	Unknown (refused to specify how drunk)	9

<b>QF11</b>	<b>Was your drinking session cut short by the occurrence of your injury?</b>
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	Yes	1
	No	2

**QF12** | **If yes, how much more alcohol would you have drunk on this occasion?**  
**(THIS QUESTION IS OPTIONAL)**

<b>Drink*</b>	<b>Size of container</b>	<b>Number of containers</b>	<b>Absolute alcohol per container</b>	<b>Absolute alcohol total</b>
Low alcohol beer (~2.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		8ml	
	Large handle, big can or bottle (500ml)		12ml	
	Jug (1 litre)		24ml	
Normal beer (~5%) ----- Yes   No	Glass, standard can or bottle (330ml)		16ml	
	Large handle, big can or bottle (500ml)		24ml	
	Jug (1 litre)		48ml	
Strong beer (~7.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		24ml	
	Large handle, big can or bottle (500ml)		36ml	
	Jug (1 litre)		72ml	
Table wine (~11%) ----- Yes   No	Glass (150ml)		16ml	
	Bottle (500ml)		55ml	
	Bottle (750ml)		80ml	
Fortified wines (~18%) ----- Yes   No	A small glass (90ml)		16ml	
	Bottle (500ml)		90ml	
	Bottle (750ml)		135ml	
Spirits (~40%) ----- Yes   No	A single measure (40ml)		16ml	
	Bottle (500ml)		200ml	
	Bottle (750ml)		300ml	
Strong Spirits (~60%) ----- Yes   No	A single measure (40ml)		24ml	
	Bottle (500ml)		300ml	
	Bottle (750ml)		450ml	
Local drink ( %) ----- Yes   No				
Refused to answer question				
Don't know, can't remember				
<b>Total amount of absolute alcohol consumed by patient#</b>				

\* if you are unable to categorise the type of drink, please write down the brand name. The alcohol content can be established when coding the questionnaire.

# the total amount of absolute alcohol consumed should be calculated when coding the questionnaire (see protocol).

<b>QF13</b>	<b>Did you have any alcohol to drink between the time of your injury / accident and coming to the Emergency Department?</b>
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	Yes	1
	No	2

<b>QF14</b>	<b>Do you think that your injury / accident would have happened even if you had not been drinking?</b>
-------------	--

	Yes	1
	No	2
	Not sure	9

## SECTION G : TYPICAL DRINKING HABITS

Now I am going to ask you some questions about your typical patterns of alcohol use / drinking. Remember that all your answers are confidential.

<b>QG01</b>	<b>In the past 12 months, how often did you typically drink any kind of alcoholic beverage?</b> <i>(Prompt if necessary - glass of beer, home brew, wine, ready-to-drink, cocktails etc)</i>
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	Every day	1
	Nearly every day	2
	3 or 4 times a week	3
	Once or twice a week	4
	2 or 3 times a month	5
	About once a month	6
	6-11 times a year	7
	1-5 times a year	8
	No alcohol during last 12 months	9
	Unknown	99

*If no, skip to QG07*

Now I want you to think of a **typical drinking** occasion and answer the following questions for me.

<b>QG02</b>	<b>What do you usually have to drink?</b> <b>What size is the container?</b> <b>How many such drinks do you have on a typical drinking occasion?</b>
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Drink *	Size of container	Number of containers	Absolute alcohol per container	Absolute alcohol total
Low alcohol beer (~2.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		8ml	
	Large handle, big can or bottle (500ml)		12ml	
	Jug (1 litre)		24ml	
Normal beer (~5%) ----- Yes   No	Glass, standard can or bottle (330ml)		16ml	
	Large handle, big can or bottle (500ml)		24ml	
	Jug (1 litre)		48ml	
Strong beer (~7.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		24ml	
	Large handle, big can or bottle (500ml)		36ml	
	Jug (1 litre)		72ml	
Table Wine (~11%) ----- Yes   No	Glass (150ml)		16ml	
	Bottle (500ml)		55ml	
	Bottle (750ml)		80ml	
Fortified Wines (~18%) ----- Yes   No	A small glass (90ml)		16ml	
	Bottle (500ml)		90ml	
	Bottle (750ml)		135ml	
Spirits (~40%) ----- Yes   No	A single measure (40ml)		16ml	
	Bottle (500ml)		200ml	
	Bottle (750ml)		300ml	
Strong Spirits (~60%) ----- Yes   No	A single measure (40ml)		24ml	
	Bottle (500ml)		300ml	
	Bottle (750ml)		450ml	
Local drink ( %) ----- Yes   No				
Refused to answer question				
Don't know, can't remember				
<b>Total amount of absolute alcohol consumed by patient#</b>				

\* if you are unable to categorise the type of drink, please write down the brand name. The alcohol content can be established when coding the questionnaire.

# the total amount of absolute alcohol consumed should be calculated when coding the questionnaire (see protocol).

**QG03** In the past 12 months, how often did you drink 12 or more drinks on one occasion?  
*(Prompt if necessary - 12 cans of beer, 12 glasses wine, 12 tots brandy, etc.)*

	Every day	1
	Nearly every day	2
	3 or 4 times a week	3
	Once or twice a week	4
	2 or 3 times a month	5
	About once a month	6
	6-11 times a year	7
	1-5 times a year	8
	Never during last year	9
	Unknown	99

**QG04** In the past 12 months, how often did you drink between 5 and 11 drinks on one occasion?  
*(Prompt if necessary - 5-11 cans of beer, 5-11 glasses of wine, 5-11 tots of brandy, etc.)*

	Every day	1
	Nearly every day	2
	3 or 4 times a week	3
	Once or twice a week	4
	2 or 3 times a month	5
	About once a month	6
	6-11 times a year	7
	1-5 times a year	8
	Never during last year	9
	Unknown	99

**QG05a** During the past 12 months, have you had feelings of guilt or remorse after drinking?

	Yes	1
	No	2
	Refused	3
	Don't know	9

**QG05b** During the past 12 months, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

	Yes	1
	No	2
	Refused	3
	Don't know	9

<b>QG05c</b>	<b>During the past 12 months, have you failed to do what was normally expected of you because of drinking?</b>
--------------	--

	Yes	1
	No	2
	Refused	3
	Don't know	9

<b>QG05d</b>	<b>During the past 12 months, do you sometimes take a drink in the morning when you first get up?</b>
--------------	---

	Yes	1
	No	2
	Refused	3
	Don't know	9

<b>QG06</b>	<b>During the past 12 months, have you found that you need to drink much more than before to get the same effect or that drinking your usual amount began to have less effect on you?</b>
-------------	---

	Yes	1
	No	2
	Refused	3
	Don't know	9

<b>QG07</b>	<b>In the past 12 months, have you needed to go to an emergency department for an injury or accident? <i>(Not counting this time)</i></b>
-------------	---

	Yes	1
	No	2
	Can't remember	9

<b>QG08</b>	<b>If yes, excluding this time, how many times have you been seen in an emergency department for an injury in the last year?</b>
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	Number of emergency department visits		
--	---------------------------------------	--	--

## SECTION H : DRINKING EXACTLY ONE WEEK BEFORE INJURY

In this next section I am going to ask you about what you were doing exactly one week ago.

First, I would like you to think about where you were and what you were doing exactly one week ago at the same time as you had your injury / accident today.

*(Prompt if necessary, i.e. you said you had your accident at 5pm today, Saturday. Where were you at 5pm last Saturday?)*

<b>QH01</b>	<b>Think about the time you had your accident (today) and remember the same time a week ago. Where were you a week ago?</b> <i>(If necessary prompt answer)</i>
-------------	--

	Own home	1
	Other home	2
	Street, highway	3
	School	4
	Pub, hotel, tavern, other drinking place	5
	Work place	6
	Other (Specify _____)	8
	Unknown	9

<b>QH02</b>	<b>Still thinking about last week at the same time, did you have any alcohol to drink in the six hours leading up to this time?</b>
-------------	---

	Yes	1
	No [ <i>skip to Section I</i> ]	2
	Refused	8
	Don't know [ <i>skip to Section I</i> ]	9

<b>QH03</b>	<b>Still thinking about last week at the same time, what did you have to drink? What size was the container? and How many such drinks did you have?</b>
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Drink*	Size of container	Number of containers	Absolute alcohol per container	Absolute alcohol total
Low alcohol beer (~2.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		8ml	
	Large handle, big can or bottle (500ml)		12ml	
	Jug (1 litre)		24ml	
Normal beer (~5%) ----- Yes   No	Glass, standard can or bottle (330ml)		16ml	
	Large handle, big can or bottle (500ml)		24ml	
	Jug (1 litre)		48ml	
Strong beer (~7.5%) ----- Yes   No	Glass, standard can or bottle (330ml)		24ml	
	Large handle, big can or bottle (500ml)		36ml	
	Jug (1 litre)		72ml	
Table wine (~11%) ----- Yes   No	Glass (150ml)		16ml	
	Bottle (500ml)		55ml	
	Bottle (750ml)		80ml	
Fortified wines (~18%) ----- Yes   No	A small glass (90ml)		16ml	
	Bottle (500ml)		90ml	
	Bottle (750ml)		135ml	
Spirits (~40%) ----- Yes   No	A single measure (40ml)		16ml	
	Bottle (500ml)		200ml	
	Bottle (750ml)		300ml	
Strong Spirits (~60%) ----- Yes   No	A single measure (40ml)		24ml	
	Bottle (500ml)		300ml	
	Bottle (750ml)		450ml	
Local drink ( %) ----- Yes   No				
Refused to answer question				
Don't know, can't remember				
<b>Total amount of absolute alcohol consumed by patient#</b>				

\* if you are unable to categorise the type of drink, please write down the brand name. The alcohol content can be established when coding the questionnaire.

# the total amount of absolute alcohol consumed should be calculated when coding the questionnaire (see protocol).

## SECTION I: BACKGROUND INFORMATION

<b>Q101</b>	<b>How many years of formal education have you completed?</b> <i>(Add schooling + any tertiary education, e.g. diploma, degree)</i>	
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<b>Q102</b>	<b>Are you working at least 30 hours or more a week in a paid job?</b>
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	Yes [ <i>skip to Q104</i> ]	1
	No	2
	Refused	3

<b>Q103</b>	<b>If you are not working, what are you doing?</b> <i>(Read list to patient if necessary)</i>
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	Retired	1
	Parenting, housewife	2
	Still at school	3
	At college, university, other tertiary education	4
	Looking for work	5
	Sick or invalid on a benefit	6
	Doing unpaid work, volunteering	7
	Other (Specify _____)	8
	Refused	9
	Don't know	99

<b>Q104</b>	<b>Could you please tell me your approximate personal monthly income?</b> (Please state currency, e.g. £, US\$, R)				
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	Very high	5
	High	4
	Middle	3
	Low	2
	Very low	1
	Refused	9
	Don't know	99

*(This amount will be categorised into very low, low, middle, high, very high by each country after the interview based on the average income for the country)*

<b>Q105</b>	<b>Where is your current place of residence?</b>
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<b>Q105a</b>	<b>Suburb</b>	
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<b>Q105b</b>	<b>City</b>	
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**That is my last question. Thank you very much for helping us with this study. Do you have any comments you would like to make?**

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**Interviewers  
comments:**

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## SECTION J : NON-INTERVIEW REPORT

If you were unable to interview the patient with regard to his drinking habits, or the interview needed to be terminated for any reason, please complete the following form.

<b>QJ01</b>	<b>Date</b>	d	d	m	m	y	y	y	y
-------------	-------------	---	---	---	---	---	---	---	---

<b>QJ02</b>	<b>Time (use 24 hour clock)</b>	h	h	m	m
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<b>QJ03</b>	<b>Why could the patient not be interviewed?</b>
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	Refusal or indirect refusal	1
	Language barrier	2
	Unable to locate patient	3
	Patient absconded, left ER	4
	Too intoxicated	5
	Too severely injured to interview	6
	Other (Specify _____)	7

## SECTION K : TERMINATION OF INTERVIEW

<b>QK01</b>	<b>Time interview ended (use 24 hour clock)</b>	h	h	m	m
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<b>QK02</b>	<b>Total interview length (in minutes)</b>				
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## RECORD OF CONTACTS

Date	Time	Outcome	Comments	Interviewer code #
		1 Completed    2 Referred		
		3 Follow Up    4 Other		
		1 Completed    2 Referred		
		3 Follow Up    4 Other		
		1 Completed    2 Referred		
		3 Follow Up    4 Other		

# INFORMATION TO PATIENT AND CONSENT FORM