

SIPS

Alcohol Screening & Brief Intervention Trailblazers

Participant Baseline Questionnaire

AED

To be completed by clinical staff

| | | | |
|---------------------|--|----------------------|------|
| Location reference: | <input type="text"/> | <input type="text"/> | |
| Date completed: | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | |
| | day | month | year |
| Time completed: | <input type="text"/> : <input type="text"/> | <input type="text"/> | |
| | hrs | mins | |

Reason for presentation:

Does the patient have one or more of the following top 10 alcohol-related A&E presentations?

Please answer by placing a cross in the box (you may cross more than one box).

| | |
|---|---|
| <input type="checkbox"/> FALL | <input type="checkbox"/> UNWELL |
| <input type="checkbox"/> COLLAPSE (inc. fits) | <input type="checkbox"/> NON SPECIFIC G.I. |
| <input type="checkbox"/> HEAD INJURY | <input type="checkbox"/> CARDIAC |
| <input type="checkbox"/> ASSAULT | <input type="checkbox"/> PSYCHIATRIC (inc. DSH & OD, please specify) <input type="text"/> |
| <input type="checkbox"/> ACCIDENT | <input type="checkbox"/> REPEAT ATTENDER |

If one or more of the top 10 conditions are met proceed to page 2.

If not, please terminate this survey and store safely the questionnaire for the researcher to collect.

Staff's Initials:

Participant ID:
(office use only)

AED PAT MAR08

1106494960

TO BE COMPLETED BY CLINICAL STAFF

Screening procedure

For the following question - 1 standard drink = 1 unit of alcohol. An indication of standard drinks is provided in the diagram below.



1. Do you feel your attendance here is related to your drinking Yes (PAT +ve)

No (go to Q2)

Please place a cross in the relevant box.

2. MEN: How often do you have EIGHT or more standard drinks on one occasion?
WOMEN: How often do you have SIX or more standard drinks on one occasion?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |

If the patient's response is 'Monthly', or 'Weekly', or 'Daily or almost daily' they are **PAT+ve**.

Please indicate the result of the screening procedure by placing a cross in the appropriate box below.

Positive Negative

If the result is **negative** thank the patient, terminate the interview and store the survey securely, to be collected by research staff.

If the result is **positive** explain the study to the patient, provide an information sheet and request written consent.

Is the patient willing to provide written informed consent? Yes No

If **yes** continue with the consent details overleaf.

If **no** terminate the interview and store the survey securely, to be collected by research staff. Remember to provide the patient with a Patient Information Leaflet.

Participant ID:
(office use only)