Participant Baseline Questionnaire

AED

To be completed by clinical staff

<table>
<thead>
<tr>
<th>Location reference:</th>
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<table>
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<tr>
<th>Date completed:</th>
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<tbody>
<tr>
<td>day / month / year</td>
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<table>
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<th>Time completed:</th>
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<tr>
<td>hrs : mins</td>
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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).

- [ ] FALL
- [ ] UNWELL
- [ ] COLLAPSE (inc. fits)
- [ ] NON SPECIFIC G.I.
- [ ] HEAD INJURY
- [ ] CARDIAC
- [ ] ASSAULT
- [ ] PSYCHIATRIC (inc. DSH & OD, please specify)
- [ ] ACCIDENT
- [ ] 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 □

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.