



Appendix 7: Baseline screening survey

Baseline Survey

Before you start, please read this

We want to understand more about alcohol use among pupils your age. Your class has been randomly selected to take part in this study. You are one of about 4000 young people in England participating in the study.

This is a confidential survey – only the research team will have access to the responses you provide. Your answers will not be passed on to parents or teachers.

When you have finished the survey, please put it in the enclosed envelope and seal it yourself. Please leave it at the front of the class when finished.

If the study is to be successful, it is important that you answer each question as thoughtfully and honestly as possible. Remember, your answers are completely confidential.

The study is completely voluntary. You can choose not to complete the survey or to complete it with or without giving your name. If there is any question which you do not want to answer for any reason please just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find the answer that fits exactly, mark the one that comes closest. We hope that you find the survey interesting. If you do have a question, please raise your hand and your teacher will help you.

Thank you for helping us.

OFFICE USE ONLY: ID NUMBER:

Before beginning the survey, we would like to know a little bit of background information about you. Please complete this cover sheet first.

Date survey completed (day/month/year):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name:	
School:	
Class:	

OFFICE USE ONLY: ID NO.

**Before beginning the survey please be sure to read the instructions on the cover.
Please mark your answer to each question by marking an 'X' in the appropriate box.
The first questions ask for some extra information about you and about how you spend your free
time.**

Are you?

Male:

Female:

1. What is your Ethnic group?

White

Chinese

Asian

Not known

Black

Mixed

Other

2. When you have free time do you mainly:

Go round to a friend's house (or have them come round to yours)

Go out somewhere with friends

Spend time with your family

Spend time with brothers(s) and/or sister(s)

Spend time by yourself

None of these

3. How old were you when you smoked a whole cigarette for the first time?

I have never smoked a whole cigarette

11 or 12 years old

8 years old or younger

13 or 14 years old

9 or 10 years old

Over 14 years old

4. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

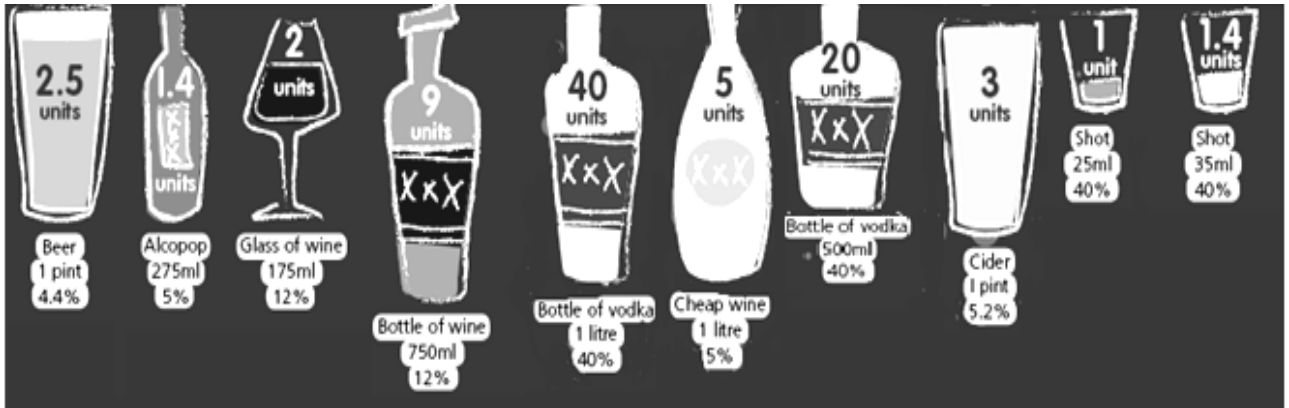
I did not smoke cigarettes during the past 30 days	<input type="checkbox"/>	2 to 5 cigarettes per day	<input type="checkbox"/>
Less than 1 cigarette per day	<input type="checkbox"/>	6 to 10 cigarettes per day	<input type="checkbox"/>
1 cigarette per day	<input type="checkbox"/>	11 to 20 cigarettes per day	<input type="checkbox"/>
		More than 20 cigarettes per day	<input type="checkbox"/>

5. How many times a week do you usually drink energy drinks? EG Monster, Red Bull, Rockstar Relentless, Emerge?

Never

Less than once a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>
2-4 days a week	<input type="checkbox"/>
5-6 days a week	<input type="checkbox"/>
Every day once a day	<input type="checkbox"/>
More than once a day	<input type="checkbox"/>

6. The following questions ask about the alcohol you have drunk in the last 6 months. The questions ask about how many standard drinks (units) you have consumed. A description of a standard drink is given in the box below. So, for example, a pint of regular beer or lager is equal



In the last 6 months how often have you drunk more than 3 units of alcohol?

Never	Less than 4 times	4 or more times but not every month	At least once a month but not every week	Every week but not every day	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you have a drink containing alcohol?

Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	≥4 times a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 to 2	3 to 4	5 to 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you had 6 or more standard drinks if female, or 8 or more if male, on a single occasion in the last 6 months?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often during the last 6 months have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often in the last 6 months have you failed to do what was normally expected of you because of your drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often in the last 6 months have you needed an alcoholic drink in the morning to get you going?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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How often in the last 6 months have you had a feeling of guilt or regret after drinking?

	Less than monthly			Daily or almost daily
Never		Monthly	Weekly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often in the last 6 months have you not been able to remember what happened when drinking the night before?

	Less than monthly			Daily or almost daily
Never		Monthly	Weekly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you or someone else been injured as a result of your drinking?

	Yes but not in the last year		Yes, during the last year
No			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?

	Yes, but not in the last year		Yes, during the last year
No			
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

7. Different things happen to people while they are drinking alcohol or because of their alcohol drinking. Indicate how many times each of these things happened to you within the last 6 months (circle the relevant number for each question).

	1-2	3-5	5+	
None	times	times	times	
0	1	2	3	Not able to do your homework or study for a test
0	1	2	3	Got into fights with other people (friends, relatives, strangers)
0	1	2	3	Missed out on other things because you spent too much money on alcohol
0	1	2	3	Went to work or school drunk or high
0	1	2	3	Caused shame or embarrassment to someone
0	1	2	3	Neglected your responsibilities
0	1	2	3	Relatives avoided you
0	1	2	3	Felt that you needed <u>more</u> alcohol than you used to in order to get the same effect
0	1	2	3	Tried to control your drinking (tried to drink only at certain times of the day or in certain places, that is, tried to change your pattern of drinking)
0	1	2	3	Had withdrawal symptoms, that is, felt sick because you stopped or cut down on drinking
0	1	2	3	Noticed a change in your personality
0	1	2	3	Felt that you had a problem with alcohol
0	1	2	3	Missed a day (or part of a day) of school or work
0	1	2	3	Wanted to stop drinking but couldn't
0	1	2	3	Suddenly found yourself in a place that you couldn't remember getting to
0	1	2	3	Passed out or fainted suddenly
0	1	2	3	Had a fight, argument or bad feeling with a friend

- | | | | | |
|---|---|---|---|--|
| 0 | 1 | 2 | 3 | Had a fight, argument or bad feeling with a family member |
| 0 | 1 | 2 | 3 | Kept drinking when you promised yourself not to |
| 0 | 1 | 2 | 3 | Felt you were going crazy |
| 0 | 1 | 2 | 3 | Had a bad time |
| 0 | 1 | 2 | 3 | Felt physically or psychologically dependent on alcohol |
| 0 | 1 | 2 | 3 | Was told by a friend, neighbour or relative to stop or cut down drinking |

8. Listed below are 20 reasons people might be inclined to drink alcoholic beverages. Using the scale below, circle how frequently your own drinking is motivated by each of the reasons listed.

YOU DRINK...	Almost Never/Never	Some of the time	Half of the time	Most of the time	Almost Always/Always
To forget your worries.	1	2	3	4	5
Because your friends pressure you to drink.	1	2	3	4	5
Because it helps you enjoy a party.	1	2	3	4	5
Because it helps you when you feel depressed or nervous.	1	2	3	4	5
To be sociable.	1	2	3	4	5
To cheer up when you are in a bad mood.	1	2	3	4	5
Because you like the feeling.	1	2	3	4	5
So that others won't kid you about <i>not</i> drinking	1	2	3	4	5
Because it's exciting.	1	2	3	4	5
To get high.	1	2	3	4	5
Because it makes social gatherings more fun.	1	2	3	4	5
To fit in with a group you like.	1	2	3	4	5
Because it gives you a pleasant feeling.	1	2	3	4	5
Because it improves parties and celebrations.	1	2	3	4	5
Because you feel more self-confident and sure of yourself.	1	2	3	4	5
To celebrate a special occasion with friends.	1	2	3	4	5
To forget about your problems.	1	2	3	4	5
Because it's fun.	1	2	3	4	5
To be liked.	1	2	3	4	5
So you won't feel left out.	1	2	3	4	5

The following questions ask about SEXUAL BEHAVIOUR

9. After drinking alcohol, have you ever engaged in sexual intercourse that you regretted the next day?

I have never engaged in sexual intercourse

Yes

No

10. After drinking alcohol, have you ever engaged in sexual intercourse without a condom?

I have never engaged in sexual intercourse

Yes

No

11. This section asks about your use of health and social resources in the past 6 months. Please read each question carefully and remember each question relates to the past 6 months only. If your answer is none, please enter zero ('0') in the box.

In the past 6 months how many times have you visited the school nurse?

In the past 6 months how many times have you visited an accident and emergency department as a patient?

In the past 6 months how many times have you been admitted to hospital?

In the past 6 months how many times have you visited a doctor at your GP practice/doctors surgery?

In the past 6 months how many times have you visited or been visited by a social worker at home?

In the past 6 months how many times have you been arrested?

12. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.

EQ-5D: For use you must register with Euroqol
<https://euroqol.org/>

13. Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over THE LAST TWO WEEKS.

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic (happy) about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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We would like to talk to some young people who complete this survey, about their experiences of taking part in this study. We will be contacting young people in a few months' time about this. Would it be okay if we kept your contact details so we can ask you if would like to take part in the interview?

YES / NO (please circle your response as appropriate)

Thank you for completing this survey



