



Foundation for Alcohol  
Research & Education



# Electronic alcohol screening and brief intervention for hospital outpatients: A pilot study

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The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last 11 years FARE has have invested more than \$115 million, helped 800 organisations and funded over 1,500 projects addressing the harms caused by alcohol misuse.

FARE is guided by the [World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol](#) for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

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## Acronyms

<b>ACC</b>	Ambulatory Care Centre, John Hunter Hospital (New South Wales)
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AUDIT</b>	Alcohol Use Disorders Identification Test
<b>BAC</b>	Blood Alcohol Content
<b>CI</b>	Chief Investigators or Confidence Interval (depending on context)
<b>DALYs</b>	Disability-Adjusted Life Years
<b>df</b>	Degrees of Freedom
<b>e-SBI</b>	Electronic Screening and Brief Intervention
<b>FARE</b>	Foundation for Alcohol Research and Education
<b>GP</b>	General Practitioners
<b>IT</b>	Information Technology
<b>JHH</b>	John Hunter Hospital
<b>LDQ</b>	Leeds Dependence Questionnaire
<b>NHMRC</b>	National Health and Medical Research Council
<b>NICE</b>	National Institute for Health and Clinical Excellence (UK)
<b>NPHT</b>	National Preventative Health Taskforce
<b>NSW</b>	New South Wales
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RCT</b>	Randomised Control Trial
<b>SBI</b>	Screening and Brief Intervention
<b>UK</b>	United Kingdom
<b>USA</b>	United States of America
<b>USPSTF</b>	US Preventive Services Task Force
<b>WHO</b>	World Health Organization

## Executive Summary

Screening and brief intervention (SBI) in health care settings for harmful alcohol use is recommended in the United States of America (USPSTF, 2004), the United Kingdom (NICE, 2010) and Australia (RACGP, 2004; NPHT, 2009) but not well-implemented (Nilsen, 2010). Provider-level barriers to implementing SBI include time constraints on clinicians, concerns about patient sensitivity to questions about alcohol consumption, lack of knowledge and skills in administering brief interventions, lack of overall resources, and absence of specific reimbursement for these services (Nilsen, 2010; Anderson et al, 2010; Johnson et al, 2010). Although electronic screening and brief intervention (e-SBI) has been shown to reduce alcohol consumption in University students (Kypri et al, 2009; Carey et al, 2009) and may be a low cost means of circumventing provider-level barriers to SBI, its efficacy among adults with hazardous and harmful drinking has not been established. The aim of this study was to establish whether it would be possible to conduct a large trial of e-SBI with hospital outpatients. More specifically, to:

- modify an existing e-SBI program for use with hospital outpatients; and
- develop and test procedures (e.g., recruitment and follow-up procedures) for a randomised controlled trial (RCT) designed to determine whether e-SBI reduces hazardous and harmful drinking among hospital outpatients.

People attending the Ambulatory Care Centre (ACC) at the John Hunter Hospital, who were waiting for medical care, were invited to complete e-SBI using laptop computers located in the waiting areas. Of those approached, 63 per cent agreed to participate (n=99). Among these people, 15 per cent had not consumed alcohol in the last 12 months. Of those who had consumed alcohol in the past 12 months (n=84):


- 60 per cent (50/84) screened negative for hazardous or harmful drinking on the ten-item Alcohol Use Disorders Identification Test (AUDIT<8);
- 40 per cent (34/84) screened positive for hazardous or harmful drinking or alcohol dependence (AUDIT score  $\geq$  8); and
- 18 per cent (15/84) had not consumed alcohol in the last four weeks.

Both age and gender were associated with alcohol consumption. The drinkers most at risk were young people and men, with 59 per cent of people aged 18 to 34 (17/29) and 56 per cent of males (27/49) scoring at a risky or hazardous level or above on AUDIT.

Feedback regarding the acceptability and usability of the e-SBI instrument included the following:

- Most participants (57%) thought the level of computer competence required to complete the online survey was low or very low;
- Most (80%) participants thought the feedback on their drinking was useful;
- All participants (100%) thought that the intervention would appeal to at least some of the people who attend the service.

The participants who reported consuming alcohol in both the 'past 12 months' and the 'last four weeks' (n=69) received a follow-up questionnaire approximately two months after their visit to the ACC. Among respondents (n=52), the median number of days in the last four weeks that alcohol was consumed was 9.5 and the median number of standard drinks consumed per drinking day was two. Although it was not possible to determine whether participants' alcohol consumption was reduced at follow-up, nine participants (17 per



cent) chose the response option “decreased” when asked “As a consequence of receiving the feedback the amount of alcohol I consume has: not changed; decreased; or increased” and 11 participants (21 per cent) reported they had “sought support to reduce my drinking as a consequence of receiving the feedback”.

This pilot research, which demonstrates that it is possible to implement e-SBI in the hospital outpatient setting in a manner acceptable to patients and with minimal disruption to service, has resulted in the receipt of a National Health and Medical Research Council (NHMRC) Project Grant for a large clinical trial of e-SBI.



## Introduction

### Hazardous drinking


Hazardous drinking is defined as a level or pattern of alcohol consumption that increases the risk of harmful consequences for the drinker and others (Babor et al, 1994). Hazardous drinking is a major threat to public health (Babor et al, 2010; NPHT, 2009; WHO 2009) being a causal factor in 60 different medical conditions (Babor et al, 2010; WHO, 2009). In Australia, hazardous and harmful drinking causes 3,430 deaths and accounts for 85,435 disability-adjusted life years (DALYs) per year (Begg et al, 2007). In the period 1993-94 to 2000-01, over half a million hospitalisations were caused by hazardous and harmful drinking (Chikritzhs et al, 2003). The most numerous conditions among these alcohol-related hospitalisations were for alcohol dependence (87,186), injuries caused by assault (76,115), traffic crash injuries (47,167) and attempted suicide (20,374) (Chikritzhs et al, 2003).

Negative health outcomes are only a portion of the total social burden arising from hazardous drinking. Estimates that include costs arising from property damage, criminal justice, and absenteeism, suggest that hazardous drinking costs Australia more than \$15 billion per annum (Collins & Lapsley, 2008). Accordingly, the National Preventative Health Taskforce (NPHT, 2009) has identified the reduction of hazardous drinking as a national priority, is seeking “to reduce the proportion of Australians who drink at levels which place them at risk of short term harm from 20 per cent to 14 per cent and the proportion at longer term harm from 10 per cent to 8 per cent” by 2020, and has identified the routine implementation of screening and brief intervention (SBI) as a priority in recognition of the need for targeted strategies that reduce demand for alcohol among high risk drinkers that can be widely disseminated.

### Screening and brief intervention (SBI)

Brief interventions delivered in healthcare settings are typically based on social-cognitive theory and “...incorporate some or all of the following elements: feedback of the person’s alcohol use and any alcohol-related harm; clarification as to what constitutes low risk alcohol consumption; information on the harms associated with risky alcohol use; benefits of reducing intake; motivational enhancements; analysis of high risk situations for drinking and coping strategies; and the development of a personal plan to reduce consumption” (Kaner et al, 2007). Ideally, brief intervention is provided systematically to individuals who are not seeking treatment for drinking problems, but whose drinking has been identified as potentially health compromising. For those showing signs of physiological dependence, referral for specialist treatment is appropriate (NICE, 2009; Saitz 2010; USPSTF 2004).

There is a solid evidence-base supporting the use of brief intervention in non-treatment seeking patients in the primary care setting (Nilsen, 2010). A comprehensive 2007 Cochrane review (22 trials with over 7,000 participants) showed primary care patients who received brief intervention had lower alcohol consumption than the control group after follow-up of one year or longer (mean difference: - 38 g of ethanol/week; 95 per cent CI: -54 to -23; Kaner et al, 2007). Accordingly, several organisations have recommended the routine implementation of SBI: the US Preventive Services Task Force (USPSTF, 2004) recommended screening and behavioural counselling interventions to reduce alcohol misuse by adults in primary care settings; the World



Health Organization (WHO) in its Mental Health Gap Action Program (2010) recommended that SBI should be provided as routine in general health care settings (except in countries where alcohol consumption is minimal); the Royal Australian College of General Practitioners (RACGP, 2004) advises that “brief interventions to reduce alcohol consumption should be offered to all patients drinking at potentially risky or high risk levels”; and the National Institute for Health and Clinical Excellence (NICE, 2010) in the United Kingdom (UK) recently recommended that professionals working in a wide range of health care settings offer structured advice on alcohol-related harms to adults who have been identified by screening as drinking hazardously (the settings identified were primary health care, emergency departments, hospital outpatient departments, occupational health, sexual health clinics, antenatal clinics and pharmacies). Despite these recommendations, SBI is under-utilised (NPHT, 2009). Barriers to the implementation of brief intervention include time constraints on clinicians, concerns about patient sensitivity to questions about alcohol consumption, lack of knowledge and skills in administering brief interventions, lack of overall resources, and absence of specific reimbursement for these services (Nilsen, 2010; Anderson et al, 2010; Johnson et al, 2010).

## **Electronic screening and brief intervention (e-SBI)**


Electronic screening and brief intervention (e-SBI) is the delivery of screening and brief feedback interventions for alcohol use electronically, via computer programs and the Internet. Advantages of this approach include the potential to reach a large number of people, the possibility of privacy and anonymity, and the ability to provide both automated and tailored information (Bewick et al, 2008).

The first randomised controlled trial of e-SBI, based on extensive development research (Kypri & Langley, 2003; Kypri et al, 2003), was conducted at a university health service in New Zealand in 2002 and involved 104 patients (Kypri et al, 2004). Participants were screened using the AUDIT (Saunders et al, 1993), a validated screening instrument for the identification of patients with hazardous drinking. The initial assessment was conducted electronically in the reception area. Those who screened positive were randomly assigned to receive a leaflet-only control group or a 15 minute assessment and personalised feedback intervention delivered entirely via the Internet in the waiting room. Relative to controls, those who received the intervention drank less alcohol after six weeks (-26 per cent;  $p=.03$ ) and had fewer (-24 per cent;  $p=.03$ ) alcohol-related personal, sexual and legal problems six months later.

Results of a subsequent (four arm) trial of e-SBI, in which 576 students screened positive for hazardous drinking and were re-assessed six and 12 months later (with 85 per cent retention), were similar (Kypri and Langley, 2008; Kypri & Langley 2008). At six months, relative to controls, patients receiving e-SBI reported a significantly lower drinking frequency (-21 per cent;  $p=.008$ ) and lower total consumption (-23 per cent;  $p=.02$ ). At 12 months, the significant difference in total consumption (-23 per cent; equivalent to 3.5 standard drinks per week;  $p=.01$ ) remained and AUDIT scores were 2.2 points (-3.2 to -1.1) lower than those of controls, which was estimated to be equivalent to an absolute risk reduction of nine per cent (95 per cent; CI 3 per cent to 14 per cent) in diagnoses of alcohol abuse and dependence (Foxcroft et al, 2009).

Although systematic reviews and meta-analyses of computer-delivered interventions have generally been positive (Bewick et al, 2008; Carey et al, 2009; Khadjesari et al, 2010; Rooke et al, 2010; White et al, 2010), at least three have concluded there is a need for further research (Bewick et al, 2008; Khadjesari et al, 2010; White et al, 2010), with one highlighting the need for “more extensive research to establish the clinical





appropriateness and usability of online health technologies, especially in nonstudent contexts” (White et al, 2010). In addition, there have been no economic analyses of computerised interventions which seem likely to be highly cost-effective given their low cost per unit of intervention. Along with the research done in interventions for other health compromising behaviours (e.g., smoking, by Wolfenden et al, 2005), this body of research suggests that carefully designed and implemented computerised interventions could become a central element of preventive medicine delivered in hospitals.

## **e-SBI, preventative care and hospital outpatients**

In 2010–11, Australian public hospitals provided almost 17 million service episodes delivered in specialist outpatient clinics, with the main contributor being medical, surgical, and obstetric occasions of service. Accordingly, the hospital outpatient setting offers access to a large population with a high prevalence of hazardous drinking (Persson & Magnusson, 1987). Although there are no systematic reviews or meta-analyses of alcohol brief interventions for hospital outpatients, findings from trials comparing brief intervention to usual care among patients attending particular outpatient clinics, for example oral and maxillofacial surgery patients (Smith et al, 2003) and sexual health patients (Lane et al, 2008), suggest that brief interventions will be effective in the outpatient setting. Further, if e-SBI were found to be effective in this setting, many of the barriers to its routine implementation could be circumvented.

Thus, although the evidence base is strongest for the provision of brief intervention in non-dependent, non-treatment-seeking patients in the primary care setting, the hospital outpatient setting is currently an untapped opportunity to provide alcohol SBI for a large number of users of the public healthcare system. If e-SBI in outpatient settings has a similar effect as in primary care in reducing hazardous drinking, it offers the prospect for systematically delivering interventions that contribute to reduced alcohol-related harm both in the individual patient and at a population level.

The aims of this staged pilot study were to:

1. modify an existing e-SBI program (**Stage 1** of the project); and
2. develop procedures (e.g., recruitment and follow-up procedures) for a large randomised controlled trial [RCT] designed to determine whether e-SBI reduces unhealthy drinking among outpatients (**Stage 2** of the project).



## Methodology

A staged pilot study was conducted in 2010-11.

### Stage 1

Stage 1 involved modifying an existing e-SBI instrument for use with hospital outpatients. The existing resource had been developed by Associate Professor Kypros Kypri and colleagues and was designed for and evaluated for use with tertiary students (Hallett et al, 2009; Kypri et al, 2009). Permission to modify the instrument was not required because Associate Professor Kypri is a co-investigator on this project and further development was made under the provisions of a Commons License (<http://creativecommons.org.au/learn-more/licences>). There was no steering committee or advisory group.

Modifications included the addition of the revised Australian drinking guidelines (NHMRC, 2009), the inclusion of normative data for older adults (AIHW 2008), changes to the content and language used in the 'facts' and 'tips' pages, and the addition of local sources of support for drinking. Further, as programming by Information Technology (IT) staff at the JHH was required to produce an instrument that would be compliant with the NSW Health IT systems, extensive pre-testing to eliminate 'bugs' in the new version of the instrument was also undertaken.


A paper-based version of the pilot e-SBI instrument is provided in Appendix 1. The full version of the e-SBI for hospital outpatients, which is currently being utilised in a randomised controlled trial designed to determine the efficacy of e-SBI for hospital outpatients, is available at <http://hoap.herokuapp.com> (Please note that multiple visits may be required to experience the intervention as you may be randomised to the control group).

### Stage 2

Stage 2 involved testing procedures (e.g., recruitment and follow-up) for a large clinical trial in the hospital outpatient setting and collecting data to determine whether the modified instrument was acceptable to patients.

The study was conducted in the outpatient department of a large tertiary referral hospital located in Newcastle, NSW, Australia, which recorded 127,148 attendances in 2010 (AIHW, 2012): equating to approximately 500 patients per day. Patients presenting for outpatient services at this facility must have a written referral from their primary care provider and may be attending this hospital for outpatient services that are not available at the hospital nearest to their home.

The recruitment process was modelled on previous research conducted by Kypri and colleagues in a New Zealand University primary care service (Kypri et al, 2004). Adults (18+ years) waiting for an outpatient clinic appointment and capable of self-administering the e-SBI instrument via a laptop were invited to participate by research assistants located in the waiting areas in the outpatient department who had been trained in the application of a study protocol stipulating they should invite the next patient leaving the reception desk to



participate in the study, obtain informed consent, and log the participant onto the laptop computer. Thus, as each participant finished, the research assistant would recruit the next patient to leave the reception desk.

Eligible consenting outpatients were invited to: (i) complete the e-SBI instrument (Appendix 1) using laptops located in the waiting areas of the outpatient department, and (ii) to provide feedback on their impressions of the e-SBI instrument via a short pen-and-paper questionnaire (Appendix 2). Some participants were also asked to share their impressions of the e-SBI program with the research assistant verbally via a structured interview (Appendix 3). Participants were advised to stop the e-SBI if called by their doctor, so as not to interfere with service provision, but were asked to return to the waiting area to complete the survey before leaving.

Follow-up was attempted approximately two months later. All participants received a letter reminding them about the study and advising them they would receive a brief follow-up questionnaire in the next few days. Participants who provided an email address received an emailed hyperlink to the brief web-based follow-up questionnaire while participants who did not provide an email address received a paper-based questionnaire. Up to three email/postal reminders were sent following the initial invitation to complete the follow-up surveys. As a last resort, participants who had not responded to the initial and reminder emails/postal surveys were followed up via telephone.

# Results

## Stage 1

Page 1 of the e-SBI instrument provided a brief description of the study. Page 2 collected demographic data (gender, age, and postcode). Page 3 asked respondents if they had consumed any alcohol in the last 12 months (yes/no). Those who responded 'no' were excluded at this point. Page 4 comprised the full ten-item Alcohol Use Disorders Identification Test (AUDIT), which was developed to identify persons with early alcohol problems using procedures that were suitable for health systems and validated on primary care patients in six countries. Page 5 asked questions concerning the largest number of standard drinks consumed on one occasion in the last four weeks, the duration of that drinking episode in hours, and body weight (for the purpose of estimating peak blood alcohol concentration [BAC]). Pages 6 and 7 comprised the five-item History of Trauma scale and the ten-item Leeds Dependence Questionnaire (LDQ), respectively.

On completion of the screening questions described above, participants received:

- i. feedback on their AUDIT score and guidance on its meaning (see example in Appendix 1 – Web page 8);
- ii. an estimate of the BAC for their heaviest episode in the previous month with information on the behavioural and physiological sequelae of various BACs, and traffic crash relative risk (see example in Appendix 1 – Web page 9);
- iii. an estimate of their spending on alcohol per month (see example in Appendix 1 – Web page 9);
- iv. a bar graph comparing their typical *episodic* consumption with medical recommendations and that of adults of the same age and gender (see example in Appendix 1 – Web page 10);
- v. a bar graph comparing their *weekly* consumption with medical recommendations and that of adults of the same age and gender (see example in Appendix 1 – Web page 10); and
- vi. their score on the LDQ with an explanation of the associated health risk and information about how to reduce that risk (see example in Appendix 1 – Web page 11). In addition, three web pages offering facts about alcohol, tips for reducing the risk of alcohol-related harm, and information on reputable sites offering help with drinking problems were available (see examples in Appendix 1 - Web pages 12 –14).

## Stage 2

Sixty-three per cent of patients approached agreed to participate in the pilot study (n=99). Among these:

- 54 per cent (53/99) were male;
- the age distribution was relatively uniform (19 per cent aged 18-24, 14 per cent aged 25-34, 16 per cent aged 35-44, 16 per cent aged 45-54, 21 per cent aged 55-64, 13 per cent aged 65+); and

- 15 per cent (15/99) had not consumed alcohol in the last 12 months.

As shown in Table 1, among those who had consumed alcohol in the past 12 months (n=84):

- 60 per cent (50/84) screened negative for hazardous drinking on the ten-item AUDIT (AUDIT score < 8; Saunders et al, 1993);
- 40 per cent (34/84) screened positive for hazardous or harmful drinking or alcohol dependence (AUDIT score ≥ 8); and
- 18 per cent (15/84) had not consumed alcohol in the last four weeks.

**Table 1: Categorical data obtained from the pilot study participants via the e-SBI instrument (n=84)**

Variable	Frequency	Per cent (%)
<b>Gender</b>		
- Male	49	58
- Female	35	42
<b>Age Group</b>		
- 18 to 34	29	35
- 35 to 54	26	31
- 55+	29	35
<b>AUDIT score:</b>		
- 0 to 7	50	60
- 8 to 15	19	23
- 16 to 19	7	8.3
- 20 to 40	8	9.5
<b>Consumed alcohol in the last 4 weeks:</b>		
- Yes	69	82
- No	15	18

Among those who had consumed alcohol in the last four weeks (n=69), the median:

- number of standard drinks was six (25th to 75th percentile, three to 12 standard drinks); and
- duration in hours of the drinking episode was five hours (25th to 75th percentile, two to eight hours).

**Table 2: Continuous data obtained from the pilot study participants via the electronic screening and brief intervention instrument**

Variable	Median	25 <sup>th</sup> - 75 <sup>th</sup> percentile
AUDIT score (n=84)	5	3 -12
Leeds Dependence Questionnaire score (n=84)	0	0-3
Number of Standard Drinks consumed in last 4 weeks (n=69)	6	3-12
Duration of drinking episode (hours) (n=69)	5	2-8

Both age group and gender were associated with alcohol consumption as shown below in Table 3.

**Table 3: Association between AUDIT score and demographic characteristics (n=84)**

	AUDIT 0-7 n (%)	AUDIT 8-15 n (%)	AUDIT 16-19 n (%)	AUDIT 20-40 n (%)	$\chi^2$ test of association	df*	P-value
<b>Age group</b>							
- 18 to 34	12 (24)	10 (53)	1 (14)	6 (75)			
- 35-54	15 (30)	5 (26)	6 (86)	0 (0)			
- 55+	23 (46)	4 (21)	0 (0)	2 (25)	22.9732	6	0.001
<b>Gender</b>							
- Male	22 (44)	14 (74)	5 (71)	8 (100)			
- Female	28 (56)	5 (26)	2 (29)	0 (0)	12.2766	3	0.006

\* df = degrees of freedom

Analysis of the process evaluation data collected via the paper survey (Appendix 2) showed that participants found the e-SBI program easy to complete. Almost 60 per cent of participants felt that the level of computer competence required was 'low' (34 per cent) or 'very low' (24 per cent). One participant, for example, wrote: "I don't usually use a computer but this survey was quite easy...". In terms of the feedback to participants on their drinking, 25 per cent of participants found it 'very useful', 24 per cent found it 'quite useful' and 30 per cent found it 'somewhat useful'. All participants (100 per cent) thought the electronic intervention will appeal to at least some of the people who attend this service.

## Results of follow-up questionnaire

The participants who reported consuming alcohol in both the “past 12 months” and the “last four weeks” (n=69) received a follow-up questionnaire approximately two months after the initial questionnaire was completed to determine the likely response rate to the proposed large trial of e-SBI. Participants who provided an email address received an email containing a link to a web-based survey (approximately 73 per cent), while the remainder received a paper-based, postal version of the web-based questionnaire. The response rate was 75 per cent.

As shown below in Table 4, among respondents (n=52), the median number of:

- days in the last four weeks that alcohol was consumed was 9.5 (25th to 75th percentile, three to 20 days);
- standard drinks per drinking day was two (25th to 75th percentile, one to four standard drinks); and
- days in the last four weeks that six or more standard drinks was consumed on one occasions was 0 (25th to 75th percentile, zero to three days).

**Table 4 Continuous data obtained from the pilot study participants via the follow-up survey (n=52)**

Variable	Median	25th - 75th percentile
Frequency (number of days consumed alcohol in the last 4 weeks)	9.5	3-20
Quantity (average number of standard drinks per occasion)	2	1-4
Number of days consumed six or more standard drinks	0	0-3

It was not possible to determine whether participants’ alcohol consumption was reduced at follow-up because the questions used at baseline were different to those used at follow-up as the analyses in the proposed large trial of e-SBI will compare differences between groups, not within, groups. However nine participants (17 per cent) chose the response option “decreased” when asked “As a consequence of receiving the feedback the amount of alcohol I consume has: not changed; decreased; or increased” and 11 participants (21 per cent) indicated they had sought support to reduce their drinking as a consequence of receiving the feedback. The follow-up data is summarised in Table 5.

Table 5 Categorical data obtained from the pilot study participants via the follow-up survey (n=52)

Variable	Frequency	Per cent (%)
<b>I found the questionnaire easy to complete:</b>		
- No	3	5.8
- Yes	48	92
<b>I found the feedback on my drinking useful:</b>		
- No	7	14
- Yes	33	64
- I did not receive this feedback but would like to receive it	6	12
- I did not receive this feedback and am not interested in receiving it	5	9.6
<b>The feedback I received on my drinking included comparisons of my drinking with the average drinking levels of others the same age and gender as me. The averages presented were:</b>		
- About what I expected	23	45
- Higher than I expected	5	9.8
- Lower than I expected	3	5.9
- I had no idea what the average was	10	20
- I did not receive this feedback but would like to receive it	5	9.8
- I did not receive this feedback and am not interested in receiving it	4	7.8
<b>As a consequence of receiving this feedback the amount of alcohol I consume has:</b>		
- Not changed	39	75
- Decreased	9	17
- Increased	0	0
<b>I have sought support to reduce my drinking as a consequence of receiving the feedback:</b>		
- No	37	71
- Yes	11	21
<b>I would recommend this program to a friend if I was concerned about how much they were drinking:</b>		
- No	17	33
- Yes	33	63



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## Appendices

Appendix 1 - Copy of online survey and sample feedback

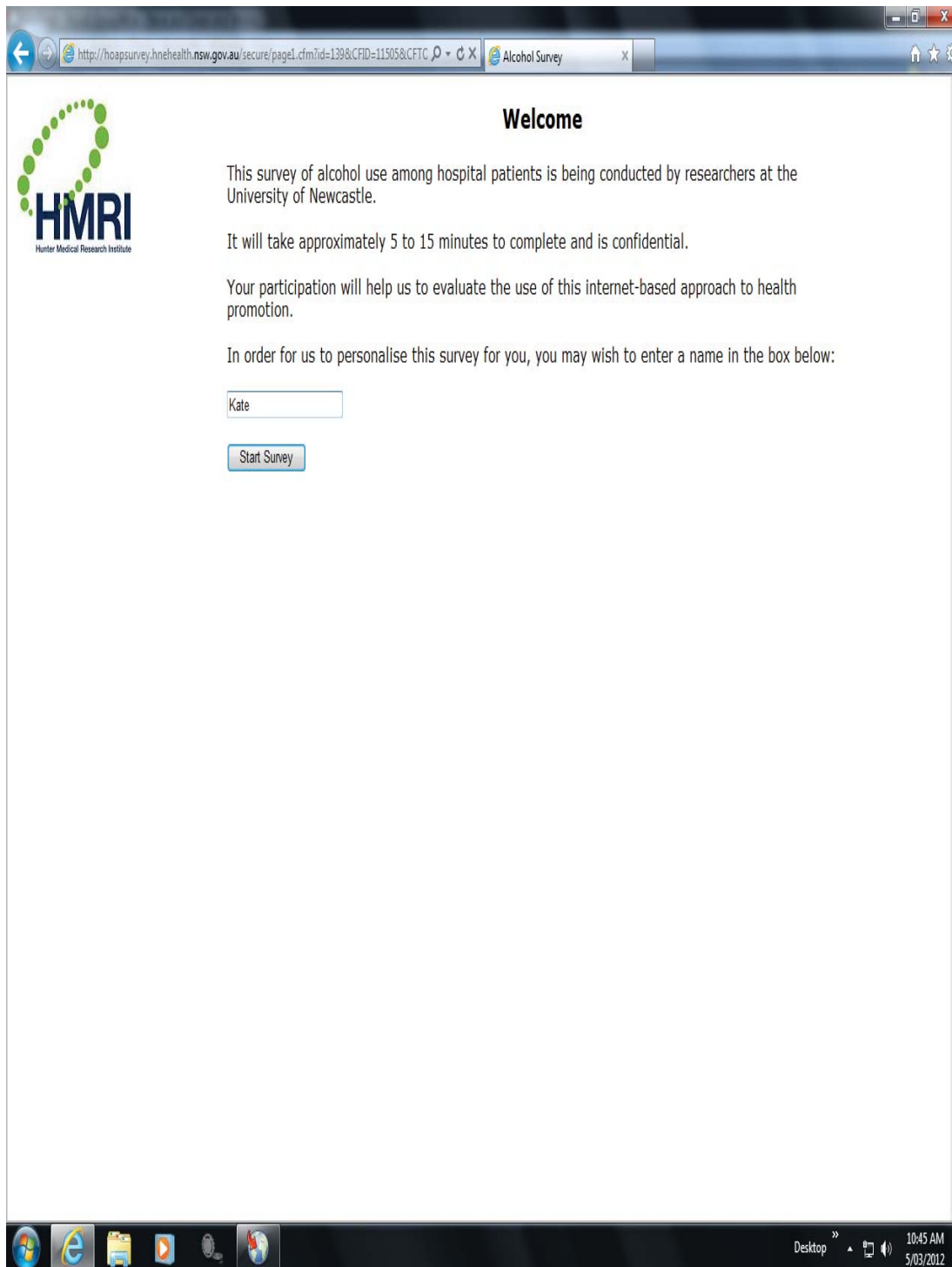
Appendix 2 - Paper questionnaire

Appendix 3 - Verbal questionnaire

Appendix 4 - Follow-up survey (postal version)

## Appendix 1 - Copy of online survey and sample feedback

### Page 1 - Welcome Page



The screenshot shows a web browser window with the following content:

- Browser Address Bar:** <http://hoapsurvey.hnehealth.nsw.gov.au/secure/pageL.cfm?id=139&CFID=11505&CFTC>
- Page Title:** Alcohol Survey
- Logo:** HMRI (Hunter Medical Research Institute)
- Section Header:** **Welcome**
- Text:**

This survey of alcohol use among hospital patients is being conducted by researchers at the University of Newcastle.

It will take approximately 5 to 15 minutes to complete and is confidential.

Your participation will help us to evaluate the use of this internet-based approach to health promotion.

In order for us to personalise this survey for you, you may wish to enter a name in the box below:
- Form:** A text input field containing the name "Kate".
- Button:** A button labeled "Start Survey".

The Windows taskbar at the bottom shows the time as 10:45 AM on 5/03/2012.

The screenshot shows a web browser window with the following content:

- Browser Address Bar:** <http://hoopsurvey.hnhealth.nsw.gov.au/secure/page3.cfm?id=139&CFID=11305&CFTC>
- Page Title:** Alcohol Survey
- Logo:** HMRI (Hunter Medical Research Institute)
- Section Header:** **Past Drinking**
- Text:** Thanks Kate,
- Question:** Have you had a drink containing alcohol of any kind in the LAST 12 MONTHS?
- Form:** A dropdown menu with "Yes" selected and a red asterisk indicating a required field.
- Button:** A blue "Next" button.

The Windows taskbar at the bottom shows the system tray with the date and time: Desktop, 10:47 AM, 5/03/2012.

**HMRI**  
Hunter Medical Research Institute

**Standard Drinks Guide**

**=1**  
Spirit Shot/Nip (30ml)  
Port/Sherry (60ml)  
Full Strength Beer (Middy)

**=1.5**  
Full Strength Beer (375ml)

**=1.5**  
Pre-Mix Drinks (375ml)  
Champagne (170ml)  
Wine (150ml)

**=0.8**  
Light Beer (375ml)

### Past and Current Drinking

Now we'd like to ask some questions about your alcohol use during the past year.

Please select the option that relates best to your answer.

- How often do you have a drink containing alcohol?  \*
- How many Standard Drinks containing alcohol do you have on a typical day when you are drinking? (Please refer to the Standard Drinks guide on the left)  \*
- How often do you have six or more Standard Drinks on one occasion?  \*
- How often during the last year have you found that you were not able to stop drinking once you had started?  \*
- How often during the last year have you failed to do what was normally expected of you because of drinking?  \*
- How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  \*
- How often during the last year have you had a feeling of guilt or remorse after drinking?  \*
- How often during the last year have you been unable to remember what happened the night before because of your drinking?  \*
- Have you or someone else been injured because of your drinking?  \*
- Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?  \*

Desktop 10:49 AM 5/03/2012



The screenshot shows a web browser window with the following elements:

- Address Bar:** <http://hoapsurvey.hnehealth.nsw.gov.au/secure/page5.cfm?id=139&CFID=11505&CFTC>
- Page Title:** Alcohol Survey
- Logo:** HMRI Hunter Medical Research Institute
- Section Header:** Drinking In The Last 4 Weeks
- Question:** Have you had a drink containing alcohol in the LAST 4 WEEKS?  \*
- Navigation:** Next

The browser's taskbar at the bottom shows the system tray with the date and time: Desktop 10:49 AM 5/03/2012.



**Drinking In The Last 4 Weeks**

Now we'd like to ask you about your drinking in the LAST 4 WEEKS only. We understand that this might be difficult to remember exactly so for these questions please give your best estimate.

Please use the definitions of Standard Drinks on the left as a guide when answering.

1. In the LAST 4 WEEKS what is the **largest number** of Standard Drinks you have consumed on a single occasion?  \*

2. Over **how many hours** did you drink this amount (to the nearest hour)?  \*

In order for us to calculate your Blood Alcohol Concentration please give your best estimate of your height and weight.

3. Height in cm or feet and inches:  cm OR   \*

4. Weight - Kilograms (kg) or Pounds (lbs):  Kg  \*

[Next](#)

**Standard Drinks Guide**

**=1**  
Spirit Shot/Nip (30ml)  
Port/Sherry (60ml)  
Full Strength Beer (Middy)

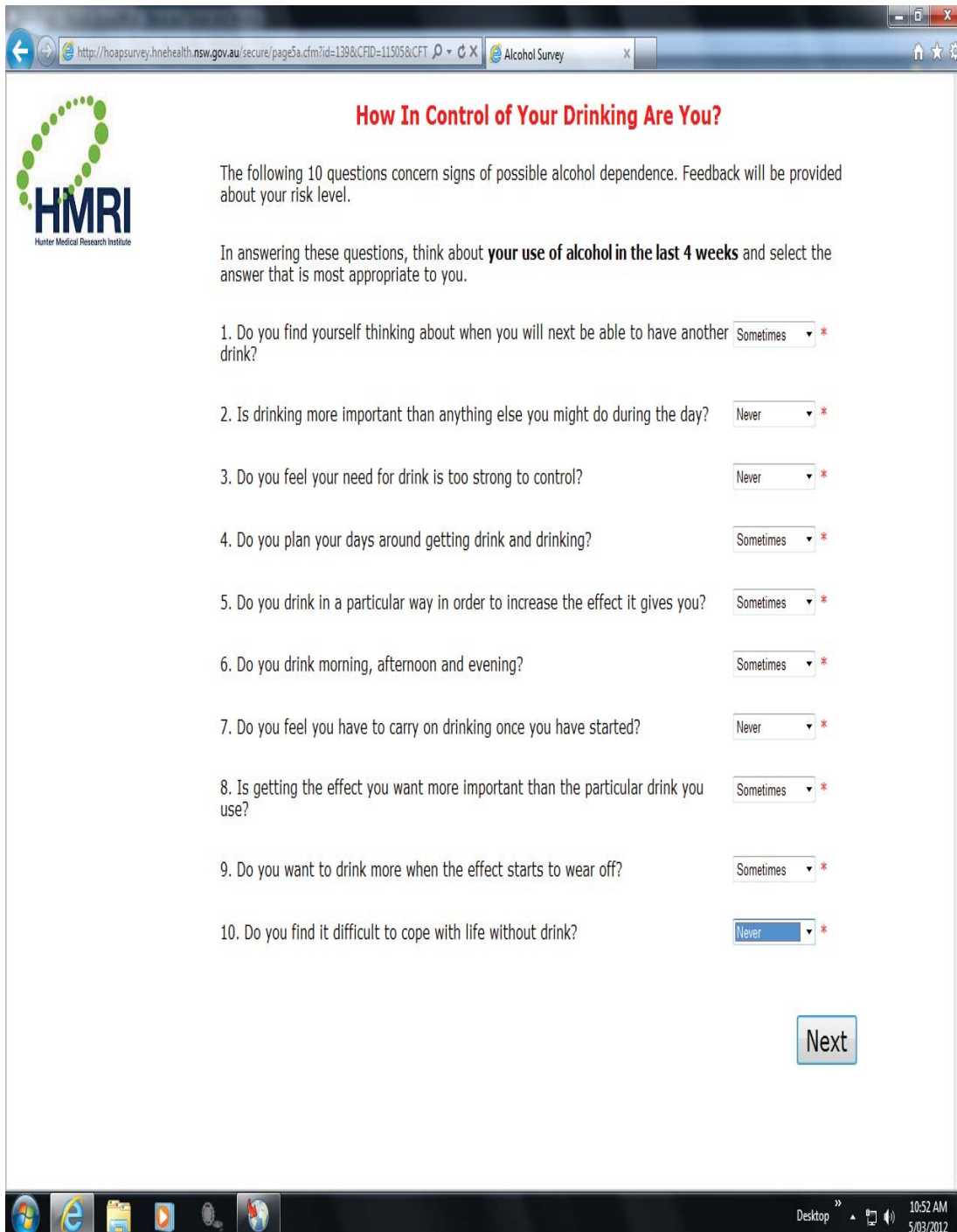
**=1.5**  
Full Strength Beer (375ml)

**=1.5**  
Pre-Mix Drinks (375ml)  
Champagne (170ml)  
Wine (150ml)

**=0.8**  
Light Beer (375ml)

**7.5**

**0.8**



**HMRI**  
Hunter Medical Research Institute

### How In Control of Your Drinking Are You?

The following 10 questions concern signs of possible alcohol dependence. Feedback will be provided about your risk level.

In answering these questions, think about **your use of alcohol in the last 4 weeks** and select the answer that is most appropriate to you.

1. Do you find yourself thinking about when you will next be able to have another drink?  \*
2. Is drinking more important than anything else you might do during the day?  \*
3. Do you feel your need for drink is too strong to control?  \*
4. Do you plan your days around getting drink and drinking?  \*
5. Do you drink in a particular way in order to increase the effect it gives you?  \*
6. Do you drink morning, afternoon and evening?  \*
7. Do you feel you have to carry on drinking once you have started?  \*
8. Is getting the effect you want more important than the particular drink you use?  \*
9. Do you want to drink more when the effect starts to wear off?  \*
10. Do you find it difficult to cope with life without drink?  \*

[Next](#)

Desktop 10:52 AM 5/03/2012

**HMRI**  
Hunter Medical Research Institute

## Injury and Trauma

Since your 18th birthday:

1. Have you had any fractures or dislocations to your bones or joints? Yes \*
2. Have you been injured in a road traffic accident? No \*
3. Have you injured your head? No \*
4. Have you been injured in an assault or fight (excluding injuries during sports)? No \*
5. Have you been injured after drinking? No \*

That completes the survey, please click **SUBMIT** to save your answers.

**Submit**

Desktop 10:53 AM 5/03/2012

Feedback Facts Tips Support

Thanks for completing the survey Kate.

Here you will find some feedback based on the answers you have provided as well as some other information on staying safe whilst drinking which you may find useful.

### YOUR ALCOHOL USE

Some of the questions you answered regarding your drinking come from the Alcohol Use Disorders Identification Test, a questionnaire developed by the World Health Organisation to determine whether a person's drinking might be becoming problematic.

**Your AUDIT score was 8**

MODERATE DRINKING (0-7)  
Low risk of alcohol related harm.

**HAZARDOUS DRINKING (8-14)**  
**High risk of experiencing alcohol related harm and some people in this range may already be experiencing significant harm.**

The main way to reduce your risk level (and AUDIT score) is to reduce the number of drinks you consume per occasion. You may like to check out the [tips](#) section for ideas on reducing your consumption.

HARMFUL DRINKING (15-19)  
A person scoring in this range will already be experiencing significant alcohol related harm.

ALCOHOL DEPENDENCE (20-40)  
A person scoring in this range may be alcohol dependent and advised to have a clinical assessment of their drinking.

### YOUR BLOOD ALCOHOL CONTENT

Your estimated Blood Alcohol Content (BAC) for your heaviest drinking occasion is **0.16%**

Your BAC is an indication of how intoxicated you are, with a higher BAC corresponding with a greater likelihood of experiencing alcohol related harm, especially when driving.

0.05 0.075

Desktop 11:05 AM 5/03/2012


ALCOHOL DEPENDENCE (20-70)  
A person scoring in this range may be alcohol dependent and advised to have a clinical assessment of their drinking.

### YOUR BLOOD ALCOHOL CONTENT

Your estimated Blood Alcohol Content (BAC) for your heaviest drinking occasion is **0.16%**

Your BAC is an indication of how intoxicated you are, with a higher BAC corresponding with a greater likelihood of experiencing alcohol-related harm, especially when driving.

This estimate takes into account you gender, weight, the number of standard drinks consumed and the number of hours over which you reported drinking this amount.



At a BAC of 0.15 and above you are **380 times more likely** to be killed in a single-vehicle crash than a driver with a zero BAC.


### YOUR MONEY

Depending on where you buy your drinks (i.e. a bottle store, pub or club), **you have spent between \$900 and \$3600 on alcohol in the last year.**

### YOUR DRINKING AMOUNT COMPARED - DRINKS PER OCCASION

#### Standard Drinks Consumed Per Occasion

You reported having on average **5** drink(s) on a typical occasion. The graph on the right shows how this compares to medical guidelines<sup>1</sup> and to other people of your age and gender<sup>2</sup>.



Category	Standard Drinks Consumed Per Occasion
Medical Guidelines	4
User's Consumption	5

1 National Health and Medical Research Council (NHMRC). Australian guidelines to reduce

10:54 AM 5/03/2012

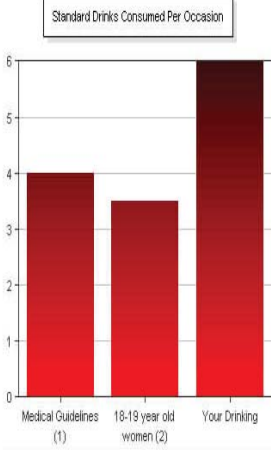


**YOUR DRINKING AMOUNT COMPARED - DRINKS PER OCCASION**

**Standard Drinks Consumed Per Occasion**

You reported having on average **6** drink(s) on a typical occasion. The graph on the right shows how this compares to medical guidelines<sup>1</sup> and to other people of your age and gender<sup>2</sup>.

1. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC; 2009.
2. Australian Institute of Health and Welfare (AIHW). 2007 National Drug Strategy Household Survey: detailed results. Drug Statistics Series number 22. Cat. no. PHE 107, Canberra: AIHW; 2008.



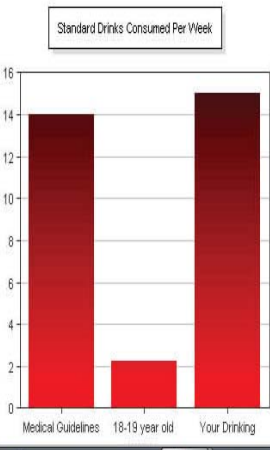
Category	Standard Drinks
Medical Guidelines (1)	4
18-19 year old women (2)	3.5
Your Drinking	6

**YOUR DRINKING AMOUNT COMPARED - DRINKING FREQUENCY AND AMOUNT**

**Standard Drinks Consumed Per Week**

You reported consuming on average **15** drink(s) per week, and **60** drink(s) per month. The graph on the left shows how this compares to medical guidelines<sup>1</sup> and to other people of your age and gender<sup>2</sup>.

1. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC; 2009.
2. Australian Institute of Health and Welfare (AIHW). 2007 National Drug Strategy Household Survey: detailed results. Drug Statistics Series number 22. Cat. no. PHE 107, Canberra: AIHW; 2008.



Category	Standard Drinks
Medical Guidelines	14
18-19 year old	2.5
Your Drinking	15

Medical Guidelines (1) 18-19 year old women (2) Your Drinking

### YOUR RISK OF ALCOHOL DEPENDENCE

How in control of your drinking are you? The 10 questions you answered at the end of the questionnaire were from the Leeds Dependence Questionnaire, a validated clinical measure of the severity of alcohol dependence<sup>3</sup>.

Generally speaking, the higher the score the more reason for concern that your drinking may be out of control. Your score was 6 and suggests that...

**...there is evidence of impaired control over your drinking and you may even have alcohol dependence. It is worth thinking seriously about whether your drinking is causing problems, being clear about what they are, and doing something about them.**

<sup>3</sup>. Raistrick D et al. Development of the Leeds Dependence Questionnaire (LDQ): a questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package. *Addiction* 1994; 89(5): 563-72.

### EMAIL THIS FEEDBACK

If you would like a copy of this feedback, please enter your email address below and click the **Send My Feedback** button.

Email:

Feedback Facts Tips Support

It can be difficult to keep track of how much alcohol you are drinking because:

- glass sizes are not the same in different places
- different types of drinks contain different amounts of pure alcohol
- sometimes drinks are mixed with unknown quantities of alcohol, such as in cocktails and alcoholic punches
- sometimes jugs and casks are shared
- glasses may be "topped up" before they are empty.

Some of these problems can be overcome by using a standard measure of the amount of alcohol that is being drunk, called a "standard drink".

### Standard Drinks

Alcohol comes in all different types, colours and containers. Regardless of this, an Australian [standard drink](#) contains 10 grams or 12.5mL of pure alcohol. Here are some examples of one standard drink:

- 425ml of light beer
- 285ml of full strength beer
- 100ml of wine
- 60ml of fortified wine
- 30ml of spirits
- (a full strength can or stubbie of beer is 1.5 standard drinks)

By counting standard drinks you can keep track of how much you are drinking and how that compares to the "Australian guidelines to reduce health risks from drinking alcohol".

### Australian guidelines to reduce health risks from drinking alcohol

While there is no safe level of drinking, [guidelines](#) have been developed to help you protect your health, both physically and socially. The National Health and Medical Research Council (NHMRC) *Australian guidelines to reduce health risks from drinking alcohol*, recommend:

- For healthy men and women to reduce the risk of an alcohol-related injury or disease during their lifetime, they should drink no more than two standard drinks on any day.
- For healthy men and women to reduce the risk of an immediate alcohol-related injury, they should drink no more than four standard drinks on any one occasion.
- For children and young people under 18 years of age, not drinking is the safest option.
- Parents and carers are advised that children under the age of 15 are at greatest risk of harm from drinking and it is especially important that they do not drink alcohol.
- If young people aged 15 - 17 years choose to drink they should be in a safe environment, supervised by adults and stay within the low risk guidelines.
- For women who are pregnant, are planning a pregnancy, or are breastfeeding, not drinking is the safest option.

### Alcohol and Your Body

Drinking in excess of recommended guidelines can have harmful effects on your health. These risks include:

- Short-term risks and harms such as hangovers, headaches, nausea, shakiness, vomiting, memory loss, risk of falls and injury, assaults, car accidents.

Desktop 11:08 AM 5/03/2012



Feedback Facts **Tips** Support

navigation

Practical [tips for low-risk drinking](#) include the following:

- Know how much alcohol is in a *standard drink*
- Know the number of *standard drinks* in each beverage (the number of *standard drinks* is often listed on the packaging or container)
- Keep count of the number of *standard drinks* consumed
- Do not let people top up your glass before it is finished, so as not to lose track of how much alcohol has been consumed
- Eat while drinking
- Drink plenty of water whilst drinking alcohol to prevent dehydration
- Drink beverages with a lower alcohol content (eg. low-alcohol beer instead of full strength beer)
- Switch to non-alcoholic drinks when starting to feel the effects of alcohol
- Avoid keeping up with friends drink for drink
- Avoid drinking competitions and drinking games
- Drink slowly, for example, by taking sips instead of gulps and putting the drink down between sips
- Only have one drink at a time
- Spend time in activities that don't involve drinking
- Drink alcohol as part of another activity instead of making it the main activity
- Identify situations where drinking is likely and avoid them if possible

Other tips for controlling your drinking are available from the [Australian Drug Foundation](#).

The screenshot shows a web browser window with the address bar containing the URL <http://hoopsurvey.hnehealth.nsw.gov.au/secure/Support.cfm?id=142&ref=12>. The browser has a single tab titled "Tips for Staying Safe". The page content includes a navigation bar with four tabs: "Feedback" (orange), "Facts" (red), "Tips" (blue), and "Support" (green, which is the active tab). Below the navigation bar, the text reads: "Some people can stop or reduce their drinking by themselves, whilst others might need some support. Here are some options:"

**[Alcohol and Drug Information Service \(ADIS\)](#)**

ADIS provides 24-hour confidential counselling, referral, information and advice to anyone concerned about their own or another's alcohol or other drug use.

*Contact Information*  
Phone: 1800 422 599 or 9361 8000

**[Alcohol Help Centre](#)**

The Alcohol Help Centre is an interactive website dedicated to helping those who have concerns about their drinking. The goal is to promote interaction between people who have drinking problems and health professionals. The site offers free tools and support

**[Awabakal Medical Centre](#)**

Specialist support for Aboriginal and Torres Strait Islander people.

*Contact Information*  
Phone: 4969 2424 or 1800 AWABAKAL

**[Hunter New England Health](#)**

**Alcohol and Drug Service Intake Line (Monday - Friday 8am to 4pm)**

*Contact Information*  
Phone: 4923 2060

**Alcohol and Other Drug Services**

*Contact Information*  
Phone: 1800 422 599

**Calvary Mater Newcastle Hospital Emergency Department or John Hunter Hospital Emergency Department**

*Contact Information*  
Phone: 4921 1211

**Drug And Alcohol Clinical Service**

*Contact Information*  
Phone: 4016 4588

The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the date and time: Desktop, 11:09 AM, 5/03/2012.

## Appendix 2 - Paper Questionnaire

/



Modification and pre-testing of an alcohol electronic screening and brief intervention (e-SBI) instrument for hospital outpatients

Version 1: 26.11.2008

### Instructions

1. Please read the instructions on this page carefully.
2. There are no right or wrong answers.
3. Please answer every question. Do not skip any questions or leave questions blank if possible.
4. Please give the completed questionnaire to the person who gave it to you. Please note that your answers will be handled with the strictest confidence.
5. If you have any questions or concerns about the study please do not hesitate to ask.
6. If you have any concerns or complaints about the conduct of the study, you may contact the Professional Officer at the Hunter New England Research Ethics and Governance Unit on 49214950 or the University of Newcastle's Human Research Ethics Officer on 4921 6333.

THANK YOU FOR YOUR TIME

**1. What gender are you?**

- Male .....   
Female .....

**2. How old are you?**

- 18-29 years .....   
30-39 years .....   
40-49 years .....   
50-59 years .....   
60-69 years .....   
70-79 years .....   
80 years or older .....

**3. How would you rate your level of competence in the use of a computer?**

- Very low .....   
Low .....   
Moderate .....   
High .....   
Very high .....

**4. How would you rate the level of computer competence required to complete the online survey?**

- Very low .....   
Low .....   
Moderate .....   
High .....   
Very high .....

**5. How often do you use email?**

- Everyday.....   
4-6 times a week.....   
2-3 times a week .....   
Once a week .....   
Less than once a week...   
Never .....

**6. How often do you use the web – other than for email?**

- Everyday.....   
4-6 times a week.....   
2-3 times a week .....   
Once a week .....   
Less than once a week...   
Never .....

**7. Which web browser do you usually use?**

**8. How hard was it to estimate how much or how often you drink?**

- Very hard.....   
Hard.....   
Somewhat hard .....   
Not hard at all.....

**9. Did you respond honestly?**

- All of the time.....   
Most of the time.....   
Some of the time .....   
None of the time.....

**10. How surprising was the feedback on your drinking?**

- Very surprising.....   
Quite surprising.....   
Somewhat surprising.....   
Not surprising at all .....

**11. Was the feedback on your drinking useful?**

- Very useful.....   
Quite useful.....   
Somewhat useful.....   
Not useful at all.....

**12. Will this affect how much you drink in the future?**

- Yes.....   
No .....   
Possibly .....

**13. Did you have enough privacy while doing the survey?**

- Yes, all of the time.....   
Yes, most of the time.....   
Yes, some of the time ....   
No, none of the time.....

**14. Did the amount of privacy you had concern you? (did it affect your answers?)**

- Yes, all of the time.....   
Yes, most of the time.....   
Yes, some of the time ....   
No, none of the time.....



**15. Were questions clear?**

- Yes, all of the time.....
- Yes, most of the time.....
- Yes, some of the time ....
- No, none of the time.....

**16. Was the font size large enough to read?**

- Yes.....
- No ...

**17. Do you think this online intervention will appeal to people who attend this service?**

- Yes, all of them.....
- Yes, most of them.....
- Only some of them.....
- None of them.....

END OF SURVEY

Please check that you answered all of the questions.  
Thank you for your participation.

If you have any comments or suggestions, please write them below:

## Appendix 3 - Verbal Questionnaire

### HOAP Pilot Study

#### Structured Interview

As people complete the paper-based survey we will ask them if they would be willing to participate in a verbal interview about their impressions of the computer survey and feedback. We will explain that:

“The purpose of this interview is to find out your impressions of the computer survey and feedback in more depth than is possible in a paper-based questionnaire and to identify ways of improving the way we collect and present the information. Please feel free to speak your mind. You’ll see me writing as you speak, so that I don’t have to try and remember everything at the end.”

Q1 – What did you think about completing the questionnaire and receiving feedback?

Prompts:

- Was it at all interesting?
- Do you think it could be useful to you or other people?
- Would you do it again?
- If a friend asked you about it, what would you say to them?

#### AUDIT

Q2 – What did you think about the questions concerning your use of alcohol?

(Note: This is the first set of questions - just the AUDIT )

Prompts:

- How comfortable were you providing this information?
- How easy or difficult were the questions to answer?

Q3 – Were there any questions that you would have preferred not to answer?

Q4 – How helpful did you find the guide on standard drinks (down the side)?

Prompts:

- Did you know what a standard drink is?
- Were you able to work out approximately how many drinks you had?
- Do you need more information about standard drinks?

#### Recent drinking

Q5 – What did you think about the questions concerning your drinking in the last 4 weeks?

Prompts:

- How comfortable were you providing this information?
- How easy or difficult were the questions to answer?

Q6 – How accurate do you think you were in reporting the number of drinks you had?

- Height and weight

Q7 – What did you think about the questions concerning your height and weight?

Prompts:

- How comfortable were you providing this information?
- How easy or difficult were the questions to answer?

Q8 – How did you find the options for metric versus Imperial measurements? (Was it clear what you were being asked to do and why it was requested?)

#### Alcohol related consequences

Q9 – What did you think about the questions on injuries related to drinking?

Prompts:

- How comfortable were you providing this information?
- How easy or difficult were the questions to answer?
- Were any of the questions ambiguous or confusing?

Q10 – Were there any questions you would have preferred not to answer? (if so, which ones?)

## Feedback

Now I'd like to ask you about the feedback. (refer to sample print-out)

Q11 – What did you think about the feedback you received?

Q12 – How did you find the feedback concerning the number of drinks you had per week and per month?

Prompt:

- Was it surprising/interesting/obvious?

Q13 – How did you find the comparison of your drinking with that of other men/women your age?

Prompt:

- Was it believable/surprising/interesting/obvious?

Q14 – How did you find the information about how much you might have spent?

Prompt:

- Was it believable/surprising/interesting/obvious?

Q15 – How did you find the information about your AUDIT score compared with others?

Prompt:

- Was it believable/surprising/interesting/obvious?

Q16 – What about the information about your weekly drinking compared with that of others?

Prompt:

- Was it believable/surprising/interesting/obvious?

Q17 – How did you find the information about BACs?

Prompt:

- Was it believable/surprising/interesting/obvious?

Q18 – Is there any other information you'd like to receive?

Q19 – Thinking back to the questions about problems you might have experienced, we're

thinking about providing some information about the likelihood of your risk of experiencing some of those problems.

e.g. "Based on your present level of consumption, there is a 20per cent risk of you suffering an injury that requires medical attention, in the next 3 months"

What would you make of this kind of information?

Prompt:

- Would it be relevant?
- Would it concern you?

Q20 – In general, do you think this kind of feedback would/could affect your decisions about drinking?

## Practical Considerations

In this last section, I'd like to ask you about some practical issues.

Q21 – How did you feel about completing the survey and feedback while you were waiting?

Prompts:

- Were you concerned you might miss your appointment?

Q22 – How did you feel about completing the survey and getting the feedback in the waiting area?

Prompts:

- Is this a suitable place to collect such information and provide feedback?

Q23 – Were you aware that new drinking guidelines had been released this year?

Prompts:

- If so, what do you think of them?

Q24 – Is there other health-related information you'd be interested in receiving?

Prompts:

- For example, information about diet, exercise, depression

That's all I/we wanted to ask. Is there anything you'd like to ask me?

Thank you for your time today. I appreciate your assistance with our research.

## Appendix 4 - Follow-up Survey (postal version)

/



Modification and pre-testing of an alcohol electronic screening and brief intervention (e-SBI)

instrument for hospital outpatients

Version 1: 18/11/2010

Instructions

1. Please read the instructions on this page carefully.
2. There are no right or wrong answers.
3. Please answer every question. Do not skip any questions or leave questions blank if possible.
4. Please note that your answers will be handled with the strictest confidence.
5. If you have any questions or concerns about the study please do not hesitate to telephone Dr Natalie Johnson on 49138162.
6. If you have any concerns or complaints about the conduct of the study, you may contact the Professional Officer at the Hunter New England Research Ethics and Governance Unit on 49214950 or the University of Newcastle's Human Research Ethics Officer on 4921 6333.

THANK YOU FOR YOUR TIME



## Standard Drinks Guide



=1

Spirit Shot/Nip (30ml)  
Port/Sherry (60ml)  
Full Strength Beer (Middy)



=1.5

Full Strength Beer (375ml)



=1.5

Pre-Mix Drinks (375ml)  
Champagne (170ml)  
Wine (150ml)



=0.8

Light Beer (375ml)



=7.5

=22

Bottle of Wine (750ml)  
Bottle of Spirits (700ml)

4 ↓

### SECTION ONE: YOUR DRINKING IN THE LAST 4 WEEKS

We'd like to ask you about your drinking in the LAST 4 WEEKS. We understand that this might be difficult to remember exactly so for these questions please give your best estimate.

Please use the definitions of Standard Drinks on the left as a guide.

1. On how many days in the last 4 weeks did you drink alcohol?  
\_\_\_\_ days (please write a number between 0 and 28)
2. On average, how many Standard Drinks did you have per drinking day?  
\_\_\_\_ Standard Drinks
3. On how many days in the last 4 weeks did you have 6 or more Standard Drinks on one occasion?  
\_\_\_\_ days (please write a number between 0 and 28)

### SECTION 2: YOUR THOUGHTS ABOUT THE QUESTIONNAIRE

This web program is in development and we would be interested in knowing what you think about it. Please answer the questions below and we would be interested in any comments you may wish to make in the text box at the end.

1. I found the questionnaire easy to complete.
 

No.....	<input type="checkbox"/>
Yes.....	<input type="checkbox"/>
2. I found the feedback on my drinking useful.
 

No.....	<input type="checkbox"/>
Yes.....	<input type="checkbox"/>
I did not receive this feedback but would like to receive it.....	<input type="checkbox"/>
I did not receive this feedback and am <b>not</b> interested in receiving it.....	<input type="checkbox"/>
3. The feedback I received on my drinking included comparisons of my drinking with the average drinking levels of others the same age and gender as me.
 

The averages presented were:

About what I expected.....	<input type="checkbox"/>
Higher than I expected .....	<input type="checkbox"/>
Lower than I expected.....	<input type="checkbox"/>
I had no idea what the average was .....	<input type="checkbox"/>
I did not receive this feedback but would like to receive it.....	<input type="checkbox"/>
I did not receive this feedback and am <b>not</b> interested in receiving it.....	<input type="checkbox"/>



**4. As a consequence of receiving the feedback the amount of alcohol I consume has:**

- Not changed .....
- Decreased .....
- Increased .....

**5. I have sought support to reduce my drinking as a consequence of receiving the feedback.**

- No.....
- Yes.....

**6. I would recommend this program to a friend if I was concerned about how much they were drinking.**

- No.....
- Yes.....

END OF SURVEY

Please check that you answered all of the questions.

Thank you for your participation. Any comments you wish to make about the web program, the feedback, or any aspect of being involved in this research would be much appreciated (please write them below):





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