

2012 Master Research Protocol

The Harm to Others from Drinking

A WHO/ThaiHealth International Collaborative Research Project

Version of 14 January, 2013, with minor changes and updates 23 November, 2016



Preface, November 2016

The present document is a slightly adapted version of the Master Research protocol prepared in 2012 for the WHO – ThaiHealth International collaborative research project on The Harm to Others from Drinking. The protocol was prepared primarily by the Global Research Team named in section 7.2 of the protocol.

The document was prepared in part for the ethics review process at the World Health Organization, and in part as a “master protocol” for the seven country studies which were part of or closely associated with the WHO – ThaiHealth project. The project was envisaged as a two-phase project, with two parts in the first phase: a population survey and a “scoping study” involving interviews with and data collection from staff of social, health, law and welfare agencies. The document sets out the plans for these two parts in some detail, and serves as a useful record of what was undertaken in the first phase of the study. The timetable set out in the document has lengthened, and as of July 2015 fieldwork has not yet begun on second phase studies. But planning for the second phase is now well under way, and the thinking behind the plans has moved on from the brief thoughts in the present document.

This document primarily reproduces the text of the “master protocol” of January 2013. These are the main changes which have been made:

- Some elements of the text about personnel and budgets changed after January 2013, and these parts have been dropped or updated around what are now sections 7.2 and 7.3.
- For copyright reasons, five items are not spelled out in the population questionnaires in the appendices (items B2-B6 in Version I, items D2-D6 in Versions II). Information is given in their place about the items and how they may be found and used.

As the protocol states, the study benefited from the experience with previous studies in Australia and New Zealand and, particularly in the population survey, maintained substantial comparability with the surveys there. Cross-national comparative analysis of the 9 surveys is currently underway, with support from the Australian National Medical and Health Research Council. In connection with that work, a “protocol paper” describing the methods of the 9 studies -- the WHO-ThaiHealth surveys and the Australian and New Zealand surveys – is available on the website of an open-access journal (<http://ijadr.org/index.php/ijadr/article/view/218>):

Callinan, S., Laslett, A.-M., Rekve, D., Room, R., Waleewong, O., Benegal, V., Casswell, S., Florenzano, R., Hanh, T.M.H., Hanh, V.T.M., Hettige, S., Huckle, T., Ibanga, A., Obot, I., Rao, G., Siengsounthone, L., Rankin, G. & Thamarangsi, T. (2016). Alcohol’s harm to others: An international collaborative project. *International Journal of Alcohol and Drug Research* 5(2):25-32.

A volumes with a paper from each of the national sites and a cross-site analysis is in preparation. In the meantime, there has been an efflorescence internationally of studies

with comparability to at least some parts of the WHO-ThaiHealth project. The network of those involved in such studies, the International Group for Comparative Studies of Alcohol's Harms to Others, can be contacted at A.Laslett@latrobe.edu.au

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THE HARM TO OTHERS FROM DRINKING

A WHO/Thai Health International Collaborative Research Project

1 Project summary

The research project measures and analyses the harm to others from drinking in low- and middle-income countries, in terms of the situation in each society and also in cross-national analyses. The project develops a master model for application in six countries, but it is expected that the master protocol will be more widely applied in future projects, also in developed countries.

Reflecting what is most readily available in the underlying health system statistics, measures of problems from alcohol consumption, including estimates of alcohol as a risk factor in the Global Burden of Disease, have primarily focused on harm to the drinker's health. Yet it is clear that drinking often also causes harm to the health and welfare of others around the drinker – to family members and friends, and to others in the community and more broadly.

Recent studies in a few high-income countries have begun to measure and document the extensive nature and magnitude of these harms. Building on these studies, WHO has identified a research initiative on Harm to Others from Drinking as a major strand in the Research Initiative on Alcohol, Health and Development under the Global Strategy to Reduce the Harmful Use of Alcohol.

The study is divided into two phases; the first phase will be carried out over 18 months and is described in detail in this protocol, with a general indication of the nature and scope of the second phase. The first phase includes a scoping and assessment study; a general population survey of at least 1500 adults; a descriptive report for the country on the results and a descriptive cross-national analysis of the results across societies.

The second phase will add a further 18 months to the project and will include a register data analyses of harm to others from drinking as manifested in the case records of societal first-response agencies; agency caseload studies in three first-response agency systems will be carried out, particularly where no electronic or other cumulated case registry is available for that type of agency.

A summative report for the country will be prepared, combining the results from Phases 1 and 2. A summative cross-national analysis will be completed, again combining findings from the two phases.

2 Rationale and background information

There is an increasing awareness of a significant impact of harmful use of alcohol on global health. New evidence emerges on the links between harmful use of alcohol and such developmental issues as poverty, HIV/AIDS, tuberculosis, maternal health. The impact of harmful use of alcohol on family functioning and well-being could be particularly significant. In spite of a growing literature addressing the above-mentioned issues, research data from low- and middle- income countries is scattered.

In view of this and taking into consideration the outcomes of the WHO meeting on priorities for international research organized in conjunction with the first Global Expert Meeting on Alcohol, Health and Social Development (Stockholm, Sweden, 2009), the Management of Substance Abuse unit at the Department of Mental Health and Substance Abuse at the WHO headquarters initiated an international collaborative research initiative on Alcohol, Health and Development. Four main directions or “streams” have been identified for potential research projects, including “(3) Harm to others from drinking”.

The WHO Global Strategy to reduce the harmful use of alcohol, endorsed by the Sixty-third World Health Assembly in May 2010, highlights the importance of addressing harm to others than the drinker and states that:

Special attention needs to be given to reducing harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol, such as children, adolescents, women of child-bearing age, pregnant and breastfeeding women, indigenous peoples and other minority groups or groups with low socioeconomic status.[WHO, 2010]

The present WHO/Thai Health Collaborative Study of Alcohol’s Harm to Others is the first implementation of the WHO stream on this topic. As currently financed, it will support Phase I of the full study in several countries, including reports analyzing the results from the components of Phase I.

The harm to others from drinking can be of many types and varying severity, and is to persons or aggregates in varying relationships to the drinker. Types of harm include injury, whether intentional (assault, homicide) or not (traffic crash, workplace accident, scalded child, etc.); neglect or abuse (to a child, to a partner, to a person in the drinker’s care); default on social role (as a family member, as a friend, as a worker); property damage (damage to clothing or car); toxic effect on other (foetal alcohol syndrome); and loss of amenity or peace of mind (being kept awake, being frightened). The harms may be concrete and externally verifiable, as with injuries or damages, or may be more subject to social definition, as with some social role defaults, or to another’s perception, as with many losses of amenity. The harms may be relatively mild, such as being wakened by drunken carousers outside, or may be very severe, including death or a lifelong disability. The effect may be aggregate (e.g., lost productivity from drinking affected productivity of a whole production line) or personal. In terms of personal effects, the relationship may be that the drinker and the other are in the same household, or that they are relatives or friends, generally speaking in the private sphere. Or the relationship may be one of workmates or acquaintances, or of strangers.

The effects of drinking on others is often discussed in terms of the “social consequences” of drinking, but such consequences are not only social, but also including substantial health problems, such as alcohol-related injuries, mental health impacts, and foetal alcohol disorders. A book edited by Klingemann and Gmel (2001) reviews the literatures which cover particular segments of harm to others, including harm to relatives; harm to friends and the “close social environment”; the impact on work and education; public order and safety harms; and accidents, suicide and violence. The studies reviewed have primarily been carried out in high-income societies. While the studies often reveal substantial rates of harm from others’ drinking, they do not lend themselves to summations across types of problems.

2.1 Population survey studies of harm to others

Two traditions of studies have taken a more overall approach to measuring the effects of drinking on others. Many population surveys on drinking practices and problems, including the GENACIS¹ surveys discussed below, have asked the drinker about problems from his or her own drinking. Many of these problems imply an adverse impact of the drinking on others: for instance, problems with a spouse/partner, with relatives, with friends or neighbours, on the job or with workmates, and with the police (Room, 2000). In societies where drinking is widespread, these surveys typically find substantial rates of reported problems from the respondent’s drinking. But while this tradition of questions is clearly relevant to drinking’s harms to others, it is not a direct and precise way of measuring alcohol’s harm to others.

A smaller strand in the survey research tradition has looked at alcohol-related harms specifically from the perspective of the other (e.g., Greenfield et al., 2009). Typically, the survey respondent is asked a relatively small set of questions about harm from others’ drinking. The relation between the drinker and the respondent is often not clear, and there is usually no clear distinction between harm in the public and in the private spheres. With all their limits, these studies, which have been carried out and analysed in at least eight high-income countries, do give a picture of the broad reach of harms from others’ drinking in the population at large. The present study builds on this tradition.

2.2 Social cost of alcohol studies.

The other tradition of studies relevant to a broad look at harms of drinking to others is the tradition of social cost of alcohol studies, carried out in the “cost of illness” tradition in economics (Rehm et al., 2009; Single et al., 2001). The basic building-blocks of cost of alcohol studies are derived from register data, that is, the records of case-by-case operation of the major institutions of societal response to problems – hospitals and the health system, the police and criminal court system, the unemployment and welfare systems, and so on. To these building blocks are applied estimates of the alcohol-attributable fraction of the caseload, either directly derived from alcohol codes in the system’s records, or estimated on the basis of a variety of other data. In principle, the focus is particularly on the costs to

¹ GENnder, Alcohol and Culture: An International Study. www.genacis.org

others than the drinker, defined in economic jargon as “negative externalities”. However, some costs to the drinker are also usually included, on such grounds as that an addicted drinker could or did not fully take into account these potential costs in his or her choices about drinking.

The register data yields what economists call the “direct costs” of alcohol consumption – costs in the major societal response institutions, many of which, depending on the society, may be borne collectively, by governments. Those around the drinker – family, friends, victims, bystanders – may or may not pay out of pocket much of the actual costs which are measured.

Added to these in cost of alcohol studies are indirect costs or the productivity costs – the loss to the economy from a drinker’s early death or other incapacity to work. Typically these costs, primarily from early deaths, are a large component of cost of alcohol calculations. Another category, which is poorly measured and disputable if added in, is “intangible costs”, where a cost is assigned to pain and suffering, and more generally a diminished quality of life. Both these categories of costs have substantial implications, particularly for members of the drinker’s immediate family or household. An early death or disability due to alcohol results in the reduction of net resources (wealth) used in paying for funeral expenses, health costs or legal proceedings – in essence direct costs. But the death or disability also removes from the family budget the earnings of the drinker, often substantially reducing the family’s future earnings (i.e., indirect costs). Finally, early death and disability are also likely to cause distress in the family and impact one’s quality of life (intangible costs). In these senses, what is measured as “lost productivity” is also an indication of harm to others. Likewise, there are likely to be substantial intangible costs of living with a heavy drinker.

Both because of deficiencies in the available data and because of economists’ rules about what is counted, the cost of alcohol studies do not provide good measures of the harm from drinking to others, particularly in the family. The studies also generally do not separate out who is bearing the harm, and by whom the cost is paid, although some studies do separate out costs borne by governments (e.g., Johansson et al., 2006). No such study separates harms and costs to specific others out from the general total of harms and costs.

2.3 Lessons from the literature for the present study.

The present study draws on the experience of recent Australian and New Zealand studies which undertook to find and analyse data on alcohol’s harm to others both from health and social agency records and from existing population surveys, and to undertake and analyse a new population survey dedicated to the issue of measuring alcohol’s harm to others (Laslett et al., 2010, 2011; Casswell et al., 2011). These studies, like this, thus built on the population survey tradition noted above. The Australian study also took into consideration and augmented the work on the social cost of alcohol in Australia (Collins & Lapsley, 2008).

The study also draws in a number of ways on the substantial experience of the GENACIS study, discussed at 2.5 below. Substantial parts of the GENACIS work were conducted under

WHO auspices in low-and middle-income countries (see Obot & Room, 2005; Graham et al., 2008). While the main emphasis in GENACIS has been on harm from the respondent's drinking, it did include a few questions on harm from others' drinking. Several of the investigators in the present project were GENACIS study directors, and experience from that study in applying and adapting a standardized survey instrument to specific cultural circumstances will be drawn on in the present study. As discussed at 2.5, Version 2 of the survey instrument for the present study includes a shortened version of the GENACIS questionnaire.

A large part of the work in the social cost of alcohol studies is epidemiological, establishing levels and distributions of problems attributable to drinking to which costings are then applied. As such, the studies have often pushed forward the measurement and estimation of rates of problems attributable to drinking. Thus the recent Australian study does include some costings of particular harms to others from drinking, both in terms of out-of-pocket expenses and of time spent because of others' drinking. Similarly, the approach in the present study focuses on developing data and estimates of the scope and severity of various harms to others from drinking, but the first option in the survey study does collect information on frequency of occurrence, out of pocket costs, and time spent which can be used to estimate tangible costs of others' drinking.

In terms of lessons from the literature and from national and international experience in improving the collection of data and promoting effective policies, much can be learned from the experience in a number of countries with reducing rates of drinking-driving, a goal in which a primary aim was to reduce the harm to others from drinking drivers. It is clear from this experience that improved data collection was often an important impetus to implementing effective policies, and that as a result rates of drinking-driving have been very substantially reduced in a number of countries (Babor et al., 2010:165-183).

2.4 Issues of causation and attribution

In principle, the study seeks to apply a criterion of conditional causality – what is often termed counterfactual causality (Parascandola & Weed, 2001): if the alcohol was removed from the situation, would the adverse event or condition have occurred? In the studies, which are proposed, the answer to this question is assessed for each case included in the analyses from one of two main perspectives:

- Where the role of alcohol is being measured in a population survey, alcohol's causal involvement in the harm is measured directly by the attribution of the person affected. Thus a question like "How many times in the last 12 months were you physically hurt by them because of their drinking?" has built into the question an attribution (in a "yes" response) of the occurrence to the other's drinking.
- Where the data is drawn from a health or social agency caseload, the alcohol attribution is made by the personnel of the health or social response system – for instance, a child protection worker coding that the parent's drinking is involved in a child endangerment case. In some cases, the attribution is built into the system's

categorization of the case – for instance, a Foetal Alcohol Syndrome diagnosis, or a “drunk and disorderly” arrest.

These perspectives might not be in agreement, and obviously are not the only possible perspectives on the situation. Many of the problems we seek to measure are inherently interactional, and the same situation may be defined differently by the parties. Thus, in a troubled marriage one partner may attribute the problems to the other’s drinking, while the drinker thinks the problem is with the partner’s nagging. Differences in perception are not only a matter of situation and personality, but are also culturally influenced, raising issues for cross-societal comparisons.

In the present context, causation is thus an issue of epistemology as well as validity, with no sure and certain solution. Recognizing this, the studies have taken as direct an approach as possible to the attribution of causation, relying for attributions primarily on those closest to the actual situation. In reporting the results of the studies, however, there will be a need to acknowledge these issues to aid the reader in interpreting the findings.

2.5 The respondent’s own drinking and problems from it

We have noted above the existence of a strong tradition of population surveys of drinking practices and problems. This tradition differs from the tradition of psychiatric epidemiology surveys in its direct measurement of social as well as personal problems from drinking and its focus on the social determinants of patterns of drinking and of problems from drinking (Caetano, 1991). As noted above, the tradition has focused primarily on problems arising from the respondent’s own drinking.

The most extensive collaborative effort in this tradition to collect internationally comparable population survey data has been the GENACIS collaboration: GENnder, Alcohol and Culture: An International Study

(http://www.med.und.edu/depts/irrga/irrga%20Genacis%20Website/template_tier_1%20Folder/templates/genacis.html).

GENACIS is a collaborative international project, which collects and analyses data on drinking patterns, attitudes, and problems in national or regional surveys of the adult general population, currently including surveys from more than 40 countries. There is a special emphasis in the studies on gender issues and social interactions concerning drinking. Most of the surveys in low- and middle-income countries have been carried out under the aegis of the World Health Organization, as part of specific WHO collaborative projects through WHO-Geneva or PAHO. Reports on these studies include two WHO publications (Obot & Room, 2005; Graham et al., 2008). In addition to national reports on the drinking survey results, there is an active programme of collaborative cross-national analyses comparing relationships and results cross-culturally (e.g., Wilsnack et al., 2009; Graham et al., 2011; Room et al., 2012). The GENACIS existing dataset does already include some material on harm from others’ drinking, notably concerning alcohol’s role in intimate violence (Graham et al., 2008), and the collective of scholars which manages the study and its development has committed GENACIS to a much stronger emphasis in this topical area in future data collection. Accordingly, this is an opportunity to collect comparable data to GENACIS surveys done earlier, which will extend the analytical reach, allowing examination

of the interplay between the experience of problems from one's own drinking and problems from others'.

3 Study goal and objectives

The main goal of the study is to understand the scope and magnitude of alcohol's harm to others than the drinker and the implications of this for policies and interventions to reduce the harmful use of alcohol.

The main objective of the study is to chart and measure the many ways in which drinking may adversely affect others around the drinker, in a selection of low-and middle-income societies. A second objective is to compare profiles and prevalence of harms from others' drinking between societies, as well as within each society, and to develop and test hypotheses about explanations of the differences found, with a view to improving preventive policies and the public health response to harms arising from others' drinking.

This information complements data available on alcohol consumption as a risk factor in the burden of disease, since that data primarily measures adverse effects of drinking on the drinker. Collecting and analysing information on alcohol's adverse effects on others has several anticipated benefits for society:

- the information on the scope and size of problems will point to where the greatest unmet needs are, in terms of services and assistance;
- in yielding detailed information about the circumstances and contingencies of particular harms to others, the data can contribute to forming responses and policies that are maximally effective in preventing or ameliorating the harm;
- the data is likely to be particularly helpful in developing policy support for effective countermeasures and policies, since harm to a second person from the first person's behaviour is a strong argument for effective governmental policy and prevention;
- the study's results will provide guidance for future efforts to improve the database on alcohol's harms to others, both at international and at national and subnational levels, as well as for policies and other efforts to reduce rates of such harms.

4 Study design

The study uses two types of “windows” to get a view of alcohol’s harm to others in the society. One of these is the window of a general population survey: asking a cross-section of the population about their personal experience with harm from others’ drinking in both the private and the public spheres. The other is the window of the actions and records of health and social response agencies, which deal with injury, crime, child neglect and family problems. Through the window of the general population survey, the range and extent of the various harms from drinking to others can be gauged and located in the population studied. But by its nature, a population survey sample will mostly collect data on less serious social harms. On the other hand, health and social agencies collect data tilted towards the more serious end of harms to others. In looking at the issue through both windows, the study aims at a balanced approach relevant to prevention of as well as societal responses to drinking’s harms to others.

The study is designed in two phases. The components of the two phases are listed here to give context, but this protocol is focused on the first phase. A separate submission will be made concerning the second phase, when funding and commitments for this phase have been obtained.

The first phase will be carried out in six low and middle income countries in four WHO regions. For each participating country it includes:

1. A scoping and assessment study which establishes what data is already available in the society on the nature and extent of harm to others from drinking;
 2. A general population survey of at least 1500 adults, covering regions of the country or the whole country, on the respondents’ experiences of harms from others’ drinking. Participating countries will choose between two instruments: (i) a version focused only on harm to others from drinking, including questions on frequency of occurrence and costs to the respondent in money and time; (ii) a version covering harm to others but without these questions, and also including data on problems from the respondent’s own drinking, and on norms and social pressures concerning drinking, comparable with the existing international set of GENACIS surveys;
 3. A descriptive report for the country on the results of (1) and (2);
 4. A descriptive cross-national analysis of the results across societies, situating the results in the general frame of international research on the topic.
- The first phase will be carried out over 18 months.

The second phase of the study will include either or both of two studies of harm to others from drinking as manifested in the case records of societal first-response agencies -- (5) and (6) below – as well as components (7) and (8).

5. Registry data analysis. Whether electronic or other cumulated agency case registers, which record the effects of others’ drinking in particular cases, exist will be determined in component (1) of the study. Where such data exist, they will be

analysed from the perspective of what they reveal about the nature and scope of harm to others from drinking. Such registers might include police assault arrest records and drink-driving incident reports, child protection service records, and ambulance or hospital emergency department records;

6. Caseload studies in three first-response agency systems will be carried out, particularly where no electronic or other cumulated case registry is available for that type of agency. In each system, 300 written case records will be systematically sampled, coded and analysed in terms of the presence, potential causal role and rates of drinking by others in the case record;
 7. A summative report for the country will be prepared, combining the results from Phases 1 and 2;
 8. A summative cross-national analysis will be completed, again combining findings from the two phases.
- It is planned that this phase of the study also will take 18 months to complete.

4.1 Scoping and assessment study.

The first phase for each participating country includes a scoping and assessment study which establishes what data is already available in the society on the nature and extent of harm to others from drinking. It is expected that there will be relatively few existing reports specifically on harm to others from drinking, but there are likely to be general statistical or other reports on the operations of agencies or systems which respond to social or health problems. With advice from a local librarian or information specialist, the site team will gather the most recent edition of relevant reports to be analysed. A list of relevant social-response agencies will be developed, and staff of the relevant agencies queried about any information that may be routinely gathered on alcohol aspects of presenting cases, and about the potential collation and aggregated reporting of these aspects.

The aims of this component are twofold:

- to provide information concerning notice given to and the handling of drinking by others in cases dealt with by the agency. This will be used in the summary reports at the end of the first and of the second phase;
- to provide information for the planning of sampling frames and procedures for components (5) and (6).

4.2 General population survey.

The population to be sampled -- whether national or regional, and how defined -- will be agreed upon in advance. Using area-probability or other probability sampling methods, to be determined by agreement, a survey of 1500 completed interviews of persons aged 18 and over in the general household population will be interviewed. The questionnaire will ask a series of questions about specific adverse effects from others' drinking in the previous 12 months. Respondents will be asked about the relationships of various persons whose

drinking is identified as adversely affecting them, and about the time and resources they have spent in responding to, caring for or recovering from the effects of the other's heavy drinking. Questions will also be asked about adverse effects of others' drinking on children for whom the respondent was responsible. Another series of questions will ask about adverse effects in the last year of the drinking of people they do not know well or at all. The respondent's own demographics, drinking patterns, and sense of wellbeing and quality of life will also be asked.

Two alternative versions of an interview schedule for this study have been prepared, drawing on the experience of Australian and New Zealand surveys, and with some comparability also with items asked in previous surveys in 6 other countries. The GENACIS portion of the 2nd version will have comparability with data from up to 40 countries.

The aims of this component are:

- to be the main source of information on the experience of harms from others' drinking as broadly experienced in the population of the society;
- to chart the distribution of different forms of harm in different segments of the population, defined by demographics, by geography and by their own drinking patterns;
- to provide a data point for cross-national analyses of rates, distribution and determinants of harms from others' drinking.

4.3 National reporting on Phase I

At the conclusion of Phase I, national collaborating investigators will submit to the WHO/Thai Health international team, in accordance with an agreed timetable;

- a report in English on the fieldwork experience and results, in a format which will be specified;
- an electronic file including the de-identified coded responses of each individual surveyed, and other items coded from the fieldwork such as geographic location;
- a report in English with the main results of the national study. This should include plans for Phase II, on the basis of what has been found out in the first Phase.

It is expected that national investigators also produce a report to their national audience in the national language(s). This might take the form of a book, a report, or a series of articles. National investigators will also be expected to communicate the results of their study to government authorities and key partners, and to publicize key findings of their study in news media.

National collaborating investigators will also be encouraged to participate in international teams analyzing particular aspects of the study data in cross-national comparisons, to be published in the international literature.

4.4 International comparative analysis.

The coordinating team of the study will produce an international report on Phase I of the study as a whole, including initial descriptive comparisons across sites. Participation by site collaborators in producing this report will be encouraged. It is anticipated that there will also be a series of journal articles with comparative analyses on specific topics.

Substantial attention will be paid in the international report to the lessons from the study's work for improving data collection on aspects of alcohol's harm to others, with particular attention to aspects of significance for alcohol policy.

5 Methodology

5.1 Scoping and assessment study

Drawing on local advice, a broad list of agencies, which potentially deal with problems that might be due to others' drinking, will be developed. A member of the site team will then approach each agency on the list. At each agency, one or more experienced workers in the agency or system will be asked what data is collected in the course of an agency's work, what staff might know about the effect of others' drinking on the presenting problems of cases which come into the system, about any data already being collected on alcohol's involvement in particular cases, and on how such data might be collected. Agencies or systems to be approached in this fieldwork would include the police; probation and other criminal court officers; child welfare or protection agencies; ambulance and hospital emergency services; family welfare services, including dispute and mediation services and child care agencies; religious and other charitable agencies; schools; mutual-help groups concerning one's own or another's drinking.

The questioning of agency staff will be concerned with matters which fall within their official staff duties, and do not involve collecting personal information. There is thus minimal risk to any human subject, and this component would be exempt from ethics procedures in most ethics review systems.

The component will result in a report, which details what has been learned from qualitative interviews and other sources about where problems from others' drinking appear in the health and social response systems of the study site, and what can be said on this basis about the nature and scope of the problems. The work on this component of the project can be expected to take two person-months of a resourceful investigator capable of compiling the report on the component. This person might be assisted by two or three student assistants.

No individual client data will be collected in this phase. Only key informants and agencies who agree to participate will be included in this preliminary phase. Key informants can choose to remain anonymous if they wish.

Data will be gathered by the most convenient method, whether in face-to-face encounters, by telephone, or otherwise. The nature of the study will be described and verbal consent obtained in contacts by telephone; for face-to-face contacts, a brief information sheet and informed consent form will be presented to and completed by all key informants who agree to participate.

The scoping and assessment study seeks to develop a descriptive picture for the society as a whole. Inevitably it will garner the most detailed picture for limited areas accessible to those conducting this component. However, they will be tasked with gathering what information they can about geographic variations in agency coverage and practices, with particular attention to practices in rural areas.

5.1.1 Literature review

As part of the literature review the protocol suggests that the study group identifies available search engines and uses the search terms or key words listed below:

Search engines: University and other library (on-line and physical) based access to: Pub-med, Medline, Google-scholar and equivalent national databases

Search terms/key words: alcohol or drinking and harm to others, collateral damage, passive drinking, second-hand effects, parental drinking, drink-driving and passengers, domestic violence, family violence, child abuse, child maltreatment, injuries, assaults, murders

In addition Government reports (Welfare, Social Services, Police, Justice, Road Traffic and Health – including deaths, hospitalizations, presentations to emergency and community health centres,), Local agency reports (Treatment centres, AA, Al-anon, Child welfare, orphanages, aid agencies, police, hospital and health care centres, courts) and Inquiries (e.g. Liquor licensing and industry, road traffic deaths, child abuse and neglect) will be drawn on as primary sources.

5.1.2 Interview Guide

The situation in each country will differ remarkably: each participating country will need to identify key informants through agencies and advice from community leaders, etc. who will be aware of alcohol's harm to others in that country. The interview schedule below is a guide only and will need to be tailored to specific countries and agencies' situations.

Suggested key informant sources:

- Police
- Probation officers and other criminal court officers
- Child welfare or protection agencies
- Ambulance, emergency and hospital services
- Other health services including mental health
- Family welfare services
- Financial aid
- Religious and other charitable aid organisations
- Schools
- Alcohol and drug treatment agencies
- Self help/mutual help e.g. AL-Anon

Suggested Key informant Interview Questions:

1. How many people do you/does the organisation/centre see each day?
2. What proportion of cases would involve others' drinking?
3. What information do you record on their problems and harms?
4. Does others' drinking contribute to these injuries, assaults, attendances or problems? In a small number of, some, many or most cases?
5. Whose drinking causes these problems? Strangers, people they know?
6. Describe the effects of drinking on their families, friendships, income, work, roles in the home?

7. Describe a typical situation or story about how others' drinking affects a person who attends your organisation e.g. What types of problems they experience, how often it happens, who else is affected besides the person in attendance, is the problem ongoing?
8. Does your clients' or patients' drinking contribute to others' problems?
9. How do you/does your agency record this information? Paper records? Notes or set forms, computer entries? Do you tick a box or record information on alcohol use, drug use? Do you always get time to complete these forms?
10. May we please have a copy of a blank form, a print out of an uncompleted screen that you would usually use to collect this information?

5.2 General population survey

If the collaborating investigator does not him/herself have experience in survey fieldwork in the country, a partnership or assistance will be sought from a person with experience with survey fieldwork to academic standards.

5.2.1 Questionnaires to be used in the survey

There are two choices for a questionnaire to be used in the study. The full *Version (1)* should be chosen if the national collaborator has the intention to measure costs of the drinking of others (either in money or in labour time spent). It includes questions on the frequency of adverse events occurring, and on economic and time costs of dealing with others' drinking or its aftermath. The alternative *Version (2)*, is a questionnaire which is designed to cover both the alcohol's harm to others topic and also to collect detailed survey information on drinking patterns and drinker's own problems from drinking in the society. This second aspect is keyed to the GENACIS study mentioned earlier. *Version (2)* collects somewhat less detailed data than *Version (1)* on the adverse effects of others' drinking. But it collects much more data on the drinking of the respondent him/herself and any resulting problems, and on drinking contexts, pressures and norms. These questions are asked in a form which will allow comparison with existing and planned GENACIS surveys elsewhere.

The questionnaires include items on general life satisfaction, health and well-being. There are now several studies which have established that wellbeing and satisfaction are adversely affected by living with a heavy drinker or harm from someone's drinking (e.g., Casswell et al., 2011b; Ferris et al., 2011). Apart from the intrinsic importance of testing for these connections in low- and medium-income societies, these analyses have also been the basis of estimates of intangible costs to others from heavy drinkers (e.g., Johansson et al., 2006, pp. 67-69)

There are a number of places in the generic protocol questionnaires where local adaptations of the questions must be considered – notably in some of the demographic items. Then the national collaborating team must arrange for a translation of the questionnaire into whichever languages will be used in the study, and also back-translate to check the meanings. WHO has protocols for such translation/back translation techniques which must be followed. (see: http://www.who.int/substance_abuse/research_tools/translation/en/)

and

http://www.med.und.edu/depts/irgga/Irgga%20Genacis%20Website/template_tier_1%20F%20older/templates/GENACIS%20Back-Translation%20Guide.pdf).

A number of members of the study team have prior experience in the adaptation of a generic international questionnaire to local cultural circumstances (including prior experience in the GENACIS study, as noted in 2.3). This experience will be drawn on in adaptation of the survey instrument as necessary to reflect local realities.

In each study site, after the translation/back-translation procedures are completed, the questionnaire will be pilot-tested on 5-10 respondents, and the results used to refine the questions and check skip-patterns, etc. A second pilot will then be carried out on another 5-10 respondents, and the results used for further refinement.

5.2.2 Sample size, design and population coverage

The minimum sample size for each country participating in the study has been set at 1500 completed interviews with people aged 18 and over, interviewed in a sample design using probability sampling. It is expected that detailed field records on who was chosen into the sample, and what happened – whether they were never reached, refused, were interviewed, etc., will be kept. The aim should be a completion rate of at least 70% of those included in the sample.

If possible, the sample should be of the whole population of the country. However, this is often not possible, or may be too expensive. There may be civil unrest in parts of the country, or places that are almost inaccessible. Or the country may be geographically too large to be fully covered. If less than the full country is to be covered, it is desirable to include several diverse parts, including some rural as well as urban population. What parts of the national population are to be covered is a matter for discussion and negotiation in making a collaborative agreement with the WHO/Thai Health project.

If the collaborating group does not have the capability in-house, it should seek advice on sampling from a local expert. Designing a good probability sample, and then following the design in the fieldwork, are crucial to getting results that are representative of the population.

The questionnaire is expected to take on average less than 30 minutes to administer. To carry out the survey, an experienced survey fieldwork supervisor is needed. If an interviewer staff of 20 is recruited, and each interviewer completes an average of four interviews per day, in theory the fieldwork should take a month, although in practice it is likely to stretch on for two. In terms of effort, two months of the supervisor and 30 person-months for the interviewers would be needed.

5.2.3 Interview method and fieldwork.

In almost every country, there is some expertise in carrying out surveys in the general population. This may take various forms: a survey research centre at a university is the best choice, but a marketing research organization is an option. The survey work may be done

by subcontract or in a formal collaboration. Or the project team may decide to carry out the fieldwork “in-house”, in which case the best path is to add an experienced fieldwork director to the staff.

The interview modality – whether face-to-face interviewing or telephone interviewing – and sampling methods will be determined by local conditions and practices. Advice should be sought on the experience with different fieldwork methods in the local circumstances. If there is a listing of the population or of adults (e.g., a register of voters where people are automatically listed), this is usually the best choice. A more labour-intensive “gold standard” in the absence of a population list is an area probability household sample. Or, if most households are connected to a telephone, it may be possible to draw a sample and interview by telephone.

To get a good sample of the population that is to be covered, the interview staff have to spend considerable energy, in the first place determining who is in the sample, and in the second place tracking down and interviewing the person to be interviewed. In an area-probability household sample, a sampling of places will have been drawn on the basis of census data, and interviewers will be instructed to go to the place, and proceed in a certain direction, making a list of households. From this list some households are chosen for an interview, and then a specific person in the household is chosen by a randomizing process (the most common choice is to interview the person eligible for interview who had the most recent birthday). This is just an overview of the process involved, but gives an idea of the rigorous work that is involved in getting a good sample, which represents the population.

Depending on the fieldwork arrangements, the interview staff may be already experienced, or may be trained for the study. Interviewers will be required to be highly literate and to be personable. Secondary school completion is desirable. All interviewers will be trained for the particular study in a series of workshops by national research coordinators. These coordinators will in turn receive training via interactive workshops by the overarching WHO/Thai Health study researchers.

5.2.4 Coding and data entry, data analysis.

Whether as part of a fieldwork subcontract or using “in-house” expertise, there will be a need to code and enter on an electronic database the answers from each respondent. When these have been aggregated into data files, there will be a need to clean the data, build summary scores, and produce tables and statistical analyses. The study team should include someone with some experience with quantitative analysis of survey data (including the ability to run tables and other analyses on SPSS, SAS, STATA, or something equivalent).

The data from the survey will be analysed, and on this basis a descriptive report prepared on the range and scope of alcohol’s harm to others as experienced by the general population. Three person-months should be allowed for data reduction and preparation of the descriptive report.

The data from the survey will also be available for collaborative analysis cross-nationally, to compare rates and patterns of harms from others' drinking in different societies.

5.3 National report on Phase I, and International comparative analysis

The national reports and the international collaborative report will give a comprehensive account of the study's methods and their application, as well as substantial descriptive analysis of the study's findings

6 Ethical considerations

Approval of this study is obtained from the Ethical Review Committee of the WHO for this master protocol, as well as from the individual country sites ethical committees for the country specific protocols. The study will adhere to the ethical principles as described in the declaration of Helsinki regarding voluntary participation, informed consent, confidentiality, beneficence and non-maleficence, and training of local research teams.

The ethical issues regarding approaches to key services and agencies and selection of key informants within each organization are minimal. Information sheets and informed consent forms templates have been included in Appendix I Informed Consent templates Ia and Ib, and cover the initial approach to the agency, service or organization, the nomination by the agency of a key informant and that person's consent. This will ensure that both the agency and the individual informant are aware of the nature of the project, the risks and benefits and it will also ensure that both the agency and the key informant provide the informed consent.

The ethical issues regarding the general population survey require more detailed attention. This protocol seeks to minimize harms to the research participants; it discusses the ethical issues and suggests how they should be managed. In sum, there are no expected adverse reactions but possible unintended emotional or psychological adverse reactions associated with the research and their management has been detailed. For example, safety precautions and referral pathways for interviewers and interviewees will be put in place in each country (see monitoring and safety/protection). Client information and consent forms, and relevant scripts are included in the Appendix I Informed Consent templates IIa and IIb.

6.1 Process for gaining informed consent for general population survey interviews

The person answering the phone call or the door will be asked whether they are aged 18 or over to ascertain eligibility for participation in the survey. If the person is not aged 18 or older, the interviewer will ask to speak with someone who is aged 18 or older. Once an adult person has been identified he/she will be read a brief script explaining the project (see IIa information for initial household contact). This script indicates that this study is about alcohol in the community and does not disclose that the respondent will provide their own perceptions of the risks they are exposed to (i.e. harm from others' drinking, including harm from others in the household). To ensure the respondent is randomly selected from the household, the number of people in the household aged 18 or older will be elicited, and from this group the person with the most recent birthday (or other relevant cultural marker which allows randomization) will be determined. If the randomly selected person is not the initial contact person, the interviewer will ask for the name of the randomly selected person. The interviewer will call back to speak with the randomly selected person up to about five times (to be determined in consultation with the fieldwork tender or manager).

Once the selected respondent is identified general information will be read to the participant over the phone (using a Computer assisted telephone interview or CATI process) or provided as an information sheet to face-to face (FTF) contact, and informed consent will be requested at call-back in two weeks time or at the time if the participant is agreeable.

FTF participants will be offered the opportunity to have the information sheet explained or read to them where necessary/requested. Phone contacts will be read the information and asked whether they would like to receive information about the project in writing. Signed written consent will be obtained from FTF participants. Verbal consent will be accepted from CATI participants and recorded by the interviewer following a positive response to the relevant section of the interview script (see Part IIb). Participants who are illiterate are usually required to have a second person witness the consent form. But because of the nature of the questionnaire which asks about harm to others, and because the witness is likely to be another person in the household who may be discussed (although not named), a witness to the consent forms will not be requested in this study.

6.2 Risks vs benefits

The individual risks to participants are low, given that care will be taken to ensure that participants are interviewed out of hearing of others who may be discussed during the interview. FTF interviewees will be offered the opportunity to be interviewed at times suitable to them.

Since the interview asks the respondent about others' behaviour, there is some risk to the respondent of adverse reaction if the responses are overheard. Interviewers will be trained to ensure that the interview is conducted in private. Where participants are approached FTF, at the doorstep of residences, the interviewer must make sure that their conversation with the participant cannot be overheard. If necessary they will ask participants if they may call back at another more convenient time when they will have greater privacy. Alternately the respondent may be asked whether the interviewer may call them on a mobile phone at a convenient time. For telephone interviews, respondents will be asked to make themselves comfortable, somewhere quiet and out of hearing of other household members. Should this not be possible, again, the researcher will seek an alternative or more convenient time.

Interviewers will also be provided with contact details for services or professionals who can provide help in case of mental distress. Interviewers will be trained to offer these details in case the questioning and answers to the questions upset or cause distress to the respondent. Interviewers will also be given details on help available for domestic violence and other family problems, to be provided on request to respondents.

Similar provisions were made in GENACIS studies, which included questions about partner violence and other harm from family members' drinking, as well as in the previous Harm to others studies. The information was provided as appropriate to respondents, and there were no reports of adverse reactions from others arising from the interviews.

There are no individual benefits for participants but the knowledge gained from the study will be used to influence future policy decisions that may potentially result in community, state and national policies and services that benefit those affected by others' drinking.

6.3 Autonomy/Incentives/Coercion

As the study is planned, there are no inducements for participants to participate in this research study. In any national study where there is provision for expenses of being interviewed to be defrayed, the arrangements for this will be subject to approval by the local ethics committee.

6.4 Privacy and confidentiality

Interviewers will be trained to take care that there is privacy in the interview situation, and that confidentiality of identifying information and of responses is assured. Identifying information on individuals or households which it is necessary to collect for sampling and fieldwork operations will be recorded separately from respondent's responses to the study, and stored securely in separate locked files while needed during the fieldwork operations. These arrangements will be approved by the local ethics committee. Where a national site has no plans to reinterview respondents longitudinally, such identifying information will be destroyed at the conclusion of the fieldwork. Where there are plans to reinterview or follow-up respondents, subject to the respondent's consent, secure storage and handling of the identifying files will be arranged for that site, with the arrangements subject to approval by the local ethics committee.

6.5 Data storage and disposal

Survey data records will be converted as soon as possible to electronic form, under conditions assuring confidentiality, and non-electronic records destroyed when verification and clearing procedures are complete. Procedures will be specified and agreed to by the local ethics committee for the handling and storage of electronic data files by the national study team.

For the combined cross-national dataset, all electronic data will be stored on a dedicated Local Area Network (LAN), at Turning Point Alcohol and Drug Centre. The network is protected from external access by various mechanisms including firewalls and access filters. Network restrictions govern access to project data. Only those working on the project within the research centres will have access. Project area researchers will be asked to sign the Ethics Statement for Research Workers (see Appendix on Informed consent part III within this document).

6.6 Monitoring safety /protection

Interviewers are not trained counselors but will be trained to recognize signs of stress and have been instructed to stop the interview at any time when such signs are observed. Interviewers will be provided with a list of potential referrals (e.g., local alcohol and drug services or general or nurse practitioners, telephone help lines) in case any respondent becomes distressed or asks for assistance. The 'exit' script in the questionnaire will include the following sentence "If you feel you would like to talk more about the issues brought up in this questionnaire or receive help for any distress you may be feeling please tell me as I can give you the details of a phone or counseling service". The research team will provide interviewers with a list of potential telephone helpline or local community services available relevant to areas covered in the survey. For example, interviewers will be given the national

24-hour telephone alcohol and drug helpline numbers for all states to give to participants should the need arise. Similar services or helplines will be sourced for domestic violence. If the interviewee is not confident to handle the service request himself or herself, this will be facilitated by the interviewer.

All efforts will be made to prevent any adverse or unexpected events that might arise out of this research. The research methodology has been specifically designed in order to carefully minimize the likelihood of adverse consequences for either research participants or interviewers. Nonetheless, any unforeseen or adverse event arising from the research will be referred directly to the Chief Investigators who have the responsibility to manage and report all incidents to the national ethics committees.

The safety of the researchers is paramount: Researchers conducting FTF interviews will where possible work in teams within clusters and keep in close mobile contact with project managers. All researchers will carry emergency phone contact numbers and be provided with counseling or debriefing should this be necessary. Interviewers will be trained where possible in a series of on-line courses. Within country FTF and online training in the logistics of survey implementation and management will also be undertaken and include local identification of potential adverse consequences and their management. This training has been included within the WHO/Thai Health budget. Training of principal investigators will also include on-line and where possible FTF meetings to ensure compliance with the WHO master protocol.

6.7 Vulnerable populations

This study is not a randomized controlled trial, and is a study of the general population that does not target vulnerable populations.

6.8 Safety considerations

The primary risk to study participants in Phase I is in component (2), and consists of the disclosure to others of information that they may give to the interviewer. Interviewers on the study will be trained concerning ensuring privacy in the interview situation. In case of a personal interview, this will include ensuring privacy of the situation, and in case of a phone interview, this will include a question about whether anyone can overhear the respondent's answers.

Some of the questions in component (2) may be sensitive or cause distress to the respondent. Interviewers will be trained to watch for such possibilities, and will be provided with information they can give the respondent (written or verbally, depending on the respondent's reading abilities) concerning where help with such distress or other problems can be obtained.

6.9 Follow-up

In the overall study and research protocol, no follow-up study is planned. As specified above, in case a national team's work does include plans for a follow-up study, identifying

information needed for follow-up will be kept securely and separately from any response files for the study, and under conditions agreed to by the local ethics committee.

6.10 Data management and statistical analysis

The collaborating investigator in each site will be responsible for arranging for the initial data management and coding for that site, including verification. For component (2), data in electronic form will be transmitted to the central management of the project, which will also perform cleaning and verification functions, checking back as needed with the national study team. For component (1), the primary output will be qualitative descriptions of findings for a series of social response agency systems.

Each site will have a study team member with technical expertise sufficient for descriptive analysis of quantitative data, including the production of cross-tabulations, significance tests, and multiple regression analyses. It is expected that the initial national report produced under component (3) will include rates of positive responses to a majority of the questions in the survey, with specification by gender and summary age, by gender and a geographic variable, and by gender and educational level or another social class indicator. Cross-tabulations of reported harms from others' drinking by the respondent's own drinking pattern will also be reported. A sample of 1500 cases will mean that the significance of differences at the 5% level can be tested if the population is divided into a relatively small number of categories, for instance 6. Samples of this size will also allow some population subdivision in cross-national comparisons.

The sample sizes will also be sufficient, though certainly not ideal, for more sophisticated cross-national quantitative analyses.

6.11 Quality assurance

The primary quality control in the study will be close supervision and regular feedback to interviewers and study team members. The first few interviews performed by a fieldworker in component (2) will be coded and checked for consistency and quality, with feedback to the fieldworker, before he or she is permitted to continue with further interviews.

6.12 Expected outcomes of the study

As described above, the study will contribute new knowledge in an area which is of recognized importance, but where there has been little quantitative knowledge of the extent and patterning of problems. The results are likely to be of high public interest in the societies in which they are gathered, and to be readily taken into account in national policymaking concerning alcohol issues. At an international level, the results are also likely to be of substantial significance in policies on health and public welfare. The existence in the population of substantial problems from others' drinking is also a relevant consideration for health systems planning. Apart from these practical outputs, the results may also contribute to a re-conceptualization of alcohol-related problems with more emphasis on the fact that many of them have a social interactional nature or provenance.

6.13 Dissemination of results and publication policy

Collaborating investigators will have the right to publish freely on their own material, and will be encouraged to do so, keeping the project as a whole informed. Collaborative cross-national reporting will be managed jointly by the WHO and ThaiHealth partners, on the general principle of encouraging as much publication and reporting from the material as possible. The study participants will have an agreement on joint publication modeled on the GENACIS Participation and Authorship Guidelines (available at:

http://www.med.und.edu/depts/irrga/Irgga%20Genacis%20Website/template_tier_1%20Folder/templates/genacis.html).

7 Project Management

The Harm to Others from Drinking project is a collaborative international project under Memorandum of Understanding between the World Health Organization and the ThaiHealth Promotion Foundation. The proposal was developed in the framework of the **WHO international research initiative on alcohol, health and development**. The research project measures and analyses the harm to others from drinking in six low- and middle-income countries, in terms of the situation in each society and also in cross-national analyses. Each collaborating country that carries out the project must follow the master research protocol.

7.1 Timeline

36 months; July 2012 – June 2015

- Phase I: 18 months; a scoping and assessment study and a general population survey
- Phase II: 18 months; register data analyses and agency caseload studies

Overall project coordination is jointly to be done between the WHO Management of Substance Abuse team in the WHO Department of Mental Health and Substance Abuse, Center for Alcohol Studies (CAS) and International Health Policy Program (IHPP), Thailand. The Centre for Alcohol Policy Research (CAPR), Turning Point Alcohol and Drug Center, Melbourne, Australia will provide technical support and central data management for the project implementation. (Since September, 2015, CAPR has been located at La Trobe University, Melbourne.)

7.2 Global research team

Coordinator and co-investigator (World Health Organization)

Mr. Dag Rekve

Technical Officer, Management of Substance Abuse, Department of Mental Health and Substance Abuse, World Health Organization

Coordinator and co-investigator (International Health Policy Program)

Dr Thaksaphon Thamarangsi, Thailand (in 2016: at South-East Asia regional office of WHO)

Local sites manager and co-investigator (International Health Policy Program)

Ms. Orratai Waleewong

Technical support and co-investigators (Centre for Alcohol Policy Research)

Professor Robin Room

Dr Anne-Marie Laslett

Dr Sarah Callinan

7.3 Collaborating countries

The first phase of the project consisted of direct support for the research teams in five countries in South-East Asia (2), the Western Pacific(1), Africa(1) and the Americas(1). The sixth country, Thailand, also carried out the project with funding by Center for Alcohol Studies, Thailand in a comparative frame, and a parallel study in a seventh country, Laos,

was supported by the Lao-Thai Collaboration Programs for Health. Thailand and Laos will join in the comparative analyses. The collaborating investigators in the seven countries are listed in the table below.

	WHO region	Country	Principle Investigators
1	PAHO	Chile	Dr. Ramon U Florenzano Universidad del Desarrollo, Santiago de Chile Email: rflorenzano@gmail.com
2	SEARO	India	Prof. Vivek Benegal National Institute of Mental Health and Neurosciences [NIMHANS] Email: vbenegal@gmail.com
			Dr. Girish N Rao National Institute of Mental Health and Neurosciences [NIMHANS] Email: girishnrao@yahoo.com
3	AFRO	Nigeria	Dr. Isidore Obot Centre for Research and Information on Substance Abuse (CRISA) Email: obotis@gmail.com
4	SEARO	Sri Lanka	Prof. Siri Hettige Department of Sociology, University of Colombo and the Centre for Development Research and Interventions (CDRI) Email: hettigesiri@gmail.com
5	WPRO	Vietnam	Hoang Thi My Hanh Health policy and strategy institute (HPSI), Ministry of Health Email: hoangmyhanh@hspi.org.vn
			Ms. Vu Thi Minh Hanh Health policy and strategy institute (HPSI), Ministry of Health Email: hanhthuha@yahoo.com
6	SEARO	Thailand	Dr. Thaksaphon Thamarangsi (also principal investigator) Now (2016) at WHO Regional Office for South-East Asia E-mail: thamarangsit@who.int
			Ms. Orratai Waleewong International Health Policy Program (IHPP) Email: orratai@ihpp.thaigov.net
7	WPRO	LAO PDR	Dr Latsamy Siengsounthone National Institute of Public Health, Ministry of Health Email: slatsamy@yahoo.com

7.4 Local ethical review committee approval

Country	Date of approval and institutions
Chile	Approved on 22 April 2013 by the Institutional Review Committee "Aprobacion"
India	Approved on 18 January 2013 by National Institute of Mental Health and Neurosciences Ethics Committee
Nigeria	Approved on 4 March 2013 by University of Uyo Teaching Hospital, Uyo Institutional Health Research Ethical Committee (IHREC)
Sri Lanka	Approved on 25 July 2013 by the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayawardhanapura.
Thailand	Approved on 12 September 2012 by Institute for the Development of Human Research Protections (IHRP)
Vietnam	Approved on 29 October 2012 by The Institutional Ethical Review Board of Hanoi School of Public Health
Lao PDR	Approved on 15 October 2012 by the National Ethical Committee for Health Research (NECHR), Ministry of Health

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Appendix I: Informed Consent form templates

Scoping and assessment study

PART Ia: Information sheet for [insert agency name]

(for face-to-face or telephone contact)

We are conducting a study called 'Harm to Others from drinking'. The study is being conducted by a group of researchers from [insert Research Centre or University] led by [project director]. Your agency has been selected to participate because we know you work with individuals who may have come to your attention or to your services because of someone else's drinking. It is also possible that the drinking of the people you come into contact with may affect others.

We would like to better understand what proportion of your clients have such problems, which clients are commonly affected and in what ways. If possible we would like to ask about typical examples of situations where the drinking of others affects your clients. We would also like to use this opportunity to understand how information about your clients is usually recorded and whether information about others' drinking is included (e.g. in case notes). We are not seeking any information on individual clients.

We would like you to nominate one person within your agency who may be able to answer some questions about this topic, and refer us to other sections of your agency if need be, in order to get a understanding of how commonly others' drinking is a problem for your clients. We would ask that nominated person to read the accompanying information sheet and complete the certificate of consent.

Your agency does not have to decide today whether or not you will participate in the research. Before a decision is made, the agency is welcome to discuss the research. If you have questions, you can ask them of me or the study director on [phone]. This study is funded by [insert funding agency].

Sometime in the next two weeks an interviewer from [research centre or market research company] will contact you to ask you if your agency is willing to participate in the study. If you agree we will then ask for the name and telephone number of the nominated representative. At that time we will inform them about the study and ask them to complete an individual consent form.

PART Ib: Information sheet to nominated key informant

Informed Consent form for [insert name] (nominated key informant)

This Informed Consent Form has two parts:

- Information Sheet (to share information about the research with you)
- Certificate of Consent (for signatures if you agree to take part)

You will be given a copy of the full Informed Consent Form

This Informed Consent Form is for the nominated representative of [insert agency], who is over 18 years of age, and who we are inviting to participate in research entitled 'Harm to Others from drinking.

You are invited to join a study about 'Harm to Others from drinking' as the nominated representative of [insert agency] as a person with expert knowledge of your organization (key informant). The study is being conducted by a group of researchers from [insert Research Centre or University] led by [project director]. Your agency has been selected to participate because we know it and you work with individuals who may have come to your attention or to your services because of someone else's drinking. It is also possible that the drinking of the people you come into contact with may affect others. We would like to better understand what proportion of your clients have such problems, which clients are commonly affected and in what ways. If possible we would like to ask about typical examples of situations where the drinking of others affects your clients. We would also like to use this opportunity to understand whether and how information about your clients is usually recorded and whether information about others' drinking is included (e.g. in case notes). We are not seeking any information on individual clients.

We would like you to answer some questions about this topic, and refer us to other sections of your agency if need be, in order to get an understanding of how commonly others' drinking is a problem for your clients. We ask you to please read the accompanying information sheet and complete the certificate of consent.

You do not have to decide today whether or not you will participate in the research. Before a decision is made, you are welcome to discuss the research. If you have questions, you can ask them of me or the study director on [phone]. This study is funded by [insert funding agency].

Sometime in the next two weeks an interviewer from [research centre or market research company] will contact you to ask you if you are willing to participate in the study. Your participation is voluntary. If you agree, the interviewer from [the research institution or company] will ask a series of questions about the harms your clients experience or are held responsible for and, drawing on your knowledge whether, in your opinion, they are linked to others' drinking. You are welcome at any point to decline to answer any question. There is no right or wrong answer to our questions. The interview will take approximately 30-45 minutes.

Answers to these questions will be identifiable and as a representative of your organization may be linked back to your organization. You are welcome to provide a name so that we can acknowledge you as a source or you are free to provide your information confidentially, as an agency representative. We would like to tape record the interview and use quotes to illustrate the situation for your organization and its clients.

At the end of the interview, the person interviewed will be asked if they are agreeable to being contacted in the future for similar research studies. If you agree, your name and telephone number [or address] and organization will be kept in a locked database at [research institute], along with the interview script.

You will be provided with summary of any information about the organization you provided prior to it being published to enable you to correct or improve any information collected . Once the project is completed the overall results of this study will be available to you in [insert year] on the [research organization] website.

We expect that your involvement in this research will enable better understanding of the role of alcohol in your organization and [your country's] society. However, the only benefit for an individual key informant is likely to be the satisfaction of contributing to new knowledge that may help reduce harm in [insert country]. There should be very low risks to nominated key informants.

This proposal has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, address, telephone number.]). It has also been reviewed by the Ethics Review Committee of the World Health Organization (WHO), which is funding/sponsoring/supporting the study.

If you have any further queries about our study please contact [Director of the project] on this free [phone number] or email the project researchers on [insert email address].You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a key informant for this research.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

If illiterate

A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb-print as well.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____ AND Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The interviewer will ask me about a range of issues regarding alcohol's harm to others in my organization
2. My answers will be able to be linked back to my organization and potentially me
3. I am free to withdraw at any time

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

_____ **Master Protocol** _____

Day/month/year

General population survey

PART Ia: Information script for initial household contact (for face-to-face or telephone interviews)

(FTF/CATI) We are conducting a study about alcohol in the community. The study is being conducted by a group of researchers from [insert Research Centre or University] led by [project director]. Your household is one of 2000 [insert country] households that have been selected to participate through a random automated search of telephone numbers [or street addresses]. We are seeking the help of the person aged 18 or over in the household who has the next birthday. Please may I speak with that person? (If you are the person with the next birthday then interviewer will proceed to information sheet part Ib.)

PART Ib: Information sheet to selected participant within the household

Informed Consent form for [insert name] (randomly selected participants within the household)

This Informed Consent Form is for men and women over 18 years of age who have been selected from the [country/city list of randomly generated phone numbers, the electoral role], and who we are inviting to participate in research on alcohol in the community. The title of our research project is 'alcohol in the community'.

This Informed Consent Form has two parts:

- Information Sheet (to share information about the research with you)
- Certificate of Consent (for signatures if you agree to take part)

You will be given a copy of the full Informed Consent Form

You are invited to join a study about alcohol in the community. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me or the study director on my phone. This study is funded by [insert funding agency].

Sometime in the next two weeks an interviewer from [research centre or market research company] will contact you to ask you if you are willing to participate in the study. Your participation is voluntary. If you agree, the interviewer from [the research institution or company] will ask a series of questions related to your and others' use of alcohol and your experiences of alcohol-related harm. Some of these questions are about personal relationships (for example, you may be asked about people who you are in a relationship with and strangers and whether you have experienced particular alcohol-related problems). You are welcome at any point to decline to answer any question. There is no right or wrong answer to our questions. The interview will take approximately 20-25 minutes.

Answers to the survey are confidential. The information respondents give us will be entered in an electronic file in anonymous form, and results from the study will be presented only in anonymous, group form.

At the end of the interview, the person interviewed will be asked if they are agreeable to being contacted in the future for similar research studies. If they agree, their name and telephone number [or address] will be kept in a locked database at [research institute], completely separate from any other information we have. Otherwise no identifying details will be collected. . Once the project is completed the overall results of this study will be available to you in [insert year] on the [research organization] website.

While we expect your involvement in this research will enable better understanding of the role of alcohol in [your country's] society, the only benefit for an individual respondent is likely to be the satisfaction of contributing to new knowledge that may help reduce harm in [insert country]. Regarding risks to respondents, if you become upset in any way whilst discussing alcohol-related problems you may have experienced, we can stop the interview at any time. If necessary we can refer you to a free help-line [or local support agency].

This proposal has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, address, telephone number]. It has also been reviewed by the Ethics Review Committee of the World Health Organization (WHO), which is co-organizing the study.

If you have any further queries about our study please contact [Director of the project] on this free [phone number] or email the project researchers on [insert email address]. You can ask me any more questions about any part of the research study, if you wish to. Do you have any questions?

PART II: Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this research.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

If illiterate

A literate witness must sign (in this instance the witness should have no relationship to the participant and will be connected to the research team). Participants who are illiterate should include their thumb-print as well.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____

AND

Thumb print of participant

Signature of witness _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. the interviewer will ask me about a range of issues regarding alcohol in the community
2. my answers will be kept confidential
3. I am free to withdraw at any time

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____

_____ **Master Protocol** _____

Day/month/year

Appendix III: Guidelines for national study investigators

Note: These Guidelines supplement the Master Research Protocol (pp. 1-25 above), the main reference document on the study.

The WHO/ThaiHealth Collaborative Study of Alcohol's Harm to Others is the first implementation of WHO's theme of work on The Harm to others from Drinking. As currently financed, it will support Phase I of the full study in several countries, which consists in each country of the 1st and 2nd component of the full project, along with a report analyzing the results from these components. It is anticipated that Phase II will immediately follow Phase I when and where possible, and that there will be further such studies in other countries under WHO auspices.

The data collected in each country will be a self-sufficient national study, with the potential to contribute valuable knowledge for policymaking and programming in that country. Each participating investigator and team has to right to analyse and publish their own data. However, the different national datasets can also be analysed together and comparatively, and a national investigator joining the study agrees thereby that an electronic copy of the survey data and associated material will be sent to a central data coordinator to form part of the international dataset of the study. A set of agreements are spelled out below about procedures for publication of analyses including data from more than one country.

The methodology of the Scoping and Assessment component of the study (Component 1) is spelled out in the Master Research Protocol. It is expected that data from this component will be held in the country by the investigating team, with no common datafile across sites; any cross-country comparisons will be at a secondary level, based on the national analyses. Accordingly, this component is not further discussed here. The primary concern here is with Component 2, the population survey.

The general guidelines laid out here are subject to negotiation as seems needed with the WHO/ThaiHealth study coordinators.

Proposal submission

Principal investigators of collaborating countries may submit a project activity proposal to the Center for Alcohol Studies (focal point of ThaiHealth Promotion Foundation),

To MS Orratai Waleewong
International Health Policy Program,
Thailand

The proposal should be prepared in the English language according to the following line by line instructions:

Part I. Administrative Information

- The Responsible Officer is the one person who will be responsible for the scientific, technical and/or operational aspects of the work. Please enter the full name and title of this individual. The Organization is the institution or agency with which the Responsible Officer is affiliated for purposes of the project activities. Please enter the name, address, telephone and fax numbers of the organization in the blocks provided. The e-mail address of the responsible officer should be included as well.

Part II. Project Timeline

- The Proposed Starting Date should be based upon the optimal date for initiating project activities. The Estimated Duration should be based upon the time requirements of the different components of the project timeline under the project as well as the time needed for data analysis and preparation of the final report.
- The Project Timeline outlines the expected deliverables and major activities that will take place under the project and assigns those activities to a monthly time schedule.

Part III. Project Description (follow the mater protocol)

Part IV. Operating budget (in USD)

- Budget Details and Justification. Explanations are required for any requested funds

Under budget lines. The budget allocates resources to the achievement of time-specific activities. Budgetary requirements should be developed carefully by estimating the appropriate costs of the resources required to carry out these types of activities.

Administrative aspects

Agreements

Proposals that are approved following the financial review process are funded through an Agreement. The Agreement will summarize briefly the technical services to be supported. Funding provisions on installment basis will be subject to the receipt of acceptable progress as well as final reports, as the case may be, and financial statements of account.

Survey parameters and methods

Sample characteristics:

1. A sample size of at least 1,500.
2. Inclusion of both adult women and adult men (age 18 and older) proportional to their representation in the general population of the study area.
3. Full probability sampling at all levels and strata, as agreed upon with the international study coordinators.
4. A national sample, if possible.
5. For larger countries (e.g., China, India), sampling of entire provinces or regions that (a) include both urban and rural areas, (b) correspond to a governmental unit(s) that can provide aggregate statistics for cultural-level analyses, and (c) have a population

with varied drinking patterns rather than, for instance, being a region of abstainers only.

Survey methods:

1. Strenuous efforts to attain a 70% or higher completion rate.
2. Inclusion of all questions from either Survey Instrument 1 or Survey Instrument 2 (see below), with the exception of any questions judged by the country survey leader and staff to be culturally inappropriate for their country.
3. It is strongly encouraged that each country's survey director consult with the international study coordinators about their sampling plan. The international team will offer or arrange for technical assistance with regard to sampling methods, interviewer selection and training, fieldwork procedures, ethical and safety issues, and data editing and entry.
4. Guidelines for interviewers and project staff will fully address research ethics issues, including issues of assuring confidentiality, special training needs for the administration of potentially sensitive questions, awareness of both respondent and interviewer reactions to sensitive questions, and identification of local resources available to respondents who may need physical or mental health services.

The survey instrument: choosing the instrument and preparing it for use

There are two choices for a questionnaire to be used in the study:

1. "Survey Instrument *Version (1)*", and
2. "Survey instrument *Version (2)*"

The full *Version (1)* should be chosen if the national collaborator has the intention to measure costs of the drinking of others (either in money or in labour time spent). It includes questions on the frequency of adverse events occurring, and on economic and time costs of dealing with others' drinking or its aftermath.

The alternative *Version (2)*, is a questionnaire which is designed to cover both the Alcohol's harm to others topic and also to collect detailed survey information on drinking patterns and drinker's own problems from drinking in the society. This second aspect is keyed to the GENACIS study, an international survey on drinking, gender and culture which has already been carried out in over 40 societies. Further information on the GENACIS study is in Appendix 1 to this document. *Version (2)* collects somewhat less detailed data than *Version (1)* on the adverse effects of others' drinking. But it collects much more data on the drinking of the respondent him/herself and any resulting problems, and on drinking contexts, pressures and norms. These questions are asked in a form which will allow comparison existing and planned GENACIS surveys elsewhere.

Whichever choice is made, the national collaborating team must translate the questionnaire into whichever languages will be used in the study, and also back-translate to check the

meanings. WHO has protocols for such translation/back translation techniques which must be followed. (see: http://www.who.int/substance_abuse/research_tools/translation/en/ and http://www.med.und.edu/depts/irgga/Irgga%20Genacis%20Website/template_tier_1%20Folier/templates/GENACIS%20Back-Translation%20Guide.pdf).

Interview method and fieldwork.

If the investigator is not experienced him- or herself in carrying surveys in the general population, s/he should seek to find and use such expertise. A survey research centre at a university is the best choice for such expertise, but a marketing research organization is an option. The survey work may be done by subcontract or in a formal collaboration. Or the project team may decide to carry out the fieldwork “in-house”, in which case it may be wise to add an experienced fieldwork director to the staff.

Advice should be sought on the experience with different fieldwork methods in the local circumstances. If a listing of the population or of adults (e.g., a register of voters where people are automatically listed), this is usually the best choice. A more labour-intensive “gold standard” in the absence of a population list is an area probability household sample. Or, if almost all households are connected to a telephone, or almost everyone has a mobile phone, it is possible to draw a sample and interview by telephone.

To get a good sample of the population which is to be covered, the interview staff have to spend considerable energy, in the first place determining who is in the sample, and in the second place tracking down and interviewing the person to be interviewed. In an area-probability household sample, a sampling of places will have been drawn on the basis of census data, and interviewers will be instructed to go to the place, and proceed in a certain direction, making a list of households. From this list some households are chosen for an interview, and then a specific person in the household is chosen by a randomizing process (the most common choice is to interview the person eligible for interview who had the most recent birthday). This is just an overview of the process involved, but gives an idea of the rigorous work which is involved in getting a good sample which represents the population.

Sample size, design and population coverage.

The minimum sample size for each country participating in the study has been set at 1500 completed interviews with people aged 18 and over, interviewed in a sample design using probability sampling. It is expected that detailed field records on who was chosen into the sample, and what happened – whether they were never reached, refused, were interviewed, etc., will be kept. The aim should be a completion rate of at least 70% of those included in the sample.

If possible, the sample should be of the whole population of the country. However, this is often not possible, or may be too expensive. There may be civil unrest in parts of the country, or places which are almost inaccessible. Or the country may be geographically too large to be fully covered. If less than the full country is to be covered, it is desirable to include several diverse parts, including some rural as well as urban population. What parts

of the national population are to be covered is a matter for discussion and negotiation in making a collaborative agreement with the WHO/ThaiHealth project.

If the collaborating group does not have the capability in-house, it should seek advice on sampling from a local expert. Designing a good probability sample, and then following the design in the fieldwork, are crucial to getting results that are representative of the population.

Coding and data entry, data analysis.

Whether as part of a fieldwork subcontract or using “in-house” expertise, there will be a need to code and enter on an electronic database the answers from each respondent. When these have been aggregated into data files, there will be a need to clean the data, build summary scores, and produce tables and statistical analyses. The study team should include someone with some experience with quantitative analysis of survey data (including the ability to run tables and other analyses on SPSS, SAS, STATA, or something equivalent).

Procedures for Data Submission and Handling:

The anonymised data from the national survey will be submitted to a central data coordinator, according to instructions from the international study coordinators.

1. The data analysis coordinator will distribute a data quality form to all partners, with questions about characteristics of their survey fieldwork (e.g., sampling, response rate, mode of administration, weighting, interviewer characteristics).
2. In addition to completing the data quality form, study partners will be asked to submit their survey codebook; survey questionnaire (in both English and the language of the survey); and an electronic file of the original survey data set for their country, containing no names or other personal identifiers of individual survey respondents. Study partners will also be asked to write a clear narrative description of the major characteristics of their survey. These descriptions will include sampling design and methods, response rate, method of data collection, age range and gender composition of sample, and types of variables measured. These descriptions will be available to all study partners for use in interpreting study results and writing research reports.
3. The data analysis coordinator will develop guidelines for the types of data cleaning and editing to be conducted by local survey leaders before transmitting their data sets. After receiving the data sets, the data analysis coordinator will do additional data editing as needed and will conduct missing value imputations. After these revisions, s/he will return the transformed files to the survey leaders so that they can inspect and confirm basic patterns in the data that should have been retained. A technical manual will be developed that includes detailed instructions for preparing and transmitting data sets to the data coordinator.
4. Data sets submitted to the coordinated data bank will be retained as a data archive for future scholarly use.

Reports on the study

National collaborating investigators will need to submit to the WHO/ThaiHealth international team, in accordance with an agreed timetable, (1) a report in English on the fieldwork experience and results, as noted in (2) above; (2) an electronic file including the coded responses of each individual surveyed, and other items coded from the fieldwork such as geographic location, which will be further processed as specified in (3) above; (3) a report in English with the main results of the national study. It is highly desirable that national investigators also produce a report to their national audience in the national language(s). This might take the form of a book, a report, or a series of articles.

National collaborating investigators will also be encouraged to participate in international teams analyzing particular aspects of the study data in cross-national comparisons, to be published in the international literature.

Authorship guidelines

Experience with previous collaborative international studies has shown that it is wise to have a clear understanding on rules for authorship of papers from the start.

1. Individual countries are encouraged to publish findings from their own country surveys, as desired, separate from collaborative analyses. A copy of each completed report or paper should be sent to the international study coordinators.
2. All partners who wish to use data from a study site other than their own to analyze a specific research question should submit their research plans to the international study coordinators for approval. This procedure is intended to avoid duplication of analyses on the same research question. An individual partner can make such a proposal, although proposals are more likely to be submitted by subgroups of partners interested in a particular topic. In most cases, once approval has been obtained, the partner(s) will have one year within which to complete his/her/their analyses. If the analysis has not been completed within this one-year period, another partner who is interested in investigating the same research question can then submit a proposal for such analyses.
3. The first author of any publication will be the individual who plays the primary role in conceptualizing, designing, interpreting, and writing about the analyses reported in that paper.
4. Other individuals who make substantial contributions to conceptualizing, conducting, interpreting, and/or writing about the analyses in the publication will be coauthors on the publication. Coauthorship is limited to those who have made such contributions.
5. Survey leaders will be sent a draft before submission for publication of any article using their data set and have one month to review it. Any disagreements that cannot be resolved by the study authors and survey directors should be brought to the international study coordinators for discussion. The international study coordinators will review and resolve disagreements about authorship or substantive content of publications that cannot be resolved informally, and will be the final arbiter of such issues. Significant disagreements may be mentioned in a footnote in the publication.
6. An acknowledgements footnote will be included in all publications. This footnote will indicate the funding source and original survey director(s) for all survey data sets used in a given publication.

Further information

The Annexes below give further information likely to be useful to study investigators. Annex A gives information on the study which forms the second part of Survey Instrument B. Annex B below gives web references to some information resources drawing on recent studies of harm to others from drinking.

ANNEX A. Some information on GENACIS (Gender, Alcohol, and Culture: An International Study)

GENACIS is a collaborative international project which collects and analyses data on drinking patterns, attitudes, and problems in national or regional surveys of the adult general population, currently including surveys from more than 40 countries. There is a special emphasis in the studies on gender issues and social interactions concerning drinking. Most of the surveys in low- and middle-income countries have been carried out under the aegis of the World Health Organization, as part of specific WHO collaborative projects. In addition to national reports on the drinking survey results, there is an active programme of collaborative cross-national analyses comparing relationships and results cross-culturally. These analyses are coordinated by a steering committee chaired by Professor Sharon Wilsnack of the University of North Dakota, with the national datasets compiled and maintained by a team led by Professor Gerhard Gmel at Addiction Suisse, Lausanne, Switzerland. While national funds and support from a variety of sources have underwritten the original data collection, the GENACIS analysis program is currently supported by a grant from the US National Institute on Alcohol Abuse and Alcoholism. GENACIS is an autonomous collective of scholars affiliated with the Kettil Bruun Society for Social and Epidemiological Research on Alcohol.

For further information on GENACIS, see:

http://www.med.und.edu/depts/irgga/Irgga%20Genacis%20Website/template_tier_1%20Folder/templates/genacis.html; also <http://genacis.org/>

An overview of GENACIS and some of its findings: <http://www.dovepress.com/the-genacis-project-a-review-of-findings-and-some-implications-for-glo-peer-reviewed-article-SAR>

A book from WHO: *Alcohol, Gender & Drinking Problems: Perspectives from Low- and Middle Income Countries*, 2005.

http://www.who.int/substance_abuse/publications/alcohol_gender_drinking_problems.pdf

A book from the Pan American Health Organization: *Unhappy Hours: Alcohol and Partner Aggression in the Americas* (2008)

http://new.paho.org/hq/dmdocuments/2009/Unhappy_Hours_ENG.pdf

ANNEX B. Some information resources on studies of Harm to others from drinking.

The report of the Australian study: Laslett A-M et al., *The Range and Magnitude of Alcohol's Harm to Others*, 2010. <http://www.fare.org.au/wp-content/uploads/2011/07/The-Range-and-Magnitude-of-Alcohol%E2%80%99s-Harm-to-Others-report.pdf?9d7bd4>

A paper on the survey results in New Zealand: Casswell S et al., Alcohol's harm to others: self-reports from a representative sample of New Zealanders.

<http://journal.nzma.org.nz/journal/124-1336/4707/>; abstract of an NZ paper on reduced wellbeing of others around the drinker: <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03361.x/abstract>

A paper analysing more limited data from the US: <http://www.mdpi.com/1660-4601/6/12/3205/>

A paper on a conceptual framework for studying alcohol's harm to others:
<http://www.mdpi.com/1660-4601/7/4/1855/>

Appendix IV: Survey Instrument *Version (1)*

SECTION A. HOUSEHOLD AND DEMOGRAPHIC QUESTIONS

A1. What is your gender? (ASK ONLY IF NEEDED)

Male	1
Female	2

A2. What is your date of birth?

_ _	_ _	_ _
DAY	MONTH	YEAR

DON'T KNOW	98
REFUSED	99

A3. What is the highest grade or year of school you have completed? (ADAPT AS NEEDED FOR LOCAL SYSTEM)

No formal schooling	1
Primary school	2
Some high school	3
Completed high school	4
Some college/university or finished 2-year degree or apprenticeship	5
University bachelor's degree	6
Graduate or professional school degree	7
DON'T KNOW	98
REFUSED	99

A4. What best describes your ethnic group? (PROVIDE CATEGORIES APPROPRIATE FOR SOCIETY)

A4x. (ALTERNATIVE IF MORE APPROPRIATE: what country did most of your ancestors come from?)

A5. In what region/province do you live? (PROVIDE CATEGORIES AS LOCALLY APPROPRIATE)
(POSTCODE MAY BE USED INSTEAD WHERE APPLICABLE)

A6. Which of these categories comes closest to the type of place where you presently live?

In open country but not on a farm	1
On a farm	2
In a small city or town (under 50,000)	3
In a medium-size city (50,000-250,000)	4
In a suburb near a large city	5
In a large city	6
DON'T KNOW	98
REFUSED	99

A7. What is your marital status? (Are you married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or have you never been married?)

Married	1
Living with a partner/ common-law marriage	2 (ASK Q. A9)
Widowed	3
Divorced	4
Married but separated	5
Never married	6
IF VOLUNTEERED: MARRIED (SAME-SEX PARTNER)	7 (SKIP to A10)
DON'T KNOW	98
REFUSED	99

(THE RELATIONSHIP TERMS SHOULD BE AS LOCALLY APPROPRIATE)

ATTENTION: IF RESPONDENT IS WIDOWED, DIVORCED, SEPARATED, OR HAS NEVER BEEN MARRIED (Q. A7 = 3, 4, 5, OR 6), CONTINUE WITH Q. A8.

IF RESPONDENT IS MARRIED (Q. A7 = 1), SKIP TO Q. A10

IF RESPONDENT IS LIVING WITH A PARTNER (Q. A7 = 2), SKIP TO Q. A10.

A8. Among the people who you now know, is there someone with whom you have a very close romantic relationship?

Yes	1 (GO TO Q. A9)
No	2 (SKIP TO Q. A10)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A9. Is (this person/your partner) male or female?

Male	1
Female	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A10. How many people are living in your household, including yourself, your spouse or partner, and any other family members living with you?

8.1.1.1

8.1.1.2	___ ___	people (IF LIVING ALONE, SKIP TO Q. 14)
DON'T KNOW		998
REFUSED		999

A11. Who do you live with? **CIRCLE ALL THAT APPLY**

Spouse/partner/common-law spouse	yes	1	no	2
Your or your spouse's/partner's children	yes	1	no	2
Your or your spouse's/partner's parents	yes	1	no	2
Other relatives	yes	1	no	2
Others	yes	1	no	2
NOT APPLICABLE		97		
DON'T KNOW		98		
REFUSED		99		

A12. Have you ever had any children, including adopted or stepchildren?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

(INTERVIEWER: IF Q. A12 = 2, SKIP TO Q. 14.)

A13A. How many children live with you, including adopted, stepchildren, your partner's children, or grandchildren?

__ __ child/children	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

A13B. How many of those children are aged 18 or older?

__ __ child/children aged 18 or older	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

[OPTIONAL:]

A13C. How many of the children living with you are aged 12 or younger?

__ __ child/children aged 12 or younger	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

A14. What is your present occupation or occupations? **INCLUDE HOMEMAKER/HOUSEWIFE/HOUSEHUSBAND AS AN OCCUPATION.**

NO PRESENT OCCUPATION	0 (SKIP TO Q. 19A)
DON'T KNOW	98
REFUSED	99

(IF APPROPRIATE, USE THIS CLASSIFICATION:)

1. Managers
2. Professionals
3. Technicians and associate professionals
4. Clerical support workers
5. Service and sales workers
6. Skilled agricultural, forestry and fishery workers
7. Craft and related trades workers
8. Plant and machine operators, and assemblers
9. Laborers and unskilled occupations
10. Armed forces occupations
11. Homemaker/housewife/househusband
12. Not employed
98. Other (SPECIFY _____)
99. (Refused)

A15. What is your present daily occupation/employment status? **CIRCLE ONE.**

Self-employed	9
Working for pay	8
Involuntarily unemployed	7 (GO TO Q. A17)
Student (and not working)	6 (SKIP TO Q. A17)
Retired	5 (SKIP TO Q. A17)
Not working due to illness	4 (SKIP TO Q. A17)
Parental or pregnancy leave	3 (SKIP TO Q. A17)
Homemaker	2 (SKIP TO Q. A17)
Voluntarily unemployed for other reasons	1 (SKIP TO Q. A17)
DON'T KNOW	98

	REFUSED	99
A15A [OPTIONAL:]	Is you present work a regular job which continues, a job which is seasonal or on-call, or is it short-term or casual?	
	Regular job which continues	4
	Seasonal or on-call job (regular arrangement, but work is intermittent	3
	Short-term or casual job	2
	Other: _____	1
	DON'T KNOW	98
	REFUSED	99

A16. What are your present working hours in your current job(s)?

61 hours or more a week	6	11-20 hours/week	2
41 - 60 hours/week	5	1-10 hours/week	1
31 - 40 hours/week	4	NOT APPLICABLE	97
21 - 30 hours/week	3	DON'T KNOW	98
		REFUSED	99

A17. What is your total monthly **household** income, **before taxes and from all sources**? By household income we mean income earned by you (**IF APPLICABLE**: and by your spouse/cohabiting partner, and by other family members living with you) and any income from other sources, such as child support or pensions. (**SHOW FLASH CARD**) (**USE APPROPRIATE CATEGORIES OF TIME PERIOD AND MONEY FOR LOCAL ECONOMY**)

DON'T KNOW	98
REFUSED	99

A18. How much of the total household income, from all sources, do you yourself provide?

All of it	5
More than half	4
About half	3
Less than half	2
None	1
DON'T KNOW	98

REFUSED

99

A19A: [ALTERNATIVE TO A19:] And what is your own personal income, before taxes and from all sources? (**SAME CATEGORIES AS FOR A17**)

A20. Are you an active member of any society or church?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A21. What is your religious preference? (SPECIFY APPROPRIATE CATEGORIES)

A22. How often during the **last 12 months** have you felt lonely?

Very often	6
Often	5
From time to time	4
Seldom	3
Very seldom	2
Never	1
DON'T KNOW	98
REFUSED	99

***SECTION B. PERSONAL WELLBEING INDEX AND EUROQOL-5**

*(ALL)

Bintro As part of the study, we would like to know a little about your health and wellbeing in the last 12 months.....

The first group of questions uses a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And 5 means you feel neutral - neither satisfied nor dissatisfied.

CLARIFY AS NECESSARY: There are no right or wrong answers..... just think about your life as a whole.

Would you like me to go over this again for you? EXPLAIN SCALE AGAIN AS NECESSARY

1. Continue

*(ALL)

B1 So, thinking about your own life and your personal circumstances....

How satisfied are you with....

STATEMENTS

- a. Your life as a whole
- b. Your standard of living
- c. Your health
- d. What you are achieving in life
- e. Your personal relationships
- f. How safe you feel
- g. Feeling part of your community
- h. Your future security
- i. Your spirituality or religion

RESPONSE FRAME

- 0 Completely dissatisfied
- 1 .
- 2 .
- 3 .
- 4 .
- 5 Neutral – neither satisfied nor dissatisfied
- 6 .
- 7 .
- 8 .
- 9 .
- 10 Completely satisfied
- 11 (Can't say)
- 12 (Refused)

Now I have some questions about your health (I realize some of these may seem repetitive but

Questions B2 – B6 consisted of the five items of the EQ-5D health questionnaire. The 5 items can be found on page 2 of the following web document:

<http://www.biomedcentral.com/content/supplementary/1757-1146-5-17-S1.pdf>

In the present questionnaire, codes were added for each item for each of the volunteered responses “can’t say” and “refused”.

Permission to use the EQ-5D items is needed from the copyright holders. Conditions for their use can be found at:

<http://www.euroqol.org/eq-5d-products/how-to-obtain-eq-5d.html>

please
bear
with me
- we ask
the same

questions of everyone)...

SECTION C. BRIEF ASSESSMENT OF HARMS FROM OTHERS' DRINKING

C1. Now let me ask you about the overall effect on your life in the last twelve months of other people's drinking of alcoholic beverages. Would you say the overall effect has been very positive, somewhat positive, neutral, somewhat negative, or very negative?

1. Very positive
2. Somewhat positive
3. Neutral
4. Somewhat negative
5. Very negative
- 6 (Can't say)
- 7 (Refused)

C2. Now let me ask you some questions about various **problems that can occur** because of someone else's drinking. In the last twelve months has someone who had been drinking called you names or otherwise insulted you? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C2a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

- family member or friend (code F)
- stranger
- both (code F)

C3. (In the last 12 months has someone who had been drinking) pushed or shoved you? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C3a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

- family member or friend (code F)
- stranger
- both (code F)

C4. (In the last 12 months has someone who had been drinking) harmed you physically? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C4a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?

- family member or friend (code F)
- stranger
- both (code F)

C5. (In the last 12 months has someone who had been drinking) ruined your clothes or other belongings? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C5a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

C5b. [IF YES TO C5:] What would you estimate was your total out of pocket expense because of this, in the last 12 months?

1. Amount of money specified (SPECIFY AMOUNT_____)
2. Item of sentimental value – can't put \$ value on it
3. (Can't say)
4. (Refused)

C6. (In the last 12 months has someone who has been drinking) been responsible for a traffic accident you were involved in? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C6a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

C6b. [IF YES TO C6:] What would you estimate was your total out of pocket expense because of this, in the last 12 months?

1. Amount of money specified (SPECIFY AMOUNT_____)
2. (Can't say)
3. (Refused)

C7. (In the last 12 months) was your house, car or property damaged because of someone else's drinking? (Did that happen three or more times, or just once or twice?)

- yes, three or more times
- yes, once or twice
- no

C7a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

C7b. [IF YES TO C7:] What would you estimate was your total out of pocket expense because of this, in the last 12 months?

1. Amount of money specified (SPECIFY AMOUNT _____)
2. (Can't say)
3. (Refused)

[Note: the following six items are assumed to refer to a family member or friend]

C8 (In the last 12 months have you) been a passenger with a driver who had had too much to drink? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C9 (In the last 12 months has someone who had been drinking) harassed or bothered you at a party or some other private setting? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C10 (In the last 12 months) did you feel threatened or afraid because of someone's drinking at home or in some other private setting? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C11 (In the last 12 months) have you had family problems or marriage difficulties due to someone else's drinking? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C12 (In the last 12 months have you) had problems with a friend or neighbour due to their drinking? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C13 (In the last 12 months have you had) financial trouble because of someone else's drinking? (Did that happen three or more times, or just once or twice?)

- yes, three or more times (code F)
- yes, once or twice (code F)
- no

C13a. (IF YES TO C17) What would you estimate was your total out of pocket expense because of this, in the last 12 months?

1. Amount of money specified (SPECIFY AMOUNT_____)
2. (Can't say)
3. (Refused)

***SECTION D. HEAVY DRINKERS IN YOUR LIFE**

D intro Now we are interested in the people you have been in contact with over the last 12 months and their drinking. We do not need to know names, just their relationships to you.

D1 Thinking about the last 12 months, can you think of anyone among the people in your life -- your family, friends, coworkers or others -- who you would consider to be a **fairly heavy drinker, or someone who drinks a lot sometimes?**

Yes 1 (GO TO Q. D2)

No 2 (GO TO Q. D5 IF ANY 'CODE F' MARKED IN SEC. C; OTHERWISE GO TO Q. E1)

D2. What is their relationship to you? [PUT X IN BOX <input checked="" type="checkbox"/> WHEN RESPONDENT MENTIONS RELATIONSHIP]	D3. Did this person live in the same household as you at any time in the last 12 months?	D4. Would you say your <INSERT D2 RELATIONSHIP>'s drinking negatively affected you in some way in the last 12 months?	D4A. Is there anyone else you would consider to be a fairly heavy drinker, or someone who drinks a lot sometimes? [IF YES, REPEAT Q. D2 – D4A UNTIL THERE IS NO ONE ELSE MENTIONED, THEN GO TO Q. D5.]
<input type="checkbox"/> Spouse/partner	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Ex-spouse/ex-partner	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Adult child (including stepchild) (18 or over)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Child under 18 (including stepchild)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Father	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Mother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Grandfather	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Grandmother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Brother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Sister	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Other MALE relative	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Other FEMALE relative	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Boyfriend/girlfriend (romantic relationship, not just a friend]	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> MALE friend / flatmate	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> FEMALE friend / flatmate	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Work colleague (including employer or employee)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Neighbour	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Other)SPECIFY_____)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)
<input type="checkbox"/> Other (SPECIFY_____)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. D5) 1. Yes (REPEAT Q.D2)

D4X. (INTERVIEWER MARK HERE ON BASIS OF Q. D4 RESPONSES, FOR USE IN SECTION F):

TWO OR MORE PERSONS MARKED "YES" IN COLUMN D4: 2

ONE PERSON MARKED "YES" IN COLUMN D4: 1

REPEAT Q. D2-D4A UNTIL A "NO" ANSWER TO Q. D4A. THEN CODE D4X, THEN GO TO Q. D5.

D5 (CONTINUE HERE FOR ANY RESPONDENT WHO HAS ANY CODE "F". OTHERS SKIP TO E1)

Thinking about the last 12 months, how many times, if any, has each of the following happened because of the drinking of (any of the people you have just mentioned)/(a family member or friend), including because they were intoxicated, feeling the effects of alcohol or hung over?

So, how many times in the last 12 months, **because of the drinking** of any of these people ...

	Three or more times	Once or twice	Has <u>not</u> happened in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. Were you emotionally hurt or neglected because of any of these people's drinking?	1	2	3	97	98	99
b. Did you stop seeing any of these people because of their drinking?	1	2	3	97	98	99
c. Were you forced or pressured into sex or something sexual because of any of these people's drinking?	1	2	3	97	98	99
d. Did the drinking of any of these people negatively affect a social occasion you were at?	1	2	3	97	98	99
e. Did any of these people fail to do something they were being counted on to do because of their drinking?	1	2	3	97	98	99
f. Did someone in the household not do their share of work around the house because of their drinking?	1	2	3	97	98	99
g. Do you not see friends or family as much because you are embarrassed about someone in the household's drinking?	1	2	3	97	98	99
h. Have you gone without food because of someone in the household's drinking?	1	2	3	97	98	99
i. Did you have to leave home to stay somewhere else because of someone in the household's drinking?	1	2	3	97	98	99
k. Was there less money for household expenses because of someone in the household's drinking?	1	2	3	97	98	99
j. Did a family member or friend take money or valuables that were yours because of their drinking?	1 ↓	2 ↓	3	97	98	99

j1. [IF YES:] What would you estimate was your total out of pocket expense because of this, in the last 12 months? →

Amount of money specified: __ __ __ (SPECIFY AMOUNT; 996= 996 or more) NOT APPLICABLE 997 DON'T KNOW 998 REFUSED 999
--

D6 Now please think of the overall negative effect on you of drinking by family and friends and acquaintances whose drinking has negatively affected you in the last 12 months. Overall in the last 12 months, on a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of (this person)/(all these people) affected you negatively?

Number given: ____ (RANGE 1 to 10)

NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

SECTION E. CARING FOR DRINKERS

E1intro Next, some questions about things that you may have chosen or had to do for a family member or friend because of their drinking.

E1 How many times in the last 12 months did you have to SPEND TIME CARING FOR A FAMILY MEMBER OR FRIEND because of their drinking?

1. One or more (SPECIFY _____) (RANGE 1 TO 999)
2. None (GO TO E3)
3. (Can't say) (GO TO E3)
4. (Refused) (GO TO E3)

*(SPENT TIME CARING) (E2=1)

E1a How much time did this take out of your normal routine?

ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (ALLOW DECIMALS)
3. Time given in weeks (SPECIFY _____) (RANGE 1 TO 52)
4. (Can't say)
5. (Refused)

E2 How many times in the last 12 months did you have to TAKE ON EXTRA RESPONSIBILITIES CARING FOR CHILDREN OR OTHERS because of a family member or friend's drinking?

1. One or more (SPECIFY _____) (RANGE 1 TO 999)
2. None (GO TO E5)
3. (Can't say) (GO TO E5)
4. (Refused) (GO TO E5)

*(TOOK ON EXTRA CARING RESPONSIBILITIES) (E3=1)

E2a How much time did this take out of your normal routine?

1. Time given in hours (SPECIFY _____) (ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (ALLOW DECIMALS)
3. Time given in weeks (SPECIFY _____) (RANGE 1 TO 52)
4. (Can't say)
5. (Refused)

E3 How many times in the last 12 months have you had to CLEAN UP AFTER A FAMILY MEMBER OR FRIEND because of their drinking?

1. One or more times (SPECIFY _____) (RANGE 2 TO 999)
2. None (GO TO E6)
3. (Can't say) (GO TO E6)
4. (Refused) (GO TO E6)

*(HAD TO CLEAN UP) (E4=1)

E3a How many hours did this take (in hours or days)/(EACH time, on average)?

1. Time given in hours (SPECIFY _____) (ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (ALLOW DECIMALS)
3. (Can't say)
4. (Refused)

E4 How many times in the last 12 months did you have to take a family member or friend somewhere or pick them up because of their drinking?

1. One or more times (SPECIFY _____) (RANGE 2 TO 999)
2. None
3. (Can't say)
4. (Refused)

*(HAD TO TAKE THEM SOMEWHERE) (E5=1)

E4a How much time did this take (, on average)?

1. Time given in hours (SPECIFY _____) (ALLOW DECIMALS)
2. (Can't say)
3. (Refused)

***SECTION F. DEMOGRAPHICS OF IDENTIFIED DRINKER**

*(ASKED OF RESPONDENTS IDENTIFYING TWO OR MORE PERSONS AS FAIRLY HEAVY DRINKER)

F1 And thinking about all of the people in your life you mentioned earlier, those whose drinking has negatively affected you, overall, which one person would you say has most negatively affected you in the last 12 months because of their drinking

1. Spouse/Partner
2. Other member of household
3. Other immediate family member – parent, child, sibling
4. Other relative – brother in law, etc.
5. Ex-spouse, ex-partner
6. Boyfriend/girlfriend
7. Other friend
8. Co-worker
9. Other person – neighbour, etc.
10. (Can't say)
11. (Refused)

F2 PERSON IS: <DISPLAY RESPONSE TO F1>

RECORD GENDER OF PERSON (ASK ONLY IF NECESSARY)

Is your <INSERT RESPONSE TO F1> male or female?

1. Male
2. Female

F3 How old is your <INSERT RESPONSE TO F1>?

IF UNSURE: Would you say they are.. (READ OUT AS APPROPRIATE)

1. Younger than 20
2. In their 20's
3. In their 30's
4. In their 40's
5. In their 50's
6. In their 60's
7. In their 70's
8. Older
9. (Can't say) AVOID
10. (Refused)

F4 How much (does / did) (he / she) have on average when (he / she) (drinks / drank) fairly heavily or a lot? Would you say...

1. [equivalent of 144 gm or more] (GO TO F6)
2. [equivalent of 96 gm or more, but less than 144 gm] (GO TO F6)
3. [equivalent of 60 gm or more, but less than 96 gm] (GO TO F6)
4. [equivalent of 36 gm or more, but less than 60 gm] (GO TO F6)
5. [less than 60 gm] (GO TO F7)

6. (Can't say)
7. (Refused) (GO TO F6)

(CHANGE CATEGORIES BELOW.)

(DO NOT READ. FOR REFERENCE ONLY.)	
<u>QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)</u>	
<u>RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE</u>	
144 gm = 12 cans of beer 4¼ quarts of beer 2 regular-size bottles of wine ½ gallon of wine ½ fifth of liquor 96 gm = 8 cans of beer 3 quarts of beer 1¼ bottles of wine ½ pint of liquor ⅓ of a fifth of liquor	60 gm = 5 cans of beer 1¾ quarts of beer ¾ bottle of wine 1/5 of a fifth of liquor ⅓ pint of liquor 36 gm = 3 cans of beer 1 quart of beer ½ bottle of wine ⅓ of a half pint of liquor

F4A [ALTERNATIVE TO F4, if F4 cannot be successfully adapted]

How drunk does he/she usually get when he/she drinks fairly heavily or a lot?

1. Unable to stand, or passed out
2. Staggering or not walking straight, or with slurred speech
3. So you can tell s/he's been drinking, or with breath smelling of alcohol

F5 How often does (he / she) drink in this way?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often

8. (No longer drink, gave up in the last 12 months) (GO TO F5a)
9. (Can't say)
10. (Refused)

*(ASK ONLY IF REFERENCE DRINKER NO LONGER DRINKS) (F5=8)

F5a How often did (he / she) drink in this way?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. (Can't say)
9. (Refused)

F6 How often (did / does) (he / she) have [60 gm or more] on a single drinking occasion?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. Never
9. (Can't say)
10. (Refused)

***SECTION G. CHILDREN SECTION**

* (ALL)

Gintro The next few questions relate to the effects of drinking by others on children for whom you have some parental responsibility (whether the children do or don't live with you) . The questions are about any adult's drinking, including your own....

G1 (Apart from the children in your household,) Are there any children 17 or younger NOT living in your household for whom you have some parental responsibility?

1. Yes
2. No (GO TO SEC. H)
3. (Can't say) (GO TO SEC. H)
4. (Refused) (GO TO SEC. H)

*(HAS OTHER CHILDREN 17 AND UNDER NOT LIVING IN HOUSEHOLD) (G1=1)

G2 How many?

- |__| RECORD NUMBER (9 = 9 or more)
10. (Refused)

G3 Thinking about all the children under 18 you've mentioned, whether they live with you or not, how many times, if any, in the last 12 months

STATEMENTS

- a) Was one or more left in an unsupervised or unsafe situation because of someone's drinking?
- b) (How many times) was one or more yelled at, criticised or otherwise verbally abused because of someone's drinking?
- c) (How many times) was one or more physically hurt because of someone's drinking?
- d) (How many times) did one or more of these children witness serious violence in the home because of someone's drinking?
- e) (How many times) was the child protection agency or family services called because of someone's drinking?
- f) (How many times) was there not enough money for the things [needed by] the child/children because of someone's drinking?

RESPONSE FRAME

1. Three or more times
2. Once or twice
3. Not at all (in the last 12 months)

4. (Can't say)
5. (Refused)

G4 So, would you say, was a child you are responsible for negatively affected by someone else's drinking in the last 12 months? (Did that happen three or more times, or just once or twice?) [from C18]

yes, three or more times
yes, once or twice
no (skip to G6)

G4a [IF RESPONSIBLE FOR MORE THAN ONE CHILD:] How many of your children were negatively affected by someone else's drinking in the last 12 months?

|__| RECORD NUMBER (9=9 or more)

10. (Refused)

*(IF "yes" to G4, ASK:)

G5 What was the relationship to the child(ren) of that person/those people? (MULTIPLES ACCEPTED) [NOTE: IF THE RESPONDENT SAYS "ME", PROBE FOR THE RELATIONSHIP, AND CODE G6 YES AND DO NOT ASK IT,]

1. Parent
2. Step-parent, or spouse or partner of the child's parent
3. Child's guardian (A PERSON WITH AN ONGOING LEGAL RESPONSIBILITY FOR THE CARE AND PROTECTION OF THE CHILD)
4. Sibling
5. Another relative
6. Family friend or person with whom the child comes into contact, such as a sports coach, teacher, or priest
7. Someone else (SPECIFY _____)

G6 Would you say that a child you are responsible for was negatively affected by your own drinking in the last 12 months?

- Yes
No

G7 [IF YES to any of G3, G4 or G6:] On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of adults negatively affected (this child / these children) in the last 12 months?

Number given: ___ (RANGE 1 to 10)

11. (can't say) (AVOID)

12. (refused)

*SECTION H. IMPACT OF OTHERS' DRINKING ON WORK

*(IF CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS, ASK:)

H1. In the last 12 months have you had problems with someone you worked with or a boss due to their drinking? (Did that happen three or more times, or just once or twice?) [FROM C16 IN BRIEF ASSESSMENT]

- yes, three or more times
- yes, once or twice
- no

H2 Now we are interested in any negative effects of your co-workers' drinking. Because of your co-workers' drinking, how many times in the last 12 months.....

STATEMENTS

- a. Have you had to cover for them because of their drinking
- b. Has your productivity at work been reduced because of a colleague's drinking
- c. Has your ability to do your job been negatively affected?
- d. Were you involved in an accident or a close call at work?
- e. Have you had to work extra hours?

RESPONSE FRAME

- 1. Three or more times
- 2. Once or twice
- 3. Not at all (in the last 12 months)
- 4. (Can't say)
- 5. (Refused)

*(IF e = 1, HAD TO WORK EXTRA HOURS AT LEAST ONCE)

H2a And overall, how many hours or days did that involve?

- 1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
- 2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
- 3. (Can't say)
- 4. (Refused)

*(ASK IF "YES" TO H1 OR ANY OF H2 QUESTIONS)

H3 On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of your co-workers or a boss negatively affected you in the last 12 months?

Number given: ____ (RANGE 1 to 10)

- 11. (can't say) (AVOID)
- 12. (refused)

*SECTION I. ALCOHOL-RELATED HARM IN THE COMMUNITY

*(ALL)

I1 We would now like to ask you about STRANGERS or PEOPLE YOU DON'T KNOW VERY WELL.

This includes what happens in your community or neighbourhood, as well as elsewhere. In the last 12 months, ..

a. ... has someone who had been drinking harassed or bothered you on the street or in some other public place? [IF YES:] Did that happen three or more times, or just once or twice

yes, three or more times

yes, once or twice

no

b. (In the last 12 months has someone who had been drinking) made you afraid when you encountered them on the street? (Did that happen three or more times, or just once or twice?)

yes, three or more times

yes, once or twice

no

c. (In the last 12 months) have you been kept awake at night by drunken noise? (Did that happen three or more times, or just once or twice?)

yes, three or more times

yes, once or twice

no

d. (In the last 12 months) have you felt unsafe in a public place because of someone's drinking? (Did that happen three or more times, or just once or twice?)

yes, three or more times

yes, once or twice

no

I2 So would you say you have been bothered at all by the drinking of strangers or people you don't know very well in the last 12 months?

Yes

No

Can't say (AVOID)

Refused

I2a. [IF YES TO I6:] On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of people you didn't know negatively affected you in the last 12 months?

Number given: ____ (RANGE 1 to 10)

11. (can't say) (AVOID)

12. (refused)

***SECTION J. SEEKING HELP**

*(IF RESPONDENT HAS EXPERIENCED HARM / BEEN NEGATIVELY AFFECTED DUE TO OTHERS' DRINKING, ASK:)

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

J1 Now thinking about services you may have used in the last 12 months because of people's drinking, including people you know AND strangers...

How many times did you call the police (because of other people's drinking)?

1. One or more (SPECIFY ____) (RANGE 1 TO 999)
2. None (GO TO J3)
3. (Can't say) (GO TO J3)
4. (Refused) (GO TO J3)

*(CALLED THE POLICE ONE OR MORE TIMES)

J1a How much time in total did this take out of your normal activities in hours or days—this includes time spent waiting for police, time spent with police, and so on?

1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
3. (Can't say)
4. (Refused)

J2 (How many times in the last 12 months)

Have YOU been admitted to hospital or an emergency department (due to other people's drinking)?

INTERVIEWER NOTE: THIS QUESTION ASKS ABOUT RESPONDENT'S INJURIES, NOT THE DRINKER'S

1. One or more (SPECIFY ____) (RANGE 1 TO 99)
2. None (GO TO J3)
3. (Can't say) (GO TO J3)
4. (Refused) (GO TO J3)

*(ADMITTED TO HOSPITAL OR EMERGENCY DEPARTMENT)

J2a How much time in total did this take out of your normal activities, in hours or days, including time spent getting to and from the hospital?

1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
3. (Can't say)
4. (Refused)

*(ADMITTED TO HOSPITAL OR EMERGENCY DEPARTMENT)

J2b What were your total out of pocket expenses for your treatment?

1. Amount given (SPECIFY _____) (RANGE 1 TO 99999)
2. No out of pocket expenses
3. (Can't say)
4. (Refused)

J3 (How many times in the last 12 months have you..)

Received any OTHER medical treatment (due to other people's drinking)?

1. One or more (SPECIFY _____) (RANGE 1 TO 999)
2. None (GO TO J4)
3. (Can't say) (GO TO J4)
4. (Refused) (GO TO J4)

*(GOT TREATMENT AT A MEDICAL OR HEALTH CENTRE)

J3a How much time in total did this treatment take out of your normal activities, including time spent getting to and from the medical or health centre, in hours or days?

1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
3. (Can't say)
4. (Refused)

*(GOT TREATMENT AT A MEDICAL OR HEALTH CENTRE)

J3b What were your total out of pocket expenses for this medical treatment?

1. Amount given (SPECIFY _____) (RANGE 1 TO 99999)
2. No out of pocket expenses
3. (Can't say)
4. (Refused)

J4 (How many times in the last 12 months have you)

Received counselling or professional advice, including calling a helpline or going to a self-help group, because of other people's drinking or the problems it was causing?

1. One or more (SPECIFY _____) (RANGE 1 TO 99)
2. None (GO TO PREJ5)

3. (Can't say) (GO TO PREJ5)
4. (Refused) (GO TO PREJ5)

*(GOT COUNSELLING OR PROFESSIONAL ADVICE)

J4a How many hours did this take out of your normal activities over the last 12 months?

1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
3. (Can't say)
4. (Refused)

*(GOT COUNSELLING OR PROFESSIONAL ADVICE)

J4b What were your total out of pocket expenses for this counselling?

1. Amount given (SPECIFY _____) (RANGE 1 TO 99999)
2. No out of pocket expenses
3. (Can't say)
4. (Refused)

J5 (How many times in the last 12 months have you)

Received advice or help from a religious leader, or from friends or neighbours, or some other source of support, because of other people's drinking or the problems it was causing?

1. One or more (SPECIFY _____) (RANGE 1 TO 99)
2. None (GO TO PREJ5)
3. (Can't say) (GO TO J6)
4. (Refused) (GO TO J6)

*(GOT INFORMAL ADVICE OR HELP)

J5a How many hours did this take out of your normal activities over the last 12 months?

1. Time given in hours (SPECIFY _____) (RANGE 1 TO 99)
2. Time given in days (SPECIFY _____) (RANGE 1 TO 365)
3. (Can't say)
4. (Refused)

*(IF EXPERIENCED HARM AND IS WORKING)

J6 And how many days, if any, have you had to take off work in the last 12 months due to other people's drinking?

1. Number of days given (SPECIFY _____) (RANGE 1 TO 365)
2. None
3. (Can't say)
4. (Refused)

*SECTION K. DRINKING QUESTIONS FOR THE RESPONDENT

*(ALL)

K1 And to finish off, just a few questions about your own drinking..

In the last 12 months, how often did you have an alcoholic drink of any kind?

1. Every day (GO TO K2)
2. 5 to 6 days a week (GO TO K2)
3. 3 to 4 days a week (GO TO K2)
4. 1 to 2 days a week (GO TO K2)
5. 2 to 3 days a month (GO TO K2)
6. About 1 day a month (GO TO K2)
7. Less often (GO TO K2)
8. Gave up in last 12 months (GO TO K5)
9. Not drunk in last 12 months/ Never drunk alcohol (GO TO K5)
10. (Can't say)
11. (Refused) (GO TO K5)

INTERVIEWER NOTE: IF SAY DOESN'T DRINK, PROBE WHETHER HAS BEEN DRINKING AT ALL WITHIN LAST 12 MONTHS

*(ALL EXCEPT NO LONGER DRINKS / NEVER DRINKS/ DK / REF HOW OFTEN DRINKS) (K1=8, 9 10, 11)

K2 (CHANGE CATEGORIES BELOW)

On a day that you usually have an alcoholic drink, how many standard drinks do you usually have?

1. [equivalent of 144 gm or more] (GO TO K3)
2. [equivalent of 96 gm or more, but less than 144 gm] (GO TO K3)
3. [equivalent of 60 gm or more, but less than 96 gm] (GO TO K3)
4. [equivalent of 36 gm or more, but less than 60 gm] (GO TO K3)
5. [less than 60 gm (GO TO K4)
6. (Can't say)
7. (Refused) (GO TO K3)

K3 (CHANGE CATEGORIES BELOW)

How often do you have [60 gm or more] on a single occasion?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. Never
9. (Can't say)

10. (Refused)

(DO NOT READ. FOR REFERENCE ONLY.)	
<u>QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)</u>	
<u>RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE</u>	
144 gm = 12 cans of beer 4¼ quarts of beer 2 regular-size bottles of wine ½ gallon of wine ½ fifth of liquor ¾ pint of liquor 96 gm = 8 cans of beer 3 quarts of beer 1¼ bottles of wine ½ pint of liquor ⅓ of a fifth of liquor	60 gm = 5 cans of beer 1¾ quarts of beer ¾ bottle of wine 1/5 of a fifth of liquor ⅓ pint of liquor 36 gm = 3 cans of beer 1 quart of beer ½ bottle of wine ⅓ of a half pint of liquor

*(ALL EXCEPT NO LONGER DRINKS NEVER DRINK/ DK/REF HOW OFTEN DRINKS) (K1=8, 9, 10, 11)
 K4. During the last 12 months, what was the **largest number** of drinks you had in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? [USE LOCAL EQUIVALENCIES]

|__|__| drinks

NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

K5 Overall, a scale of 1 to 10, where 1 is a little and 10 is a lot, how much would you say your drinking has negatively affected other people in the last 12 months?

Number given: __ (RANGE 1 to 10)

- 11. (can't say) (AVOID)
- 12. (refused)

Appendix V: Survey instrument Version (2)

SECTION A. HOUSEHOLD AND DEMOGRAPHIC QUESTIONS

A1. What is your gender? (ASK ONLY IF NEEDED)

Male	1
Female	2

A2. What is your date of birth?

_ _ _	_ _ _	_ _ _
DAY	MONTH	YEAR

DON'T KNOW	98
REFUSED	99

A3. What is the highest grade or year of school you have completed? (ADAPT AS NEEDED FOR LOCAL SYSTEM)

No formal schooling	1
Primary school	2
Some high school	3
Completed high school	4
Some college/university or finished 2-year degree or apprenticeship	5
University bachelor's degree	6
Graduate or professional school degree	7
DON'T KNOW	98
REFUSED	99

A4. What best describes your ethnic group? (PROVIDE CATEGORIES APPROPRIATE FOR SOCIETY)

A4x. (ALTERNATIVE IF MORE APPROPRIATE: what country did most of your ancestors come from?)

A5. In what region/province do you live? (PROVIDE CATEGORIES AS LOCALLY APPROPRIATE)

A6. Which of these categories comes closest to the type of place where you presently live?

In open country but not on a farm	1
On a farm	2
In a small city or town (under 50,000)	3
In a medium-size city (50,000-250,000)	4
In a suburb near a large city	5
In a large city	6
DON'T KNOW	98
REFUSED	99

A7. What is your marital status? (Are you married, living with a partner in a marriage-like relationship, widowed, divorced, separated, or have you never been married?)

Married	1
Living with a partner/ common-law marriage	2
Widowed	3
Divorced	4
Married but separated	5
Never married	6
IF VOLUNTEERED: MARRIED (SAME-SEX PARTNER)	7
DON'T KNOW	98
REFUSED	99

(THE RELATIONSHIP TERMS SHOULD BE AS LOCALLY APPROPRIATE)

ATTENTION: IF RESPONDENT IS WIDOWED, DIVORCED, SEPARATED, OR HAS NEVER BEEN MARRIED (Q. A7 = 3, 4, 5, OR 6), CONTINUE WITH Q. A8.

IF RESPONDENT IS MARRIED (Q. A7 = 1 or 7), SKIP TO Q. A10

IF RESPONDENT IS LIVING WITH A PARTNER (Q. A7 = 2), SKIP TO Q. A10.

A8. Among the people who you now know, is there someone with whom you have a very close romantic relationship?

Yes	1 (GO TO Q. A9)
No	2 (SKIP TO Q. A10)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A9. Is (this person/your partner) male or female?

Male	1
Female	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A10. How many people are living in your household, including yourself, your spouse or partner, and any other family members living with you?

|__| |__| people (IF LIVING ALONE, SKIP TO Q. A14)

DON'T KNOW	998
REFUSED	999

A11. Who do you live with? **CIRCLE ALL THAT APPLY**

Spouse/partner/common-law spouse	yes	1	no	2
Your or your spouse's/partner's children	yes	1	no	2
Your or your spouse's/partner's parents	yes	1	no	2
Other relatives	yes	1	no	2
Others	yes	1	no	2
NOT APPLICABLE		97		
DON'T KNOW		98		
REFUSED		99		

A12. Have you ever had any children, including adopted or stepchildren?

Yes	1
No	2

DON'T KNOW	98
REFUSED	99

(INTERVIEWER: IF Q. A12 = 2, SKIP TO Q. A14.)

A13A. How many children live with you, including adopted, stepchildren, your partner's children, or grandchildren?

__ __ child/children	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

A13B. How many of those children are aged 18 or older?

__ __ child/children aged 18 or older	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

[OPTIONAL:]

A13C. How many of the children living with you are aged 12 or younger?

__ __ child/children aged 12 or younger	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

[IF RESPONDENT IS MALE, SKIP TO A14. IF RESPONDENT IS FEMALE:]

A13D. Are you currently pregnant or trying to become pregnant?

1. Currently pregnant [SKIP TO A14] .
2. Currently trying to become pregnant [SKIP TO A14]
3. No, neither pregnant nor trying to become pregnant
- 7 NOT APPLICABLE
- 8 DON'T KNOW
- 9 REFUSED

A13E. How much of the time do you do something to keep from getting pregnant – always, most of the time, sometimes, or not at all?

1. Always
2. Most of the time
3. Sometimes
4. Not at all
7. NOT APPLICABLE
8. DON'T KNOW
9. REFUSED

A14. What is your present occupation or occupations? **INCLUDE
HOMEMAKER/HOUSEWIFE/HOUSEHUSBAND AS AN OCCUPATION.**

NO PRESENT OCCUPATION	0 (SKIP TO Q. A17)
DON'T KNOW	98
REFUSED	99

(IF APPROPRIATE, USE THIS CLASSIFICATION:)

1. Manager / administrator
2. Professional
3. Associate professional
4. Trades persons
5. Advanced clerical or service
6. Intermediate clerical or service
7. Intermediate production or transport
8. Elementary clerical or service
9. Labourers and related workers
10. Homemaker/housewife/househusband
11. Not employed
12. Other (SPECIFY_____)
13. (Refused)

A15. What is your present daily occupation/employment status? **CIRCLE ONE.**

Self-employed	9
Working for pay	8
Involuntarily unemployed	7 (GO TO Q. A17)
Student (and not working)	6 (SKIP TO Q. A17)
Retired	5 (SKIP TO Q. A17)
Not working due to illness	4 (SKIP TO Q. A17)
Parental or pregnancy leave	3 (SKIP TO Q. A17)
Homemaker	2 (SKIP TO Q. A17)

Voluntarily unemployed for other reasons	1 (SKIP TO Q. A17)
DON'T KNOW	98
REFUSED	99

A15A [OPTIONAL:] Is you present work a regular job which continues, a job which is seasonal or on-call, or is it short-term or casual?

Regular job, which continues	4
Seasonal or on-call job (regular arrangement, but work is intermittent	3
Short-term or casual job	2
Other: _____	1
DON'T KNOW	98
REFUSED	99

A16. What are your present working hours in your current job(s)?

61 hours or more a week	6	11-20 hours/week	2
41 - 60 hours/week	5	1-10 hours/week	1
31 - 40 hours/week	4	NOT APPLICABLE	97
21 - 30 hours/week	3	DON'T KNOW	98
		REFUSED	99

A17 What is your total monthly **household** income, **before taxes and from all sources**? By household income we mean income earned by you (**IF APPLICABLE:** and by your spouse/cohabiting partner, and by other family members living with you) and any income from other sources, such as child support or pensions. (**SHOW FLASH CARD**) (**USE APPROPRIATE CATEGORIES OF TIME PERIOD AND MONEY FOR LOCAL ECONOMY**)

DON'T KNOW	98
REFUSED	99

A18. How much of the total household income, from all sources, do you yourself provide?

All of it	5
More than half	4
About half	3
Less than half	2
None	1
DON'T KNOW	98

REFUSED 99

A18A: [ALTERNATIVE TO A19:] And what is your own personal income, before taxes and from all sources? **(SAME CATEGORIES AS FOR A18)**

A19. Are you an active member of any society or church?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

A20. What is your religious preference? (SPECIFY APPROPRIATE CATEGORIES)

A21. How often during the **last 12 months** have you felt lonely?

Very often	6
Often	5
From time to time	4
Seldom	3
Very seldom	2
Never	1
DON'T KNOW	98
REFUSED	99

SECTION B: DRINKING VARIABLES

The next few questions are about the use of alcoholic beverages, such as wine, beer, and liquor, by yourself and by people you know.

B1A. During the last 12 months, how often did you usually have any kind of beverage containing alcohol – whether it was wine, beer, liquor, or any homemade alcoholic beverages?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B13A)
DON'T KNOW	98
REFUSED	99

IF RESPONDENT DID NOT CONSUME ALCOHOL IN THE PAST 12 MONTHS SKIP TO Q. B13A

B1B. How often do you usually drink wine?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B1C)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1C How often do you usually drink beer?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B1D)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1D. How often do you usually have drinks containing rum, whiskey or any other liquor?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B1E)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B1E. How often do you usually have homemade alcoholic beverages (OR SUBSTITUTE LOCAL BEVERAGES)?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B1F)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

MEASUREMENT OF GENERIC CONSUMPTION [ADAPT THE CHART FOR LOCAL CONTAINER AND DRINK SIZES]

(DO NOT READ. FOR REFERENCE ONLY.)	
<u>QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)</u>	
<u>RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE</u>	
144 gm = 12 cans of beer	60 gm = 5 cans of beer
4-1/4 quarts of beer	1-3/4 quarts of beer
2 regular-size bottles of wine	3/4 bottle of wine
1/2 gallon of wine	1/5 a fifth of liquor
1/2 fifth of liquor	1/3 pint of liquor
3/4 pint of liquor	
96 gm = 8 cans of beer	36 gm = 3 cans of beer
3 quarts of beer	1 quart of beer
1-1/4 bottles of wine	1/2 bottle of wine
1/2 pint of liquor	1/3 of a 1/2 pint of liquor

1/3 fifth of liquor

B1F. Think of all kinds of alcoholic beverages combined, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind. --How often during the last 12 months did you drink [36 GRAMS OR MORE OF ALCOHOL] on any single day?

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q.B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2A. During the last 12 months, how often did you have at least 60 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q.B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2B. During the last 12 months, how often did you have at least 96 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (SKIP TO Q. B3A)

NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B2C. During the last 12 months, how often did you have at least 144 gm of any kind of alcoholic beverage in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind? Was it:

Every day	7
Five or six times a week	6
Three or four times a week,	5
Once or twice a week,	4
One to three times a month,	3
Less than once a month	2
Never in the last 12 months?	1 (GO TO Q. B3A)
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B3A. On those days when you had any kind of beverage containing alcohol, how many drinks did you usually have per day?

__ __ drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

B3B. On a typical day when you drank, about how much time would you spend drinking?

__ __ minutes	<u>OR</u>	__ __ hours
NOT APPLICABLE		997
DON'T KNOW		998
REFUSED		999

B4. During the last 12 months, what was the largest number of drinks you had in a single day, that is, any combination of cans, bottles or glasses of beer, glasses of wine, drinks containing liquor, or homemade alcoholic beverages of any kind?

|__|__| drinks

NOT APPLICABLE 997
 DON'T KNOW 998
 REFUSED 999

FAMILIAL AND OTHER DRINKING CONTEXTS

B5. Thinking back over the last 12 months, about how often did you drink in the following circumstances? Think of all the times that apply in each situation. For example, having a drink with a meal in your own home should be included under both “(a) at a meal”, and “(c) in your own home.”

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. at a meal	7	6	5	4	3	2	1	97	98	99
b. at a party or celebration	7	6	5	4	3	2	1	97	98	99
c. in your own home	7	6	5	4	3	2	1	97	98	99
d. at a friend's home	7	6	5	4	3	2	1	97	98	99
e. at your workplace	7	6	5	4	3	2	1	97	98	99
f. in a bar/pub/disco	7	6	5	4	3	2	1	97	98	99
g. in a restaurant	7	6	5	4	3	2	1	97	98	99
h. on the street or in a park or outdoors	7	6	5	4	3	2	1	97	98	99

B6. How often in the last 12 months have you had a drink when you were with the following persons? Think of all the times that apply for each person. For example, having a drink with your spouse or partner and friends should be included under both “(a) with your spouse or partner,” and “(d) with friends.”

	Every day	5 or 6 times a week	Three or four times a week	Once or twice a week	One to three times a month	Less than once a month	Never in the last 12 months	NOT APPLICABLE	DON'T KNOW	REFUSED
a. with your spouse/partner/romantic (non-cohabiting) partner whether or not other people were present?	7	6	5	4	3	2	1	97	98	99
b. with a family member other than your spouse/	7	6	5	4	3	2	1	97	98	99

partner/romantic (non-cohabiting) partner?										
c. with people you work with or go to school with?	7	6	5	4	3	2	1	97	98	99
d. with friends other than your spouse or partner?	7	6	5	4	3	2	1	97	98	99
e. when a small child or children (under 12) were around	7	6	5	4	3	2	1	97	98	99
f. when no one happened to be with you?	7	6	5	4	3	2	1	97	98	99

DRINKING CONSEQUENCES

Next are some questions about drinking-related experiences many people have during their lifetime.

B7. During the last 12 months, has YOUR drinking had a harmful effect...

a. on your work, studies or employment opportunities?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
b. on your housework or chores around the house?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
c. on your marriage/intimate relationships?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
d. on your relationships with other family members, including your children?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
e. on your friendships or social life?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW

	99 REFUSED
f. on your physical health?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
g. on your finances?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED

B8. In the last 12 months, have you had any of the following experiences?

a. Have you had trouble with the law about your drinking and driving?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
b. Have you gotten in a physical fight while drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
c. Have you had an illness connected with your drinking that kept you from working on your regular activities for a week or more?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
d. Have you lost a job, or nearly lost one, because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
e. Has your spouse or someone you lived with threatened to leave or actually left because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
f. Have you lost a friendship because of your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED
g. Have people annoyed you by criticizing your drinking?	1 No 2 Yes 97 NOT APPLICABLE 98 DON'T KNOW 99 REFUSED

B9. How often during the last 12 months have you

	Daily or almost daily	Weekly	Monthly	Less than monthly	Never	NOT APPLI- CABLE	DON'T KNOW	RE- FUSED
a. drunk enough to feel the effects of the alcohol—for example, your speech was slurred and/or you had trouble walking steadily?	4	3	2	1	0	97	98	99
b. had a headache and/or felt nauseated as a result of your drinking?	4	3	2	1	0	97	98	99
c. taken a drink to get over any of the bad after-effects of drinking?	4	3	2	1	0	97	98	99
d. felt sick or found yourself shaking <u>when you cut down or stopped drinking?</u>	4	3	2	1	0	97	98	99
e. found that you were not able to stop drinking once you had started?	4	3	2	1	0	97	98	99
f. failed to do what was normally expected from you because of drinking?	4	3	2	1	0	97	98	99
g. needed a first drink in the morning to get yourself going after a heavy drinking session?	4	3	2	1	0	97	98	99
h. had a feeling of guilt or remorse after drinking?	4	3	2	1	0	97	98	99
i. been unable to remember what	4	3	2	1	0	97	98	99

happened the night before because you had been drinking?								
--	--	--	--	--	--	--	--	--

B10. Have you or someone else been injured as a result of your drinking?

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B11. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

Yes, during the last year	4
Yes, but not in the last year	2
Never	0
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

NOTE TO RESEARCHER: Q. B9e–i, Q. B10, and Q. B11 are coded to be consistent with the AUDIT.

B12. During the last 12 months, have any of the following persons attempted to influence your drinking so that you would drink less or cut down on your drinking?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
h. A doctor or health worker?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

B12A. Overall, on a scale of 1 to 10, where 1 is a little and 10 is a lot, how much would you say your drinking has negatively affected other people in the last 12 months?

Number given: ____ (RANGE 1 to 10)

11. (can't say) (AVOID)

12. (refused)

[SKIP TO Q. B14]

ASK Qs. B13A–B and Q. B14 ONLY OF CURRENT ABSTAINERS (NEVER DRANK IN THE LAST 12 MONTHS).

B13A. Did you ever have a drink of any beverage containing alcohol?

Yes	1 (ASK Q. B13B)
No	2 (SKIP TO Q. B14)
NOT APPLICABLE	997 (SKIP TO Q. B14)
DON'T KNOW	998 (SKIP TO Q. B14)
REFUSED	999 (SKIP TO Q. B14)

B13B. Was there ever a time when your drinking caused any problems in your life (for example, problems with family, health, or work, or with the law or the police)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B14. What is the reason you do not drink? (CHECK ALL THAT APPLY)

No occasion came up where I wanted to drink	12
My responsibilities require me to be sober	11
My religion	10
It does not interest me	9
Brought up not to drink	8
My health is bad/on medication	7
Too expensive	6
It would have a bad effect on my activities	5
I would be afraid I would have problems with alcohol/become alcoholic	4
I have no reason	3
I am pregnant/trying to get pregnant	2
Other (specify _____)	1
DON'T KNOW	998
REFUSED	999

IF THE RESPONDENT HAS A SPOUSE, PARTNER, OR A ROMANTIC (NON-COHABITING) PARTNER, ASK Q. B15A AND Q. B15B. IF NOT, SKIP TO Q. B16.

B15A. Thinking back over the last 12 months, about how often did your spouse/partner/romantic (non-cohabiting) partner drink alcoholic beverages? Remember to include all kinds of alcoholic beverages... spirits, wine, beer, or homemade alcoholic beverages.

Every day	7
Five or six times a week	6
Three or four times a week	5
Once or twice a week	4
One to three times a month	3
Less than once a month	2
Never	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

B15B. Again, thinking back over the last 12 months, about how many drinks would your spouse/partner/romantic (non-cohabiting) partner have on a typical day when he/she drank? Please think of all kinds of alcoholic beverages combined.

__ __ drinks	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

B15C. People can be physically aggressive in many ways, for example, pushing, punching, or slapping, or physically aggressive in some other way....

a. What is the MOST PHYSICALLY AGGRESSIVE thing done to you during the LAST TWO YEARS by someone who is or was in a close romantic relationship with you such as a spouse/partner, lover, or someone you are or were dating or going out with?

b. On a scale of one to ten, where one is minor aggression and ten is life threatening aggression, how would you rate their aggression towards you?

|__|__|

c. Had you, the other person, both of you, or neither of you been drinking when the incident occurred?

Only me	1
Only other person	2
Both of us	3
Neither of us	4

B16. During the last 12 months, have you attempted to influence the drinking of any of the following persons so that he or she would drink less or less often?

a. Your spouse/partner/romantic (non-cohabiting) partner?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
b. Your child or children?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
c. Some other female member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
d. Some other male member of your family?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
e. Someone at your work or at school?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
f. A female friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99
g. A male friend or acquaintance?	No	1
	Yes	2
	NOT APPLICABLE	97
	DON'T KNOW	98
	REFUSED	99

B17. Now I'll describe situations that people sometimes find themselves in. For each one, please tell me how much a person in that situation should feel free to drink. How much drinking is all right (READ ITEM)? Would you say no drinking, 1 or 2 drinks, enough to feel effects but not drunk, or getting drunk is sometimes all right?

	No Drinking	1 or 2 Drinks	Feel effects, but not drunk	Getting drunk is sometimes all right	DON'T KNOW	REFUSED
a. At a party, at someone else's home	1	2	3	4	98	99
b. As a parent, spending time with small children	1	2	3	4	98	99
c. For a husband having dinner out with his wife	1	2	3	4	98	99
d. For a wife having dinner out with her husband	1	2	3	4	98	99
e. For a man out at a bar with friends	1	2	3	4	98	99
f. For a woman out at a bar with friends	1	2	3	4	98	99
g. For a couple of co-workers out for lunch	1	2	3	4	98	99
h. When with friends at home	1	2	3	4	98	99
i. When getting together with friends after work before going home	1	2	3	4	98	99
j. When going to drive a car	1	2	3	4	98	99
k. With friends, in the street	1	2	3	4	98	99

SECTION C: HEALTH AND LIFESTYLE

Now I would like to ask you some questions about your health and lifestyle.

C1A. Recognizing that sexual identity is only one part of your identity how do you define your sexual identity? Would you say that you are...

Only lesbian/gay/homosexual	1
Mostly lesbian/gay/homosexual	2
Bisexual	3
Mostly heterosexual	4
Only heterosexual, or	5
Other (SPECIFY _____)	6
DON'T KNOW	98
REFUSED	99

C1B. In general, how has your physical health been in the last 12 months?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C2. In general, how has your emotional/mental health been in the last 12 months?

Excellent	5
Very good	4
Good	3
Fair	2
Poor	1
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C3. In the last 12 months, have you sought medical or other professional help related to your physical health?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C4. In the last 12 months, have you tried to cut down or quit drinking but were unable to do so?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C5A. Did you ever consider seeking help for your own drinking or alcohol-related problems?

YES	1 (ASK Q. C5B)
NO	2 (SKIP TO Q. C6)
NOT APPLICABLE	97 (SKIP TO Q. C6)
DON'T KNOW	98 (SKIP TO Q. C6)
REFUSED	99 (SKIP TO Q. C6)

C5B. If yes, did you ever receive help?

YES	1 (ASK Q. C5C)
NO	2 (SKIP TO Q. C6)
NOT APPLICABLE	97 (SKIP TO Q. C6)
DON'T KNOW	98 (SKIP TO Q. C6)
REFUSED	99 (SKIP TO Q. C6)

C5C. If yes, did you receive help in the last 12 months?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C6 The next questions are about smoking. At the present time, do you smoke cigarettes daily, occasionally, or not at all?

Daily	1
Occasionally	2 (SKIP TO C7)
Not at all	3 (SKIP TO Q. C7)
NOT APPLICABLE	97 (SKIP TO Q. C7)
DON'T KNOW	98 (SKIP TO Q. C7)
REFUSED	99 (SKIP TO Q. C7)

C6A. On average, how many cigarettes do you smoke a day?

__ __ cigarettes	
NOT APPLICABLE	997
DON'T KNOW	998
REFUSED	999

C7. In the last 12 months, have you used any prescription drugs or medicines in a way other than the one prescribed?

YES	1
NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C8. In the last 12 months, have you used marijuana (pot or hashish)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

C9. In the last 12 months, have you used any other drugs, such as cocaine or crack, heroin, stimulants (such as methamphetamines or "ice"), hallucinogens (such as LSD), or party drugs (such as ecstasy)?

YES	1
-----	---

NO	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

*SECTION D. PERSONAL WELLBEING AND EUROQOL-5

*(ALL)

Bintro As part of the study, we would like to know a little about your health and wellbeing in the last 12 months.....

The first question uses a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And 5 means you feel neutral - neither satisfied nor dissatisfied.

D1 So, thinking about your own life and your personal circumstances, how satisfied are you with your life as a whole?....

RESPONSE FRAME

0. Completely dissatisfied

1.

2.

3.

4.

5. Neutral – neither satisfied nor dissatisfied

6.

7.

8.

9.

10. Completely satisfied

11. (Can't say)

12. (Refused)

Questions D2 – D6 consisted of the five items of the EQ-5D health questionnaire. The 5 items can be found on page 2 of the following web document:

<http://www.biomedcentral.com/content/supplementary/1757-1146-5-17-S1.pdf>

In the present questionnaire, codes were added for each item for each of the volunteered responses “can’t say” and “refused”.

Permission to use the EQ-5D items is needed from the copyright holders. Conditions for their use can be found at: <http://www.euroqol.org/eq-5d-products/how-to-obtain-eq-5d.html>

SECTION E. BRIEF ASSESSMENT OF HARMS FROM OTHERS' DRINKING

E1. Now let me ask you about the overall effect on your life in the last twelve months of other people's drinking of alcoholic beverages. Would you say the overall effect has been very positive, somewhat positive, neutral, somewhat negative, or very negative?

1. Very positive
2. Somewhat positive
3. Neutral
4. Somewhat negative
5. Very negative
- 6 (Can't say)
- 7 (Refused)

E2. Now let me ask you some questions about various problems that can occur because of someone else's drinking. In the last twelve months has someone who had been drinking called you names or otherwise insulted you?

yes
no

E2a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

E3. (In the last 12 months has someone who had been drinking) pushed or shoved you?

yes
no

C3a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

E4. (In the last 12 months has someone who had been drinking) harmed you physically?

yes
no

E4a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

E5. (In the last 12 months has someone who had been drinking) ruined your clothes or other belongings?

yes
no

E5a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

E6. (In the last 12 months has someone who has been drinking) been responsible for a traffic accident you were involved in?

yes
no

E6a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

E7. (In the last 12 months) was your house, car or property damaged because of someone else's drinking?

yes
no

E7a. [IF YES:] Was that someone you didn't know, or a family member or friend, or both?
family member or friend (code F)
stranger
both (code F)

[Note: the following six items are assumed to refer to a family member or friend]

E8. (In the last 12 months have you) been a passenger with a driver who had had too much to drink?

Yes (code F)
no

E9 (In the last 12 months has someone who had been drinking) harassed or bothered you at a party or some other private setting?

Yes (code F)
no

E10 (In the last 12 months) did you feel threatened or afraid because of someone's drinking at home or in some other private setting?

Yes (code F)
no

E11 (In the last 12 months) have you had family problems or marriage difficulties due to someone else's drinking?

Yes (code F)
no

E12 (In the last 12 months have you) had problems with a friend or neighbour due to their drinking?

Yes (code F)
no

E13 (In the last 12 months have you had) financial trouble because of someone else's drinking?

Yes (code F)
no

SECTION F. HEAVY DRINKERS IN YOUR LIFE

Fintro Now we are interested in the people you have been in contact with over the last 12 months and their drinking. We do not need to know names, just their relationships to you.

F1 Thinking about the last 12 months, can you think of anyone among the people in your life -- your family, friends, coworkers or others -- who you would consider to be a fairly heavy drinker, or someone who drinks a lot sometimes?

Yes 1 (GO TO Q. F2)

No 2 (GO TO Q. F5 IF ANY 'CODE F' MARKED IN SEC. E; OTHERWISE GO TO Q. G1)

F2. What is their relationship to you? [PUT X IN BOX <input checked="" type="checkbox"/> WHEN RESPONDENT MENTIONS RELATIONSHIP]	F3. Did this person live in the same household as you at any time in the last 12 months?	F4. Would you say your <INSERT F2 RELATIONSHIP>'s drinking negatively affected you in some way in the last 12 months?	F4A. Is there anyone else you would consider to be a fairly heavy drinker, or someone who drinks a lot sometimes? [IF YES, REPEAT Q. F2 – F4A UNTIL THERE IS NO ONE ELSE MENTIONED, THEN GO TO Q. F5.]
<input type="checkbox"/> Spouse/partner	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Ex-spouse/ex-partner	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Adult child (including stepchild) (18 or over)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Child under 18 (including stepchild)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Father	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Mother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Grandfather	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Grandmother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Brother	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Sister	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Other MALE relative	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Other FEMALE relative	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Boyfriend/girlfriend (romantic relationship, not just a friend]	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> MALE friend / flatmate	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> FEMALE friend / flatmate	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Work colleague (including employer or employee)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Neighbour	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Other)SPECIFY_____)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)
<input type="checkbox"/> Other (SPECIFY_____)	2. No 1. Yes →	2. No 1. Yes (code F) →	2. No (GO TO Q. F5) 1. Yes (REPEAT Q.F2)

F4X. (INTERVIEWER MARK HERE ON BASIS OF Q. F4 RESPONSES, FOR USE IN SECTION H):

TWO OR MORE PERSONS MARKED “YES” IN COLUMN F4: 2

ONE PERSON MARKED “YES” IN COLUMN F4: 1

REPEAT Q. F2-F4A UNTIL A “NO” ANSWER TO Q. F4A. THEN CODE F4X, THEN GO TO Q. F5.

F5 (CONTINUE HERE FOR ANY RESPONDENT WHO HAS ANY CODE “F” IN SEC. E OR Q. F4. OTHERS SKIP TO G1)

Thinking about the last 12 months, please tell me if each of the following has happened because of the drinking of any of the people you have just mentioned, including because they were intoxicated, feeling the effects of alcohol or hung over?

So, in the last 12 months, because of the drinking of any of these people

	Yes	No	NOT APPLICABLE	DON'T KNOW	REFUSED
a. Were you emotionally hurt or neglected because of any of these people’s drinking?	1	2	97	98	99
b. Did you stop seeing any of these people because of their drinking?	1	2	97	98	99
c. Were you forced or pressured into sex or something sexual because of any of these people’s drinking?	1	2	97	98	99
d. Did the drinking of any of these people negatively affect a social occasion you were at?	1	2	97	98	99
e. Did any of these people fail to do something they were being counted on to do because of their drinking?	1	2	97	98	99
f. Did someone in the household not do their share of work around the house because of their drinking?	1	2	97	98	99
g. Do you not see friends or family as much because you are embarrassed about someone in the household’s drinking?	1	2	97	98	99
h. Have you gone without food because of someone in the household’s drinking?	1	2	97	98	99
i. Did you have to leave home to stay somewhere else because of someone in the household’s drinking?	1	2	97	98	99
j. Did a family member or friend take money or valuables that were yours because of their drinking?	1	2	97	98	99

99k. Was there less money for household expenses because of someone in the household's drinking?	1	2	97	98	99
--	---	---	----	----	----

F6 Now please think of the overall negative effect on you of drinking by family and friends and acquaintances you have mentioned whose drinking has negatively affected you in the last 12 months. Overall in the last 12 months, on a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of (this person)/(all these people) affected you negatively?

Number given: ____ (RANGE 1 to 10)

- NOT APPLICABLE 97
- DON'T KNOW 98
- REFUSED 99

SECTION G. CARING FOR DRINKERS

G1intro Next, some questions about things that you may have chosen or had to do for a family member or friend because of their drinking.

G1 In the last 12 months did you have to SPEND TIME CARING FOR A FAMILY MEMBER OR FRIEND because of their drinking?

1. Yes
2. No
3. (Can't say)
4. (Refused)

G2 In the last 12 months did you have to TAKE ON EXTRA RESPONSIBILITIES CARING FOR CHILDREN OR OTHERS because of a family member or friend's drinking?

1. Yes
2. No
3. (Can't say)
4. (Refused)

G3 In the last 12 months have you had to CLEAN UP AFTER A FAMILY MEMBER OR FRIEND because of their drinking?

1. Yes
2. No
3. (Can't say)
4. (Refused)

G4 In the last 12 months did you have to take a family member or friend somewhere or pick them up because of their drinking?

1. Yes
2. No
3. (Can't say)

4. (Refused)

***SECTION H. DEMOGRAPHICS OF IDENTIFIED DRINKER**

*(ASKED OF RESPONDENTS IDENTIFYING TWO OR MORE PERSONS AS FAIRLY HEAVY DRINKER)

- H1 And thinking about all of the people you mentioned earlier, those whose drinking has negatively affected you, overall, which one person would you say has most negatively affected you in the last 12 months because of their drinking?
1. Spouse/Partner
 2. Other member of household
 3. Other immediate family member – parent, child, sibling
 4. Other relative – brother in law, etc.
 5. Ex-spouse, ex-partner
 6. Boyfriend/girlfriend
 7. Other friend
 8. Co-worker
 9. Other person – neighbour, etc.
 10. (Can't say)
 11. (Refused)

Now a few questions about this person...

- H2 PERSON IS: <DISPLAY RESPONSE TO H1>
 RECORD GENDER OF PERSON (ASK ONLY IF NECESSARY)
 Is your <INSERT RESPONSE TO H1> male or female?
1. Male
 2. Female
- H3 How old is your <INSERT RESPONSE TO H1>?
 IF UNSURE: Would you say they are.. (READ OUT AS APPROPRIATE)
1. Younger than 20
 2. In their 20's
 3. In their 30's
 4. In their 40's
 5. In their 50's
 6. In their 60's
 7. In their 70's

- 8. Older
- 9. (Can't say) AVOID
- 10. (Refused)

H4 How much (does / did) (he / she) have on average when (he / she) (drinks / drank) fairly heavily or a lot? Would you say...

- 1. [equivalent of 144 gm or more] (GO TO H6)
- 2. [equivalent of 96 gm or more, but less than 144 gm] (GO TO H6)
- 3. [equivalent of 60 gm or more, but less than 96 gm] (GO TO H6)
- 4. [equivalent of 36 gm or more, but less than 60 gm] (GO TO H6)
- 5. [less than 60 gm] (GO TO H7)
- 7. (Can't say)
- 8. (Refused) (GO TO H6)

(CHANGE CATEGORIES BELOW)

(DO NOT READ. FOR REFERENCE ONLY.)

QUANTITY OF DRINK EQUIVALENCES (IN U.S. STANDARDS)

RESEARCHERS SHOULD FILL IN APPROPRIATE TERMS/SIZES FOR THEIR CULTURE

<p>144 gm = 12 cans of beer</p> <p>4¼ quarts of beer</p> <p>2 regular-size bottles of wine</p> <p>½ gallon of wine</p> <p>½ fifth of liquor</p>	<p>60 gm = 5 cans of beer</p> <p>1¾ quarts of beer</p> <p>¾ bottle of wine</p> <p>1/5 of a fifth of liquor</p> <p>⅓ pint of liquor</p>
<p>96 gm = 8 cans of beer</p> <p>3 quarts of beer</p> <p>1¼ bottles of wine</p> <p>½ pint of liquor</p> <p>⅓ of a fifth of liquor</p>	<p>36 gm = 3 cans of beer</p> <p>1 quart of beer</p> <p>½ bottle of wine</p> <p>⅓ of a half pint of liquor</p>

H4A [ALTERNATIVE TO H4, if H4 cannot be successfully adapted]

How drunk does he/she usually get when he/she drinks fairly heavily or a lot?

- 1. Unable to stand, or passed out
- 2. Staggering or not walking straight, or with slurred speech

3. So you can tell s/he's been drinking, or with breath smelling of alcohol

H5 How often does (he / she) drink in this way?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. (No longer drink, gave up in the last 12 months) (GO TO H5a)
9. (Can't say)
10. (Refused)

*(ASK ONLY IF REFERENCE DRINKER NO LONGER DRINKS) (H5=8)

H5a How often did (he / she) drink in this way?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. (Can't say)
9. (Refused)

H6 How often (did / does) (he / she) have [60 gm or more]?

1. Every day
2. 5 to 6 days a week
3. 3 to 4 days a week
4. 1 to 2 days a week
5. 2 to 3 days a month
6. About 1 day a month
7. Less often
8. Never
9. (Can't say)
10. (Refused)

***SECTION I. CHILDREN SECTION**

* (ALL)

Gintro The next few questions relate to the effects of drinking by others on children for whom you have some parental responsibility (whether the children do or don't live with you). The questions are about any adult's drinking, including your own....

- I1 (Apart from the children in your household,) Are there any children 17 or younger NOT living in your household for whom you have some parental responsibility?
1. Yes
 2. No (GO TO SEC. J)
 3. (Can't say) (GO TO SEC.J)
 4. (Refused) (GO TO SEC. J)

*(HAS OTHER CHILDREN 17 AND UNDER NOT LIVING IN HOUSEHOLD) (I1=1)

- I2 How many?

|__| RECORD NUMBER (9 = 9 or more)

10. (Refused)

- I3 Thinking about all the children under 18 you've mentioned, whether they live with you or not, in the last 12 months

STATEMENTS

- a. Was one or more left in an unsupervised or unsafe situation because of someone's drinking?
- b. Was one or more yelled at, criticised or otherwise verbally abused because of someone's drinking?
- c. Was one or more physically hurt because of someone's drinking?
- d. Did one or more of these children witness serious violence in the home because of someone's drinking?
- e. Was the child protection agency or family services called because of someone's drinking?
- f. Was there not enough money for the things [needed by] the child/children because of someone's drinking?

RESPONSE FRAME

1. Yes
2. No
- 3 (Can't say)
- 4 (Refused)

- I4 So, would you say, was a child you are responsible for negatively affected by someone else's drinking in the last 12 months?
- yes
no (skip to I6)

I4a [IF RESPONSIBLE FOR MORE THAN ONE CHILD:] How many of your children were negatively affected by someone else's drinking in the last 12 months?

|__| RECORD NUMBER (9=9 or more)

10. (Refused)

*(IF "yes" to I4, ASK:)

I5 What was the relationship to the child(ren) of that person/those people? (MULTIPLES ACCEPTED) [NOTE: IF THE RESPONDENT SAYS "ME", PROBE FOR THE RELATIONSHIP, AND CODE I6 YES AND DO NOT ASK IT.]

1. Parent
2. Step-parent, or spouse or partner of the child's parent
3. Child's guardian (A PERSON WITH AN ONGOING LEGAL RESPONSIBILITY FOR THE CARE AND PROTECTION OF THE CHILD)
4. Sibling
5. Another relative
6. Family friend or person with whom the child comes into contact, such as a sports coach, teacher, or priest
7. Someone else (SPECIFY _____)

I6 Would you say that a child you are responsible for was negatively affected by your own drinking in the last 12 months?

Yes

No

I7 [IF YES to any of I3, I4 or I6:] On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of adults negatively affected (this child / these children) in the last 12 months?

Number given: ____ (RANGE 1 to 10)

11. (can't say) (AVOID)

12. (refused)

***SECTION J. IMPACT OF OTHERS' DRINKING ON WORK**

*(IF CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS, ASK:)

J1. In the last 12 months have you had problems with someone you worked with or a boss due to their drinking?

- yes
- no

J2 Now we are interested in specific effects on you of your co-workers' drinking. Because of your co-workers' drinking, in the last 12 months.....

STATEMENTS

- a. Have you had to cover for them because of their drinking?
- b. Has your productivity at work been reduced because of a colleague's drinking?
- c. Has your ability to do your job been negatively affected?
- d. Were you involved in an accident or a close call at work?
- e. Have you had to work extra hours?

RESPONSE FRAME

- 1. Yes
- 2. No
- 3. (Can't say)
- 4. (Refused)

*(ASK IF "YES" TO J1 OR ANY OF J2 QUESTIONS)

J3 On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of your co-workers or a boss negatively affected you in the last 12 months?

Number given: ____ (RANGE 1 to 10)

- 11. (can't say) (AVOID)
- 12. (refused)

***SECTION K. ALCOHOL-RELATED HARM IN THE COMMUNITY**

*(ALL)

K1 We would now like to ask you about STRANGERS or PEOPLE YOU DON'T KNOW VERY WELL. This includes what happens in your community or neighbourhood, as well as elsewhere. In the last 12 months, ...

a. ... has someone who had been drinking harassed or bothered you on the street or in some other public place?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

b. (In the last 12 months has someone who had been drinking) made you afraid when you encountered them on the street?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

c. (In the last 12 months) have you been kept awake at night by drunken noise?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

d. (In the last 12 months) have you felt unsafe in a public place because of someone's drinking?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

K2 So would you say you have been bothered at all by the drinking of strangers or people you don't know very well in the last 12 months?

Yes	1
No	2
DON'T KNOW	98
REFUSED	99

K2a. [IF YES TO Q. K2:] On a scale of 1 to 10, where 1 is a little and 10 is a lot, how much has the drinking of people you didn't know negatively affected you in the last 12 months?

Number given: ____ (RANGE 1 to 10)

NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

***SECTION L. SEEKING HELP**

*(IF RESPONDENT HAS EXPERIENCED HARM / BEEN NEGATIVELY AFFECTED DUE TO OTHERS' DRINKING [answered any of F6, I7, J3, K2a], ASK THE FOLLOWING. OTHERWISE, SKIP TO L7.)

L1 Now thinking about services you may have used in the last 12 months because of people's drinking, including people you know AND strangers...

Did you call the police (because of other people's drinking)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

L2 (In the last 12 months)

Have YOU been admitted to hospital or an emergency department (due to other people's drinking)?

INTERVIEWER NOTE: THIS QUESTION ASKS ABOUT RESPONDENT'S INJURIES, NOT THE DRINKER'S

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

L3 (In the last 12 months have you...)

Received any OTHER medical treatment (due to other people's drinking)?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98
REFUSED	99

L4 (In the last 12 months have you)

Received counseling or professional advice, including calling a helpline or going to a self-help group, because of other people's drinking or the problems it was causing?

Yes	1
No	2
NOT APPLICABLE	97
DON'T KNOW	98

REFUSED

99

L5 (In the last 12 months have you)
 Received advice or help from a religious leader, or from friends or neighbours, or some other source of support, because of other people’s drinking or the problems it was causing?

Yes	1
No	2
NOT APPLICABLE	97
DON’T KNOW	98
REFUSED	99

L6 And how many days, if any, have you had to take off work or away from your normal activities in the last 12 months due to other people’s drinking?

Number of days given (SPECIFY _____) (RANGE 1 TO 365)

None	0
NOT APPLICABLE	997
DON’T KNOW	998
REFUSED	999

L7. Thank you for your cooperation and help. [plus any other closing material.]

