

# WHO EMERGENCY ROOM STUDY - INJURED RESPONDENT INTERVIEW

Interviewer ID

## General Information Section

*(Pt sticky, remove on completion)*

**Name**

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**Chief complaint:**

Arrival Date:

**Arrival Date Code**

**Arrival Time**

**Triage Code**

1	2	3	4	5
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**Not available**

## PATIENT CHARACTERISTICS:

**DOB**

**Age (yrs)**

**Gender**

<b>Male</b>	1
<b>Female</b>	2

Hello, I'm (NAME), I am a research Nurse here at the Emergency Department. We are currently undertaking a study with the University of Auckland and the World Health Organisation to look at the relationship between injury and alcohol. I'd like to ask you if you would like to participate in this research study? Participation is completely voluntary and will no interfere with your care. All information you give is strictly confidential

Here is an information sheet,*(give sheet* which explains it all very clearly, but I will highlight the key points. The study involves answering some questions about your injury, about alcohol and giving a breath sample. All in all it will take about 20-30 minutes of your time.

As part of this research we require you to give us your consent by signing this form or giving us a verbal ok is fine too.

**Consent Given**

<b>Yes</b>	1	<b>Go to Section B</b>
<b>No</b>	2	<b>Go to Section A</b>

## RECORD OF CONTACTS

Contact	Date	Time	Outcome	Comments	Interviewer code #
1			1 Comp    2 Ref		
			3 FU       4 Other		
2			1 Comp    2 Ref		
			3 FU       4 Other		
3			1 Comp    2 Ref		
			3 FU       4 Other		

## Check List (tick when complete)

- |   |   |
|---|---|
| 1. Observational Assessment Form Complete and Attached <input type="checkbox"/> | 2. All Identifying information removed <input type="checkbox"/> |
| 3. Observation Assessment Form Incomplete and Attached <input type="checkbox"/> | 4. Breath Sample Taken and Recorded <input type="checkbox"/>    |
| 5. Date Codes Entered <input type="checkbox"/>                                  | 6. Questionnaire Checked and Complete <input type="checkbox"/>  |

**Date Completed**

**Complete Check by**  **Interviewer ID**

**Section A: REFUSAL TO PARTICIPATE / UNABLE TO INTERVIEW**

Complete SECTION A for any respondent who refuses to participate or you are unable to interview .

Date of **first** Contact 

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Time of **first** Contact [24 hr clock] 

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Date of **last** Contact 

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Time of **last** Contact [24 hr clock] 

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**A1. Reason for non-participation or non-interview**

	Too ill/unconscious/ventilated	1
	Refused [Go to A2]	2
	Language problem.	3
What language _____	Unable to locate	4
	Break off at Q# _____	5
Other _____ (specify)		

**A2. If Refusal, who refused**

	Respondent	1
	Family member or friend	2
	Hospital/ER staff	3
Other _____ (Specify)		4

**A3. If Refusal, what was refused**

	Breath sample	1
	Interview	2
	Breath sample and interview	3

## INTERVIEW SCHEDULE

Time Interview began :							
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Time Interview finished							
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## Section B. SCREENING QUESTIONS

**B1** Could you tell be how long ago were you injured? Hours   [if more than 6 hours thank and break off]

**B1a. What time would this be?**

Date

**B2.** Is this the first time you have had treatment for this injury?

Yes	1	[Thank and break off ]
No	2	

### Breathalyser Request

Now, I want to take a breath sample with this instrument. All you have to do is say Auckland Emergency Department when I ask you. As I explained this reading is confidential and there will be no link of this information to you. Ready.....

Time of Breathalyser reading 24hr clock:

Refused but agrees to interview

No breathalyser reading taken because   
(Specify reason \_\_\_\_\_)

**B3. Breathalyser used: #**

### Interviewer Note –

**B4. Is there someone-else present during the interview?** [do not say this]

Yes	1	[Go to B5]
No	2	

**B5. I can see you have someone with you, they are your ..? [Prompt]**

	Parent / Guardian	1
	Spouse / Partner	2
Family Member _____	specify)	3
	Friend	4
Other _____	(specify)	5
	Refused	6

**Section C.****Injury Questions**

I want to ask you about how you came to be injured?

**C1. Tell me in your own words what happened to you? [RECORD VERBATIM ]**

[Code only One (**THE MAIN**) RESPONSE.]

A Fall	1
Cut myself	2
Being shot	3
Being hit by a vehicle (when I was a pedestrian)	4
Vehicle accident (passenger)	5
Vehicle accident (driver)	6
A fight	7
Burn with fire, heat, liquid	8
Near Drowning	9
Stabbed, cut or bite (by someone else)	10
Assaulted	11
Sexual Assault	12
Poisoning	13
Other	14
(Specify)	
Unknown	99

**C2. Please could you tell me what your injuries are? Prompt - Was anything else? [RECORD VERBATIM]**

[code **ALL** that apply]

Fracture	1
Sprain, Strain, 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	8
(Specify)	
Unknown	99

**C3. Could you tell me where you were when you had your INJURY?**

**NB.** If the response is 'I was Outside?' **Prompt**

*Where outside? If the response 'in the Garden'*

**Prompt** 'where was the garden?'

Own home	1
Other home	2
Pub / Hotel / Tavern	3
Nightclub	4
Sports Club	5
Other Club (e.g. Golf club, RSA etc)	6
Restaurant, Café that serves full meals	7
Restaurant , Café that serves snacks	8
Theatre/ Movies	9
A workplace (yours or someone-elses)	10
In a vehicle	11
Sporting event (races, rugby game etc)	12
An outdoor public place (park, beach, street)	13
Other	14
(Specify)	
Refused	15
Unknown	99

**C4. Would you say violence was involved in you injury?**

Yes [Go to C5)	1
No (Go to Section D)	2
Refused (Go to Section D)	3
Unknown (Go to Section D)	99

**C5. Can you tell me your relationship, to the person that was involved in how you got your injury?**

**Prompt - Did you know the person? Yes They are your .....?**  
**No You think they were?**

Your spouse or partner	1
A former spouse or partner	2
A family member	3
A friend	4
A stranger	5
The police	6
Drinking place staff	7
Refused to answer	8
Other .(specify _____ )	9
Unknown	99

**C6. In your opinion, was this person drunk, or under the influence of alcohol?**

Yes	1
No	2
Unknown	99

## Section D. Drinking Prior to Injury

**D1. Did you have any alcohol to drink before you had your injury - even one drink?**

Yes	1
No, (Go to Section E)	2
Don't drink at all (Go to Section G)	3
Refused	4
Unknown	99

**D2. At what time did you have your FIRST drink?**

Time (24h clock)

Date

**D3. At what time did you have your LAST drink?**

Time (24h clock)

Date

**I would now like to know about what alcohol you had to drink prior to your injury happening ?**

**D4. Did you drink any .....?**

**How many did you have and what was it in?**

TYPE	Yes	No	Refused	DK	amount	amount	Abs Alc (mls)
<b>a. Beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>b. Low alcohol beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>c. Home Brew specify _____</b>	1	2	89	99	01 Glasses 02 bottle 03 Small handle 04 Large handle /pint	05 Jug 06 Flagon 89 Refused 99 Don't know	
<b>d. Wine</b>	1	2	89	99	01 Glasses - small 02 Glasses - medium 03 Glasses - large 04 Bottle	05 Cask 2 litre 06 Cask 3 litre 89 Refused 99 Don't know	
<b>e. Ready-to-drinks or pre-mixes</b>	1	2	89	99	01 Standard Cans 02 Bottle 03 Glass	89 Refused 99 Don't know	
<b>f. Spirits name/s _____</b>	1	2	89	99	01 Glasses -single nip 02 Glasses - dble nip 03 bottle - 750 ml 04 bottle - 1 litre	05 bottle 2 litre 06 Shooter -dble 89 Refused 99 Don't know	
<b>g. Mixed cocktails name _____</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Shooter - dble nip	04 Jug 89 Refused 99 Don't know	
<b>h. Liqueurs</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Bottle	08 Refused 99 Don't know	
<b>i. Sherry, Port, Vermouth</b>	1	2	89	99	01 Glasses - sgle nip 02 Glasses - dble nip 03 Bottle 750 ml	04 bottle 1 litre 89 Refused 99 Don't know	

**D4. Did you drink any .....? How much of ..... did you have and what was it in?**

TYPE	Yes	no	refuse	DK	amount	amount	Abs Alc (mls)
<b>j. Cider</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>k. Anything else (SPECIFY)</b> _____ _____	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>l. Unknown</b>	99					<b>Total Absolute Alc (mls)</b>	

**D5. In which of the following places were you drinking prior to your injury / accident. Were You at ....[read]**

*(CODE ALL THAT APPLY)*

Own home	1
Other home	2
Pub / Hotel / Tavern	3
Nightclub	4
Sports Club	5
Other Club (e.g. Golf club, RSA etc)	6
Restaurant, Café (that serves full meals)	7
Restaurant, Café (that serves snacks)	8
Theatre/ Movies	9
At work	10
In a vehicle	11
Sporting event (races, rugby game etc)	12
An outdoor public place (park, beach, street)	13
Other(_____Specify	14
Refused	15
Unknown	99

**D6. Where were you, when you had your LAST drink?**

Own home	1
Other home	2
Pub / Hotel / Tavern	3
Nightclub	4
Sports Club	5
Other Club (e.g. Golf club, RSA etc)	6
Restaurant, Café that serves full meals	7
Restaurant , Café that serves snacks	8
Theatre/ Movies	9
At work	10
In a vehicle	11
Sporting event (races, rugby game etc)	12
An outdoor public place (park, beach, street)	13
Other (_____Specify	14
Refused	15
Unknown	99

**[ASK IF "LAST" WAS NOT at home, or other home).**

**D7. What is the name of the place where you got / had your last drink? What Street is that on, What Suburb?**

Name of Place	_____
Suburb/Street	_____
Don't Remember	1
Refused	2
Unknown	99

**ASK ONLY IF UNDER LEGAL PURCHASE AGE other wise GO to D10**

**D8. Did you buy your alcohol or did someone else?**

I did (Go to D10)	1
Someone-else did (Go to D9)	2
Refused (Go to D10)	3
Unknown (Go to D10)	99

**D9. What is your relationship to the person who bought the alcohol?**

Prompt – Do you know them? Yes They are your.....  
No Who were they?

Parents / Guardian	1
Sibling [same age]	2
Sibling [older]	3
Relative (specify _____)	4
A Friend [same age]	5
A Friend [older]	6
Stranger	7
Refused	8
Unknown	99

**D10. Did you have any alcohol to drink after your injury happened?**

Yes	1
No	2
Refused	3
Unknown	99

**D11. On a scale of 1 to five, with 5 being “very, very drunk”, and 1 being “not drunk at all”, how drunk were you feeling at the time of your injury?**

(Y91.3)  
(Y91.2)  
(Y91.1)  
(Y91.0)  
(Y91)

Very Severely Drunk	5
Severely Drunk	4
Moderately Drunk	3
Mild Drunk	2
Not Drunk at all	1
Unknown	99

**D12. Do you think your injury would have happened if you had not been drinking?**

Yes	1
No	2
Unknown	99

**D13. In your opinion, would you have had any more alcohol to drink if you had not been injured?**

Yes [Go to D14]	1
No [Go to E]	2
Unknown [Go to E]	99

## D14. In your opinion, how much more would you have likely had to drink?

## D14. Would you have had any more ....? How many more would you have had? What was it in?

TYPE	Yes	No	Refused	DK	amount	amount	Abs Alc (mls)
<b>a. Beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>b. Low alcohol beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>c. Home Brew specify _____</b>	1	2	89	99	01 Glasses 02 bottle 03 Small handle 04 Large handle /pint	05 Jug 06 Flagon 89 Refused 99 Don't know	
<b>d. Wine</b>	1	2	89	99	01 Glasses - small 02 Glasses - medium 03 Glasses - large 04 Bottle	05 Cask 2 l 06 Cask 3 l 89 Refused 99 Don't know	
<b>e. Ready-to-drinks/ premixes</b>	1	2	89	99	01 Standard Cans 02 Bottle	89 Refused 99 Don't know	
<b>f. Spirits Name. _____ _____</b>	1	2	89	99	01 Glasses -single nip 02 Glasses - dble nip 03 bottle - 750 ml 04 bottle - 1 litre	05 bottle 2 litre 06 Shooter -dble 89 Refused 99 Don't know	
<b>g. Mixed cocktails or pre-mixes</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Shooter - dble nip	04 Jug 89 Refused 99 Don't know	
<b>h. Liqueurs</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Bottle	08 Refused 99 Don't know	
<b>i. Sherry, Port, Vermouth</b>	1	2	89	99	01 Glasses - sgle nip 02 Glasses - dble nip 03 Bottle 750 ml	04 bottle 1 litre 89 Refused 99 Don't know	
<b>j. Cider</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>k. Anything else? (SPECIFY) _____ _____</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle	05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know	
<b>l. Unknown</b>	99					<b>Total Absolute Alc (mls)</b>	

## Section E. One Week Before

I would now like to ask you a few questions about what you were doing last week.

### E1. Where were you last week on this day at / around \*\*\*\*

[Prompt if can't recall for example – Today you said you were at *the golf course* would you have been there this time last week?

If No -prompt If you weren't there where would you have been?

Own home	1
Other home	2
Pub / Hotel / Tavern	3
Nightclub	4
Sports Club	5
Other Club (e.g. Golf club, RSA etc)	6
Restaurant, Café that serves full meals	7
Restaurant , Café that serves snacks	8
Theatre/ Movies	9
At work	10
In a vehicle	11
Sporting event (races, rugby game etc)	12
An outdoor public place (park, beach, street)	13
Other	14
( _____ ) Specify	
Refused	15
Unknown	99

### E2. Still thinking about this time last week did you drink any alcohol?

Yes (Go to E3)	1
No (Go to F1)	2
Unknown (Go to F1)	99

On this occasion last week .

E3. Did you have any ...?					How much of .....did you have? and what type of container was it?				
TYPE	Yes	No	Refuse	DK		amount		amount	Abs Alc (mls)
<b>a. Beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>b. Low alcohol beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>c. Home Brew specify _____</b>	1	2	89	99	01 Glasses 02 bottle 03 Small handle 04 Large handle /pint		05 Jug 06 Flagon 89 Refused 99 Don't know		
<b>d. Wine</b>	1	2	89	99	01 Glasses - small 02 Glasses – medium 03 Glasses - large 04 bottle		05 Cask 2 l 06 Cask 3 l 89 Refused 99 Don't know		
<b>e. Ready-to-drinks</b>	1	2	89	99	01 Standard Cans 02 Bottle		89 Refused 99 Don't know		
<b>f. Spirits Name. _____</b>	1	2	89	99	01 Glasses -single nip 02 Glasses – dble nip 03 bottle - 750 ml 04 bottle – 1 litre		05 bottle 2 litre 06 Shooter -dble 89 Refused 99 Don't know		

E3. any .....					How many.....did you have and what type of container was it?				
TYPE	Yes	No	Refuse	DK		amount		amount	Abs Alc (mls)
<b>g. Mixed cocktails</b>	1	2	89	99	01 Glasses - single nip 02 Glasses – dble nip 03 Shooter – dble nip		04 Jug 89 Refused 99 Don't know		
<b>h. Liqueurs</b>	1	2	89	99	01 Glasses – single nip 02 Glasses – dble nip 03 Bottle		08 Refused 99 Don't know		
<b>i. Sherry, port, Vermouth</b>	1	2	89	99	01 Glasses – single nip 02 Glasses – dble nip 03 Bottle 750 ml		04 bottle 1 lite 89 Refused 99 Don't know		
<b>j. Cider</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>k. Anything else (SPECIFY)</b> _____ _____	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>l. Unknown</b>	99								<b>Total Absolute Alc (mls)</b>

## Section F: Typical Drinking

Now I am going to ask you some questions your TYPICAL drinking.

**F1. In the last year, how often do you TYPICALLY drink any kind of alcoholic beverage? (prompt - e.g. a glass of beer, a wine)**

Every day	1
Nearly every day	2
3 or 4 times a week	3
Once or twice a week	4
3 or 4 times per month	5
Once or twice a month	6
6-11 times a year	7
1-5 times a year	8
No alcohol during the past 12 months	9
Unknown	99

**Think of a typical drinking occasion. What do you TYPICALLY drink?**

F2. Do you typically drink .....					How many of .....would you typically have and what type of container was it?				
TYPE	Yes	No	Refuse	DK		amount		amount	Abs Alc (mls)
<b>a. Beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>b. Low alcohol beer</b>	1	2	89	99	01 Glasses 02 Standard Cans 03 bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>c. Home Brew specify _____</b>	1	2	89	99	01 Glasses 02 bottle 03 Small handle 04 Large handle /pint		05 Jug 06 Flagon 89 Refused 99 Don't know		
<b>d. Wine</b>	1	2	89	99	01 Glasses - small 02 Glasses - medium 03 Glasses - large 04 bottle		05 Cask 2 l 06 Cask 3 l 89 Refused 99 Don't know		
<b>e. Ready-to-drinks or premixes</b>	1	2	89	99	01 Standard Cans 02 Bottle		89 Refused 99 Don't know		
<b>f. Spirits Name. _____</b>	1	2	89	99	01 Glasses -single nip 02 Glasses - dble nip 03 bottle - 750 ml 04 bottle - 1 litre		05 bottle 2 litre 06 Shooter -dble 89 Refused 99 Don't know		
<b>g. Mixed cocktails</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Shooter - dble nip		04 Jug 89 Refused 99 Don't know		
<b>h. Liqueurs</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Bottle		08 Refused 99 Don't know		
<b>i. Sherry, port, Vermouth</b>	1	2	89	99	01 Glasses - single nip 02 Glasses - dble nip 03 Bottle 750 ml		04 bottle 1 lite 89 Refused 99 Don't know		
<b>j. Cider</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle		05 Large handle /pint 06 Jug 89 Refused 99 Don't know		
<b>k. Anything else (SPECIFY) _____</b>	1	2	89	99	01 Glasses 02 Cans 03 Stubbie bottle 04 Small handle		05 Large handle /pint 06 Jug 07 Flagon 89 Refused 99 Don't know		
<b>l. Unknown</b>	99								<b>Total Absolute Alc (mls)</b>

**F3. Still thinking about your typical drinking? What is the largest amount you have had to drink on any day or occasion in the last 12 months?**

[Record verbatim] Amount and container type \_\_\_\_\_

**F4. In the past 12 months how often did you have 12 or more alcohol drinks at any one time ?**

Every day	1
Nearly every day	2
3 or 4 times a week	3
Once or twice a week	4
3 or 4 times per month	5
Once or twice a month	6
6-11 times a year	7
1-5 times a year	8
No alcohol during the past 12 months	9
Never	10
Unknown	99

**F5. In the past 12 months, about how often did you have 5 or more drinks at one time?**

Every day	1
Nearly every day	2
3 or 4 times a week	3
Once or twice a week	4
3 or 4 times per month	5
Once or twice a month	6
6-11 times a year	7
1-5 times a year	8
No alcohol during the past 12 months	9
Never	10
Unknown	99

## Section G. Previous Injury Requiring Emergency Department Treatment

G1. Have you been seen in an emergency room or department at any other time in the last 12 months (not counting this time) for treatment for an injury?

Yes	1
No <b>Go to Section H</b>	2
Unknown	99

G2. Excluding this time, how many times in the last 12 months have you been in an emergency room or department for treatment of an injury?

Number of times (excluding this visit)

G3. In your opinion, was alcohol involved in this (or any of these) injury (s)?

Yes	1
No	2
Unknown	99

<b>Section H.</b>	<b>Demographics</b>
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Now a few background questions and we will be finished.

H1. Could you tell me your age [yrs] and date of birth please.

age [yrs]							
date of birth							

H2. Could you please tell me which ethnic group you most identify your self with? [don't read or prompt]

\_\_\_\_\_ ←  
 If answer is Maori or part Maori ask  
**Could you tell me what (if any) Iwi  
 you identify with?**

Ethnicity	
New Zealand Maori	1
Pacific Island	2
NZ European/ Pakeha	3
New Zealander	4
Part Maori/ Part Pakeha	5
Australian	6
Asian (e.g. Chinese, Taiwanese, Filipino)	7
Indian	8
British/English	9
Other European (e.g. Dutch, Croatian, German)	10
American/Canadian	11
South African	12
Other	13
Specify) _____	
Refused	14
Don't Know	15

H3. How many years of formal education have you completed since leaving school? years  months

H4. Are you working at least 30 hours or more a week in a paid job?

Yes [Go to H6]	1
No [Go to H5]	2
Refused	3
Unknown	99

H5 You answered that you are not working 30 hours or more, can you tell me what are you doing? [Prompt appropriately, e.g. Are you Retired, Parenting at home or doing unpaid work etc)

Retired	1
Parenting or doing unpaid work (at home or in community)	2
A secondary student	3
A tertiary student on student allowance	4
Unemployed, looking for works on benefit	5
Sick or an Invalid on a benefit	6
Doing other unpaid activities	7
Other (specify) _____	8
Part time work	9
Refused	10
Unknown	99

H6. Could you please tell me your approximate personal monthly income? \$

Is this	
Net	
Gross	
Refused	1

H6a. If participant unsure of Monthly ask for approximate fortnightly or approximate weekly. Document their response below and multiply by 4 to give approximate monthly and enter this above.

**Fortnightly**

**Weekly**

**That was my last question. Thank you very much for helping us with this study. Do you have any comments you would like to make? If you do have some questions later, or if any of the questions have raised any concerns for you there are some other contact numbers on the information sheet that you can ring.**

**Otherwise, we're finished. Thank you so much**

**Comments/Questions**

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**Date Interview finished**

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**Time Interview finished (24hr clock)**

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**Total Interview Time (24hr clock)**

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**Interviewers Comments / suggestions / issues**

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