



**THE RANGE AND MAGNITUDE OF
ALCOHOL'S HARM TO OTHERS:**
Study design, data collection procedures
and measurement



Turning Point
Alcohol & Drug Centre

**THE RANGE AND MAGNITUDE OF
ALCOHOL'S HARM TO OTHERS:**
Study design, data collection procedures
and measurement

Claire Wilkinson
Anne-Marie Laslett
Jason Ferris
Michael Livingston
Janette Mugavin
Robin Room

August 2009

ACKNOWLEDGEMENTS

This work has been supported by funding from the Alcohol Education and Rehabilitation Foundation (AERF).

An advisory group to the project provided valuable input. Its members were:

Professor Jürgen Rehm, Centre for Addiction and Mental Health and Department of Public Health Sciences, University of Toronto

Professor Sally Casswell, Centre for Social and Health Outcomes Research, Massey University, Auckland

Professor Wayne Hall, School of Population Health, University of Queensland

Associate Professor Paul Dietze, Centre for Population Health, Burnet Institute

Support and assistance was provided by the project national collaborators:

Associate Professor Chris Doran, National Drug and Alcohol Research Centre (NDARC), University of NSW

Associate Professor Tanya Chikritzhs, National Drug Research Institute (NDRI), Curtin University

... and the following individuals:

Taisia Huckle, Centre for Social Health Outcomes Research Evaluation (SHORE), Massey University, New Zealand

Dr Brian Easton, Consultant Economist

Professor Bob Cummins, School of Psychology, Deakin University

Dr Ann Hope, Trinity College, Dublin, Ireland

Dr Nina Van Dyke and Graham Challice, The Social Research Centre, North Melbourne

Staff at Turning Point who took the time to provide valuable feedback at various stages in drafting the questionnaire

Ethics approval for the study was from the Human Research Ethics Committee of the Victorian Department of Human Services (ethics approval no. 20/08).

TABLE OF CONTENTS

Acknowledgements.....	iv
Table of Contents	v
Introduction	6
Background	7
The Harm to Others survey approach.....	7
The Survey Instrument.....	11
Survey structure.....	11
Common characteristics of the alcohol-related harm items	14
Methodology	15
Call results and response rate	15
Weighting and Analysis of response.....	18
Discussion.....	20
Appendix 1.....	21
Appendix 2.....	56
Appendix 3.....	58
References.....	59

INTRODUCTION

The project 'The Range and Magnitude of Alcohol's Harm to Others', or the "Harm to Others" project for short, aims to use new and existing datasets to push forward our understanding and measurement of alcohol's harm to others in Australia. The project has two main arms: the first stage examined administrative datasets and existing surveys; the second stage, which is the focus of this document, involved designing a new survey specifically to address gaps in the existing literature. The new survey enabled us to examine novel research questions concerning how alcohol can harm people other than the drinker which could not be addressed with existing surveys nor routinely collected data.

The purpose of this report is to give a comprehensive account of the survey instrument and data collection procedures while avoiding duplicating the material in *The range and magnitude of alcohol's harm to others: Methodology Report* produced by The Social Research Centre who administered the survey in the field (Challice & Van Dyke, 2009: available from Turning Point on request).

BACKGROUND

There is growing recognition that alcohol consumption has significant negative effects not only on drinkers but also on people around the drinker. Part of this growing recognition of the alcohol-related harm from others' drinking may be derived from its policy relevance – that the substantial economic and human externalities associated with alcohol make a strong case for government intervention in the market.

Information on alcohol-related harm and problems can be gathered through a range of sources. Some of the best and strongest traditions and measures have come from agencies responding to alcohol-related harm such as those in the health and welfare sector. One disadvantage of these sources is that their focus on the individual client or patient often means there is limited information collected concerning interpersonal influences on harms, such as how the drinking of others negatively impacts the client. These data sources provide only a limited window into alcohol-related harm to people other than the drinker in at least two further ways. Firstly, only those cases coming to the attention of the agencies are recorded, meaning that the prevalence of the harm may be significantly underestimated. Secondly, the harms reported may tend to be the most serious cases and a range of less serious harms may not be considered, despite the potentially large numbers of people experiencing them.

Another means of measuring alcohol-related harm to people other than the drinker is through survey research. By its nature, the survey research window gives a broad population view of problems. A small number of general population surveys in this tradition include a few questions about the effects of others' drinking on the individual and on public amenity. In this tradition the respondents are asked about alcohol-related harms they may have experienced personally or witnessed. The type and number of problems included vary by survey; they include harms occurring to the respondent directly (such as being physically abused), property damage, harm resulting from accidents (such as road traffic accidents) and nuisance behaviours such as being annoyed by drinkers urinating in public. However, no existing surveys in this tradition measure these external harms comprehensively, and together they give only a piecemeal picture of alcohol's harm to others. In the present study, we have aimed to be more comprehensive.

The Harm to Others survey approach

When we embarked on a project focussing on how alcohol can harm people other than the drinker, it was clear to us that an important part of the study should be an Australian population survey where respondents reported harm they had recently experienced from others' drinking.

We reviewed the different approaches taken to measuring social and health consequences of drinking – including cost-of-illness, victimisation survey and quality of life traditions (ie. Cahalan & Room, 1974; Collins & Lapsley, 2008; Fillmore, 1985; Klingemann & Gmel, 2001). These approaches varied on the types of domains of alcohol-related harm measured and whether these were measured at the individual or aggregate level.

Following this review, we began to develop our own survey instrument, deciding to elicit the perspective of individuals experiencing the harms relating to the drinking of others (including witnessing or observing alcohol-related harms). We focused initially on the types of relationships a individual may have to people whose drinking may cause them adverse effects and then on the specific types of adverse effects experienced. A drinking level at which a drinker was likely to cause

harm to those around them was not defined, but was left to the perspective of the individual experiencing the harm. The relationship types were envisaged in terms of being either with people living within or outside of an individual's household at ever widening social circles with the individual at the core. Thus, the survey was designed to collect information about harm both from family and friends within the household and from family, friends, co-workers and strangers outside the household. See Figure 1.

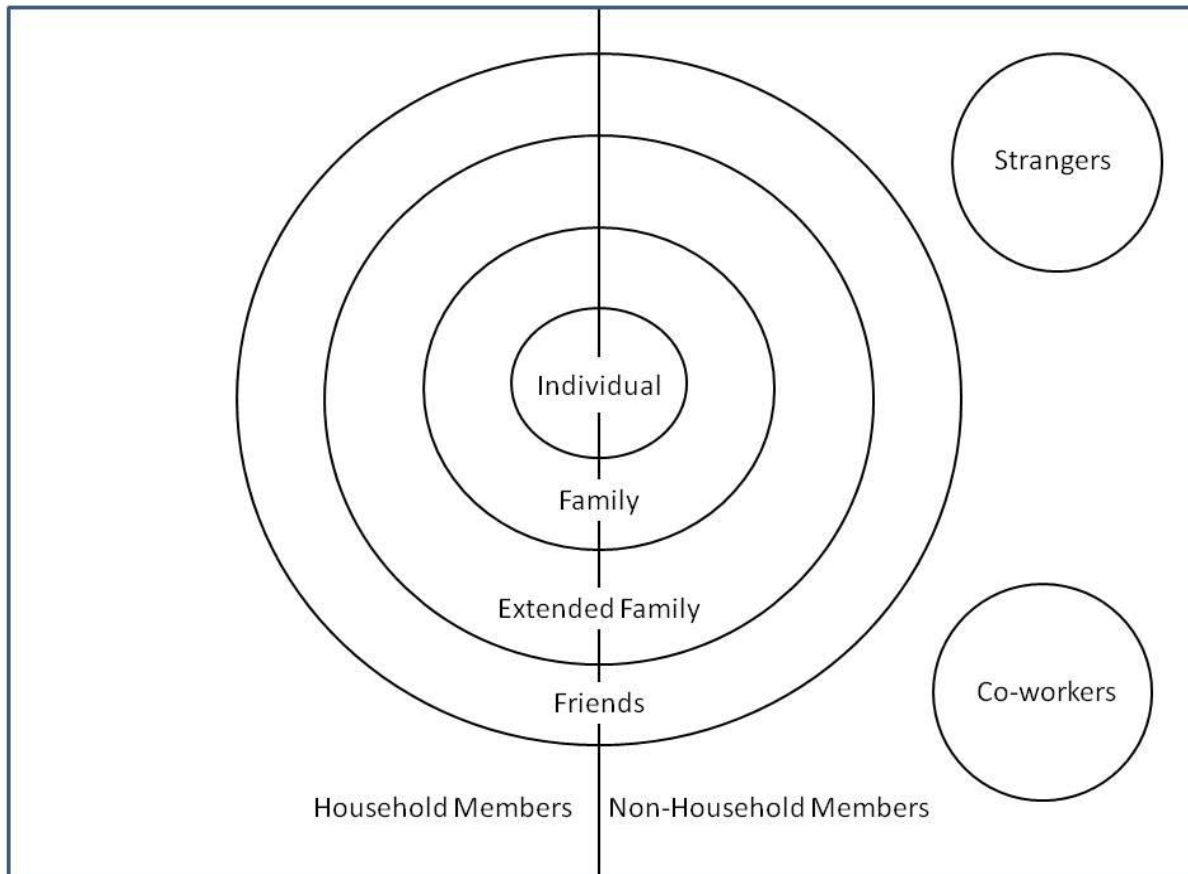


Figure 1 Conceptualisation of relationships to other drinkers who cause negative effects

We included aspects of other approaches of measuring alcohol-related harm: standardised measures of health and wellbeing to be analysed in conjunction with the respondent's perception of adverse effects caused by others' drinking and items which could enable financial costing of harms, as in the cost-of-illness tradition.

Table 1 outlines the key domains covered in the survey instrument, the main constructs explored within each domain and the corresponding section of the survey. For a complete version of the survey instrument see Appendix 1.

Table 1 Domains of the survey instrument and corresponding survey sections

Domain	Construct	Survey Section
Respondent characteristics	Sex Age Education Occupational category Labour force participation status Country of birth Ethnic ancestry Contribution to household income Alcohol consumption	Section A, F, K and L
Household level characteristics	Relationships within household Household income Distance from respondent's home to licensed venues	Section A Section I
Neighbourhood level characteristics	Neighbourhood disadvantage	Section K
Heavy drinkers in respondent's life	Household members Relatives or partners Co-workers Friends Ex-partners Other known persons	Section D
Heavy drinkers negatively affecting the respondent	Household members Relatives or partners Co-workers Friends Ex-partners Other known persons	Section D
Heavy drinker most affecting the respondent	Relationship to respondent Sex Age Alcohol consumption	Section D Section F
Adverse effects from identified problematic drinker	Harm Items – victimisation and caring Overall impact of negative effects	Section E

THE RANGE AND MAGNITUDE OF ALCOHOL'S HARM TO OTHERS

Turning Point Alcohol and Drug Centre

Adverse effect on care of children	Harm Items Perpetrators' relationship to the children Overall impact of negative effects on the children	Section G
Adverse effects from co-workers	Harm Items Overall impact of negative effect	Section H
Adverse effects from strangers	Harm Items Overall impact of negative effect	Section I
Economic cost	Harm Items (where measured in terms of time spent or absolute dollars) Socio-economic status (household income)	Sections E, H, I and J
Health and welfare	Personal Wellbeing Index EQ-5D Service Use Items Caring activities	Section B Section C Section J Section E
Service use	Service Use Items	Section J

THE SURVEY INSTRUMENT

The survey was developed specifically for the Alcohol's Harm to Others study, drawing on the available literature, in mutual consultation with a team working on a related study at the Centre for Social Health Outcomes Research Evaluation (SHORE) in New Zealand. While, as discussed above, there has been some previous survey work in this area, no previous study has taken as broad and comprehensive a view of problems with others' drinking on a general population scale. As such we have had to be innovative; many of the approaches and measures used in this study are used for the first time, and there is no ready-made validation literature to draw on. Developing the survey instrument began with gathering a comprehensive and broad pool of potentially relevant items from a number of existing surveys (see Appendix 2). Where no previous material existed, new items were developed. Following this, the research team undertook a rigorous iterative process of item selection and questionnaire development and refinement, followed by two formal pilot pre-tests of the survey. The final survey contains approximately 125 questions and is structured into 12 sections detailed below.

The next section gives a more detailed description of the items included in each survey section. The full survey instrument can be found in Appendix 1.

Survey structure

A: Household Relationships

This section identifies the number of people living in the respondent's household, and their relationship to the respondent. A few socio-demographics about the respondent are also gathered such as their age, work force participation and usual occupation.

B: Personal Wellbeing Index (PWI)

Subjective wellbeing is measured using the Personal Wellbeing Index (PWI: Cummins, Eckersley, Pallant, van Vugt, & Misajon, 2003). This index has been widely used to measure wellbeing (e.g. Davern, Cummins, & Stokes, 2007; Glatzer, 2006; Sachs, Sa'ar, & Aharoni, 2007). The PWI measures satisfaction across eight domains (standard of living, health, life achievements, personal relationships, safety, community, security and spirituality) and combines the results to produce a well validated measure of overall subjective wellbeing with a theoretical minimum of 0 (complete dissatisfaction) and maximum of 100 (complete satisfaction). The PWI is publicly available and the statements and response categories were included without alteration. Full details of the scoring method used to create the PWI are available in the Personal Wellbeing Index manual (International Wellbeing Group, 2006).

Additional items to assess wellbeing are sourced from a survey developed by the SHORE Centre in New Zealand. These items address the following three domains - mental wellbeing, physical health and feelings about oneself (SHORE & Te Ropu Whariki, 2006).

C: EQ-5D scale

Health-related quality of life (HRQoL) is measured using the EQ-5D, a standardised and non-disease specific measure (Brooks, 1996; The EuroQol Group, 1990). This scale is a well validated and widely used measure of HRQoL (Rabin & de Charro, 2001). Respondents describe their own health state on five dimensions (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) in terms

of one of three levels (no problems, some problems, severe problems). These levels are scored, and the five dimension scores can be combined to give an overall health state score. The instrument is short, user-friendly and has been used in economic costing studies.

Inclusions of both the PWI and EQ-5D measures allows us to compare variations in respondent's health-related quality of life and subjective wellbeing score according to the number and the type of relationships they have with heavy drinkers.

D: Heavy drinkers in respondent's life

A general overview of the relationships the respondent has with heavy drinkers is assessed through a series of questions. The first question used is "Thinking about the last 12 months, has there been any current household member who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?" This is followed with a question that determines the specific relationship of the identified heavy drinker to the respondent, and one which establishes whether that person's heavy drinking negatively affected the respondent in some way in the last 12 months. This sequence is repeated for all identified household members aged 13 years and older. This question structure was asked about heavy drinkers in each of a number of ever widening social circles, starting with household members, then relatives or boyfriends/girlfriends, co-workers, friends, ex-partners, and any other person known well to the respondent. Asking in succession about different kinds of relationships in this way is designed to ensure that each respondent answers about heavy drinkers in their life concerning the same range of social relationships.

At the end of this section respondents who have been negatively affected by more than one person are asked to identify a single heavy drinker whose drinking most negatively affected them in the last 12 months.

E: Descriptive section

In this section the ways in which the heavy drinker most negatively affecting the respondent causes them harm is explored. The respondent is asked if they have experienced a series of harms in a range of areas because of the drinker identified to have most negatively affected them (e.g. physical violence, sexual coercion, emotional hurt or neglect, arguments, drink driving, financial consequences, effects on social occasions and breakages or damage to property). A further set of questions examines what the respondent may have done for the identified drinker because of their drinking; for example; how many times have they had to spend time caring for the drinker, to take on extra family caring responsibilities, to clean up after them and to drive them somewhere because of their drinking. Questions were also asked to ascertain the amount of time and money spent as a result of these activities.

F: Demographics and drinking of the identified drinker most affecting the respondent

The respondent is asked the gender and decade of age of the identified drinker, and three questions about the drinking patterns of the identified drinker: how often they drink "fairly heavily or a lot", how much s/he drinks when s/he drinks this way, and how often s/he has 5 or more standard drinks. These questions are considered to encompass what a respondent might best be able to answer about the drinking of a friend or relative.

G: Effects on children

Respondents with children living in the same house or for whom they have some parental responsibility are asked questions eliciting potential neglect or abuse of the children because of someone else's drinking, and how much the drinking of others has negatively affected the children in the last 12 months. The respondent is also asked whose drinking has had the adverse effect. These questions loosely mirror types of primary harm, excluding sexual harm, commonly substantiated by Australian child protective services (AIHW, 2008).

H: Effects of co-workers

Three questions on adverse effects and the work time lost because of the drinking of co-workers are asked. These questions were developed by the research team as no existing survey items assessing how others' drinking affects someone's working life could be located.

I: Alcohol-related harm in the community

This section of the survey measures the respondent's experiences of a range of alcohol-related harms, both personally and to their property, committed by strangers or someone they do not know very well. At least a few such items have been included in national and international surveys, including Australia's National Drug Strategy Household Survey (NDSHS) - Australia's largest survey on licit and illicit drug use (see for example 'Victims of Drug-related Harm' in Australian Institute of Health and Welfare, 2005, p. 47). This section combines items adapted from a range of these surveys as well as new questions. The items include harms occurring to the respondent directly, to their property and belongings, and other drinking behaviours perceived as problematic for others, yet not necessarily intended by the drinker – i.e. being annoyed by drinkers urinating in public. These questions were developed collaboratively in association with the SHORE Centre. Two questions address the cost borne by the respondent - damage to personal belongings and property due to other people's drinking.

J: Service use

This section provides information on whether respondents have made contact with police, hospitals, medical services other than hospitals, and counselling services and other professional advice because of someone else's drinking. For each of the services the respondent has had contact with over the last 12 months, they are asked how much time this took out of their normal activities and the estimated cost of using the service. Respondents are also asked how many days they may have had to take off work because of other people's drinking. While 'time off work' is not a service per se, absenteeism of a person other than the drinker is considered to be an externality of alcohol. Informal services and support, such as family networks or groups such as Al Anon, were considered beyond the scope of this section.

K: Demographics of the respondent

Demographic items, including age, sex, employment and income were developed based on those used in standard national (AIHW, 2005) and international questionnaires (Bloomfield et al., 2005; Pennay & Van Dyke, 2008).

Questions on drinking patterns and drinking consequences are based on those used in the NDSHS (AIHW, 2005) and other international questionnaires (Bloomfield et al., 2005; Pennay & Van Dyke, 2008). Alcohol consumption is measured in terms of frequency of drinking and usual quantity of drinking, allowing calculation of the total annual volume (Quantity-Frequency (QF) method), along with a question on frequency of heavy episodic drinking as recommended by the World Health

Organization (WHO, 2000: five or more standard drinks - the Australian practice for heavy drinking episodes).

Common characteristics of the alcohol-related harm items

This section of the report provides an overview of four common characteristics of the questions about harms from other's drinking, or 'harm items', included in sections E, G, H and F.

Firstly, the questions are phrased in terms of the last 12 months. This fits with the tradition in this literature of measuring the time period of 'current' problems (Room, 2000, p. 100). Secondly, questions are asked in terms of the number of times harms have been experienced within the last 12 months. This departed from the more traditional approach in the literature which provided frequency response categories such as 'no, never', 'yes, once or twice', and 'yes, several times' (Bloomfield et al., 2005). This approach allowed us to determine a severity of harm from others' drinking by high frequency occurrences (i.e. 50 or more times) and thus examine the characteristics of those people who have frequently experienced harm from others' drinking compared to those who experienced infrequent harm (Rossow & Hauge, 2004).

Thirdly, the issue of attribution of the alcohol-related harm was phrased strongly as 'because of their drinking'. The strong formulation is likely to result in a low estimate of harm from others' drinking, since the respondent may not know whether the other person has been drinking (particularly in relation to strangers). For example, in the US national victimisation surveys, about 30% of the victims of personal crimes answer that they do not know whether the offender had been drinking or using drugs (Greenfeld, 1998). Lastly, the series of alcohol-related harm items in each survey section are followed by a question asking about the overall negative effect of the harms. This 'impact question' had a series of purposes: to assess the overall impact of all individual harm items experienced in any section, to allow a comparison of impact on the respondent from harms experienced in different sections, and finally to incorporate a measure of impact in addition to the standardised measures of health-related quality of life and subjective wellbeing. The response categories for the overall impact question were 'a lot, a little or none at all'. Such items have been used in previous surveys (Fillmore, 1985; Room, 1996).

METHODOLOGY

The survey was administered by The Social Research Centre (SRC) of North Melbourne, on behalf of Turning Point, between October and early December 2008. A national sample of potential landline residential telephone numbers was generated using Random Digit Dialling (RDD), and phone interviews were sought with a chosen sample of respondents, using computer-assisted telephone interviewing (CATI). The RDD sampling methodology involved undertaking a random selection of electronic records of national telephone numbers and replacing the last two digits of the ten digit telephone numbers with two randomly generated digits to create a list of new randomly generated telephone numbers. The process also involved clearing this list of business numbers by comparing it to an electronic list of business numbers from the Electronic White Pages. Numbers generated in this way were released to interviewers in batches, so that calls to one batch are all but exhausted prior to releasing a fresh batch of samples for call initiation.

The call procedure involved calling a generated number up to 6 times to make contact with an eligible household member, and up to a maximum of 15 additional calls to make an interview. Call attempts were spread throughout the afternoon and early evening during weekdays and during the day at the weekend. Once contact was made with a potential respondent, an appointment time outside of these times could be requested. Eligible respondents were people aged 18 years or older, living in private households across Australia and able to be interviewed in English. Where there was more than one eligible respondent in the household the household member whose birthday was next was used as a basis for selection. Verbal informed consent was obtained prior to the interview.

To ensure that interviews were spread representatively throughout Australia, minimum interview quotas were set for each of 15 geographic strata – within and outside the capital cities of each State and Territory. These quotas were set in proportion to Australian Bureau of Statistics (ABS) population benchmarks detailed in the 2006 Census (Appendix 3).

Ethics approval for the study was from the Human Research Ethics Committee of the Victorian Department of Human Services (ethics approval no. 20/08). At the end of the interview, or at the point of refusal to participate all participants were asked to take down three numbers. The first was for regarding concerns about this research the participants were given the number of someone at the approving ethics committee. Secondly, participants were also given a free call telephone number to research the director of the survey if they had any queries (less than five calls were received), and lastly participants were given the number of a drug and alcohol counselling and referral service.

The survey was completed by 2,649 respondents. The average interview length was 18.4 minutes (Challice & Van Dyke, 2009).

Call results and response rate

A total of 77,521 calls were placed to the 24,982 sample records to which calls were initiated – an average of 3.0 calls per sample record. As can be seen at Table 2, the most common call outcomes were no answer (39.2%), followed by answering machine (16.3%), disconnected numbers (13.4%) and appointments (10.6%). On average, an interview was achieved every 30.1 calls. This call distribution is reasonably consistent with similar RDD surveys conducted by the SRC.

Table 2 Summary of all call attempts by call outcome (source: Challice & Van Dyke, 2009)

Call outcome	Numbers initiated	As % call attempts	As % in-scope contacts
	n	%	%
Unusable Sample			
Telstra message, number disconnected	10,350	13.4	
Fax/Modem	2,951	3.8	
Remove from list	80	0.1	
Not a residential number	2,076	2.7	
Total unusable sample	15,457	19.9	
Unresolved at end of call cycle			
Engaged	2,973	3.8	
Answering machine	12,631	16.3	
No answer	30,391	39.2	
Appointment made	8,213	10.6	
Wrong number / Respondent not known	90	0.1	
Total unresolved at end of call cycle	54,298	70.0	
Out-of-scope contacts			
Too old / frail to do survey	231	0.3	
Selected respondent away duration	442	0.6	
Language difficulty (no follow up)	612	0.8	
Out of scope (non-specific) ¹	130	0.2	
Total out of scope contacts	1,415	1.8	
In-scope contacts			
Completed interviews	2,649	3.4	41.5
Household refusals (prior to identification of selected respondent)	3,070	4.0	48.5
Respondent refusals	582	0.7	9.1
Terminated midway in survey	50	0.1	0.8
Total in-scope contacts	6,351	8.2	100.0
Total call attempts	77,521	100.0	

Table 3 shows the final call outcome for the 24,982 sample records to which calls were initiated. As can be seen

- Over half of all sample records called (54.9%) were unusable (disconnected, fax/modem numbers, non-residential numbers)
- Almost one in six numbers (13.8%) were unresolved, meaning that a final outcome had not been obtained either within the prescribed call cycle or by the end of the data collection period

¹ Includes unreliable or drunk respondents, residents of institutions quarters (e.g. prisons, nursing homes), households where no adults aged 18+ usually reside.

- Just over five percent of sample records were identified as out of scope
- An interview was achieved for 10.6% of sample records to which calls were initiated

Table 3: Summary of final call outcomes (source: Challice & Van Dyke, 2009)

Final call outcome	Numbers initiated	As % numbers initiated	As% in-scope contacts
	n	%	%
Total numbers initiated	24,982		
Telstra message, number disconnected	10,223	40.9	
Fax/Modem	1,430	5.7	
Remove from list	80	0.3	
Not a residential number	2,008	8.0	
Total unusable sample	13,741	54.9	
Unresolved at end of call cycle			
Engaged	201	0.8	
Answering machine	673	2.7	
No answer	2,599	10.4	
Unresolved appointment	5	0.1	
Wrong number / Respondent not known	86	0.3	
Total unresolved at end of call cycle	3,564	13.8	
Out of scope contacts			
Too old / frail to do survey	231	0.9	
Selected respondent away duration	431	1.7	
Language difficulty (no follow up)	545	2.2	
Out of scope (non-specific) ²	119	0.5	
Total out of scope contacts	1,326	5.3	
In-scope contacts			
Completed interviews	2,649	10.6	41.7
Household refusals (prior to identification of selected respondent)	3,070	12.3	48.3
Respondent refusals	582	2.3	9.2
Terminated midway in survey	50	0.2	0.8
Total in-scope contacts	6,351	25.4	100.0

The most common call outcome of the numbers remaining unresolved at the end of the call cycle was no answer (n = 2,599), representing 10.4% of the total numbers initiated (Table 3). This proportion is reasonably consistent with similar RDD surveys conducted by the SRC (Pennay & Van Dyke, 2008), other Australian social research centres (personal correspondence with Hunter Valley Research Foundation, Newcastle, and the CATI centre of the Queensland Treasury Department) as well as those obtained in social research surveys conducted in New Zealand (personal correspondence with SHORE, New Zealand). In-line with other surveys, numbers with a no answer status pose uncertainty

² Includes unreliable or drunk respondents, residents of institutions quarters (e.g. prisons, nursing homes), households where no adults aged 18+ usually reside.

with regards to calculating response rate as their eligibility for inclusion is unknown. Decisions around how these numbers are treated represent nearly a 10% range in possible response rates (26.7% - 36.2%).

Without any available information on whether the no answer numbers represent in- or out-of-scope numbers we have sought expert advice and procedures from those at SHORE, Massey University in New Zealand. Their practice is to include a proportion of cases of unknown eligibility that are theoretically eligible, but for whom contact was not made. This proportion is based on the proportion of phone numbers where eligibility had been determined (excluding disconnected lines etc) that were in-scope.

A further step in good practice is to exclude a proportion of household refusals prior to identification of the selected respondent from the total in-scope numbers. This is based on the logic that if the household refusal had not been made and a random member of the household was selected a proportion of these household members would actually be out-of-scope (for any number of reasons: too old, language difficulty etc). Given this, a proportion of these refusals can actually be treated as out-of-scope phone numbers. The proportion estimated to be out-of-scope of these household refusals is simply the proportion found to be out-of-scope (in our situation this is 5.3%).

Treating the final call outcomes in this way the response rate is 35.2%³ and the cooperation rate of 49.7%⁴. Response rates in this vicinity are becoming increasingly common in Australia and is line with other RDD surveys of similar length on sensitive topics (Challice & Van Dyke, 2009, p. 17). For example, the CATI component of the 2007 National Drug Strategy Household Survey reported a 'participation rate' of 39.3%, calculated in a way equivalent to our reported cooperation rate (Australian Institute of Health and Welfare, 2008).

The response rate for the current study was further reduced, with ethical review deeming the risk of sending pre-approach letters to sampled households too great. This may have had a marked impact. For example, in the Australian crime victimisation survey, the fraction of the sample who received pre-approach letters had a cooperation rate of 58%, while those who did not had a similar cooperation rate to the current study (41%) (Challice and Johnson, 2005).

Weighting and Analysis of response

To be representative of the Australian household population the survey data is weighted by the inverse of the respondent's probability of selection into the sample. The completed sample is also post-weighted to reflect the age and sex composition in each geographic sampling stratum. To facilitate significance testing, the total count of the weighted sample is set equal to the total count of respondents interviewed.

The SRC was responsible for the weighting and compilation of the final dataset. More detailed information on the survey methodology and weighting is available in the Methodology Report (Challice & Van Dyke, 2009: available from Turning Point upon request).

³ The response rate (AAPOR RR3) estimates what proportion of cases of unknown eligibility is actually eligible. The proportion applied to those out-of-scope was based on the proportion found to be in-scope. (American Association for Public Opinion Research, 2008).

⁴ The co-operation rate (AAPOR COOP1) was calculated as interviews/interviews plus refusals. (American Association for Public Opinion Research, 2008)

Despite the random sampling design, the sample demonstrated deviation from the Australian population in relation to age and sex distribution - males and young people and young men in particular were under-represented. Hence the sample was post-weighted by age, sex and geographical location proportions from the ABS 2006 Census. See Table 2.

Table 3 Unweighted and weighted age by sex sample composition using 'most recent birthday' method of respondent selection.

	Unweighted Harm to Others %	Post -weighted Harm to Others %	ABS Population Benchmarks %
Gender by Age			
Male	41.1	48.7	48.9
18 to 24 years	9.7	15	13
25 to 34 years	13.3	15.9	18
35 to 44 years	18.5	17.2	19.6
45 to 54 years	21.3	20.9	18.6
55 to 64 years	18.8	16.6	15
65 years and over	18.3	14.4	15.8
Female	58.9	51.3	51.1
18 to 24 years	7.4	11.7	12.1
25 to 34 years	15.6	17.7	17.7
35 to 44 years	22.4	18	19.6
45 to 54 years	21.5	19.6	18.3
55 to 64 years	17.3	19.1	14.3
65 years and over	15.8	14	18

Given the less than desirable response rate, we further explored how the sample deviated from Australian population using 2006 Australian census data on the following characteristics – employment status, partner status, and country of birth (Table 3). These sample characteristics were used because of similarities in question frame and response options between the census and the Harm to Others Survey. From the comparisons made in Table 3 we can see that the Harm to Others survey with post-sample weights had a greater number of people employed and currently working. This may be a function of the sampling frame of households with a landline, in that education and employment status measures may act as a proxy measure for income or a stable lifestyles and it may be that landlines are more likely in higher income households or owned by people with a stable lifestyle.

These sample biases (over-representation of higher educated, older and female respondents) are consistent with other surveys both nationally and internationally due in part to the typically higher refusal rates from young males and people with lower education levels (Groves, 2006). The under-representation of young people, men and Australians from lower socio-economic backgrounds is a common problem with current Australian surveys and it is commonly argued that this may result in under-estimation of rates of negative health and wellbeing effects in general and in relation to problems associated with others' drinking. Lastly, the small under-representation of people born

overseas in non-English speaking countries is not surprising given that the interviews were only conducted in English.

Table 2 Comparison of Harm to Others Survey estimates to Australian Bureau of Statistics estimates

	ABS Population Benchmarks %	Unweighted Harm to Others %	Post-weighted Harm to Others %
Employment Status^a			
Employed and currently working	58.5	60.2	62.3
Unemployed and looking for work	3.1	1.7	1.7
Currently not working	31.8	38.0	35.9
Other	6.6	0.6	0.5
Partner Status^b			
Partnered (married and de facto)	64.6	61.7	66.4
Not-partnered	35.4	38.3	33.6
Birthplace^c			
Australia (includes External Territories)	65.5	74.9	74.3
United Kingdom	6.5	7.9	7.6
New Zealand	2.2	2.9	2.8
Ireland	0.3	0.6	0.5
Italy	1.3	0.6	0.6
Greece	0.7	0.2	0.2
China	1.3	0.7	0.8
Vietnam	1.0	0.3	0.3
Lebanon	0.5	0.4	0.4
Other	20.7	11.5	12.5

^a. The ABS figures for current employment status were obtained from ABS Cat. No. 2068.0 - 2006 Census Tables, Labour Force Status by Age and Sex. Attempts have been made to create categories that are comparable despite different response categories and classifications between the Census and Harm to Others Survey.

^b. The ABS figures for partner status were obtained from ABS Cat. No. 2068.0 - 2006 Census Tables, Marital Status by sex by age.

^c. Displaying the nine most frequent response categories for place of birth.

DISCUSSION

The Harm to Others Survey represents a significant advance into research on the social consequences of alcohol consumption. Its strengths include the inclusion of standardised measures of health-related quality of life and subjective wellbeing and a wide range of alcohol-related harms attributable to the drinking of other people which are not limited to a single or small number of social domains. Furthermore, the study used a representative and relatively large sample of Australians. Overall this survey is significant in contributing to new knowledge about the social consequences of alcohol and in bringing together a number of traditions of measuring the social consequences of alcohol, including aspects of the cost-of-illness, burden of disease, victimisation and quality of life traditions.

APPENDIX 1

Harm to Others Survey Instrument

*Introduction and screening

*(PHONE ANSWERER)

Intro1 Good (morning/afternoon/evening). My name is (...), calling on behalf of Turning Point Alcohol and Drug Centre from The Social Research Centre. I am calling to ask for your help with a national study on alcohol issues in the community. We are interested in getting your views on this important topic.

IF NECESSARY: Turning Point is a not-for-profit charitable organisation which delivers clinical services, education and training, research, and telephone and online counselling for alcohol and drug-related issues

1. Continue
2. Make appointment
3. Household refusal (GO TO RR1)
4. Language difficulty (no follow up) (RECORD ON SMS)
5. Queried about how telephone number was obtained (GO TO STEL)

*(PHONE ANSWERER)

Intro2 May I please speak to the person aged 18 years or over living in this household who had the most recent birthday?

IF NECESSARY: This is just a way of randomising who we speak to.

IF NECESSARY: This interview should only take about 20-25 minutes, depending on your answers. I'll be as quick as I can. (We could always get started now and then finish off at a later time).

1. Continue (phone answerer is selected respondent) (GO TO Intro 2x)
2. Reintroduce (other household member selected)
3. Household refusal (refused to pass on to selected respondent) (GO TO RR1)
4. Respondent refusal (selected respondent refused) (GO TO RR1)
5. Will only do study if more information provided (GO TO Intro4) (PROGRAMMER NOTE: SUPPRESS FOR PILOT)

Intro 2x This interview should only take about 20-25 minutes

1. Continue (GO TO Intro5)

*(SELECTED RESPONDENT NOT PHONE ANSWERER) (Intro2=2)

Intro3 Good (morning/afternoon/evening). My name is (...), calling on behalf of Turning Point Alcohol and Drug Centre from The Social Research Centre. I am calling to ask for your help with a national study on alcohol issues in the community. We are interested in getting your views on this important topic. Would you be able to help out - the interview takes about 20-25 minutes, depending on your answers. I'll be as quick as I can.

IF NECESSARY: We could always get started now and then finish off at a later time.

IF NECESSARY: Turning Point is a not-for-profit charitable organisation which delivers clinical services, education and training, research, and telephone and online counselling for alcohol and drug-related issues

1. Continue (GO TO Intro5)
2. Make appointment (RECORD FIRST NAME AND ARRANGE CALL BACK)
3. Respondent refusal (selected respondent refused) (GO TO RR1)

4. Language difficulty (no follow up) (RECORD ON SMS)
5. Queried about how telephone number was obtained (GO TO STEL)
6. Will only do study if more information provided (GO TO Intro4) (PROGRAMMER NOTE: SUPPRESS FOR PILOT)

*(WANTS MORE INFORMATION) (Intro2=5 OR Intro3=6)

Intro4 If you would like more information, I can arrange for a letter to be sent to explain the nature of the study. Or I can read you the letter over the phone now?

IF NECESSARY: There is also information about the study available on our website – www.srcentre.com.au, or at the Turning Point website www.turningpoint.org.au

1. Letter not required – continue (GO TO Intro5)
2. Letter to be read out (READ LETTER) (GO TO Intro5)
3. Respondent would like to be sent a copy of the letter (GO TO SLET) (PROGRAMMER NOTE: SUPPRESS FOR PILOT)
4. Respondent refusal (GO TO RR1)
5. Make appointment
6. Queried about how telephone number was obtained (GO TO STEL)

*PROGRAMMER NOTE RE SLET: WILL NEED TO BE ABLE TO TRACK INTERVIEWS RESULTING FROM SENDING A COPY OF THE LETTER.

*CREATE “!GETDET” REPORT FOR OVERNIGHT EXTRACTION OF CONTACT DETAILS OF PERSONS REQUESTING A LETTER.

*(WANT TO RECEIVE A COPY OF THE LETTER)

SLET Would you like us to mail, fax, or email you a copy of the letter?

1. Mail (RECORD NAME AND VERIFY ADDRESS DETAILS FROM SAMPLE / COLLECT ADDRESS DETAILS) (MAKE APPOINTMENT FOR 5 DAYS TIME)
2. Fax (COLLECT NAME AND FAX NUMBER) (MAKE APPOINTMENT FOR 5 DAYS TIME)
3. Email (RECORD EMAIL ADDRESS) (MAKE APPOINTMENT FOR 1 DAYS TIME)

*(QUERIED HOW TELEPHONE NUMBER WAS OBTAINED)

STEL. Your telephone number has been chosen at random from all possible telephone numbers in your area. We find that this is the best way to obtain a representative sample of households for the study.

IF NECESSARY: The computer selects eight digit prefixes listed in the telephone directory and randomly generates the last two digits to make a phone number. This means we may call households with a silent number. It is important to try to include all households to achieve a representative sample of all Australians.

IF ABSOLUTLEY NECESSARY: If you have any concerns about this research, please call Ms Vicki Xafis on (03) 9096 5239, she is the Secretariat of the approving Human Research Ethics Committee at the Department of Human Services.

1. Snap back to previous question

*(ALL)

Intro5 Before we begin, there are a few things I need to tell you.

Your participation is voluntary and your answers will be completely confidential.

The interview covers other people's drinking and its effects on you. It includes questions about your well-being and relationships, as well as some basic information about you such as age education and occupation. You do not have to answer any questions you don't want to.

IF NECESSARY: For example, you will be asked about the drinking of those close to you and whether this has negatively affected you in some way

1. Continue
2. Selected respondent refusal (GO TO RR1)

*(ALL)

Intro6 At the end of the interview, I will give you details of some people you may wish to contact. I can give you these details at any time throughout the interview as well. If you decide to end the interview early, I will give you the numbers then.

And if you need to, please move somewhere where you will feel comfortable responding.

1. Continue

*(ALL)

Intro7 This call may be monitored for training and quality purposes. Is that ok?

1. Monitor
2. Do not monitor

*Section A. Household Questions

*(ALL)

Aintro I'll begin with some questions about you and your household...

1. Continue

*(ALL)

A1 RECORD GENDER OF RESPONDENT

1. Respondent is male
2. Respondent is female

*(ALL)

A2 Firstly, how old are you?

1. Age given (SPECIFY____)(RANGE 18 TO 99) (GO TO A3)
2. 17 or younger (RESELECT, ELSE GO TO TERM1)
3. Refused

*(REFUSED AGE) (A2=3)

A2a Which of the following age groups are you in? READ OUT

1. 18 - 24 years
2. 25 - 34 years
3. 35 - 44 years
4. 45 - 54 years
5. 55 - 64 years
6. 65 - 74 years
7. 75 + years
8. (Refused) (GO TO TERMINATION SCRIPT 2)

*(ALL)

A3 APART from yourself, how many OTHER people aged 18 years or over usually live in your household?

1. Number given (SPECIFY____) (RANGE 1 TO 11)

2. No others (GO TO A5X)
3. Refused (GO TO A5X)

PREA5 IF A3=1 IS 1 (ONE OTHER PERSON 18+ IN HOUSEHOLD) GO TO A5 INTROA,
OTHERWISE GO TO A5 INTROB

*(OTHERS 18+ IN HOUSEHOLD)

A5 INTROA What is that person's relationship to you?
INTROB Thinking of the (oldest/next oldest) of these people, what is that person's
relationship to you?

1. Husband
2. Wife
3. MALE partner / de facto
4. FEMALE partner / de facto
5. Son
6. Daughter
7. Stepson or partner's son
8. Stepdaughter or partner's daughter
9. Father
10. Mother
11. Grandfather
12. Grandmother
13. Brother
14. Sister
15. Other MALE relative
16. Other FEMALE relative
17. MALE friend / flatmate
18. FEMALE friend / flatmate
19. Other MALE (SPECIFY _____)
20. Other FEMALE (SPECIFY _____)
21. (Refused)

*[REPEAT LOOP (A5) FOR ALL HOUSEHOLD MEMBERS - ALLOW UP TO 11 PEOPLE]

*[CLOSE LOOP FOR ALL HOUSEHOLD MEMBERS]

*(ALL)

A5x How many children aged 0 to 12 usually live in your household?

1. Number given (SPECIFY _____) (RANGE 1 TO 9)
2. None
3. Refused

*(ALL)

A5y And how many children aged 13 to 17 live in your household?

1. Number given (SPECIFY _____) (RANGE: 1 TO 9)
2. None
3. (Refused)

*(ALL)

A5DUM PROGRAMMER CREATE DUMMY VARIABLE FOR PRESENCE OF CHILDREN
AGED 13-17 IN HOUSEHOLD

1. One child 13-17 in household (A5y Code 1=1)
2. Two or more children aged 13-17 in household (A5y Code 1=2+)
3. No children 13-17 in household / Refused (All others)

A6DUM PROGRAMMER CREATE DUMMY VARIABLE FOR PRESENCE OF CHILDREN UNDER 18 IN HOUSEHOLD (SECTION G FILTER)

1. Child/ren under 18 years in household (A5x=1 OR A5y=1)
2. No children under 18 in household / Refused (All others)

A7DUM PROGRAMMER CREATE DUMMY VARIABLE FOR PRESENCE OF PEOPLE 13+ IN HOUSEHOLD (SECTION D FILTER)

1. One person 13+ in household ((A3=1 AND A5DUM=3) OR (A3 NOT=1 AND A5DUM=1))
2. Two or more people 13+ in household (A3Num + A5yNum = 2 or more)
3. No people 13+ in household / Refused (All others)

*(ALL)

A7 Which of the following best describes your main activity at the moment? Are you....

1. Self-employed
2. Working in paid employment
3. Doing study or training
4. Unemployed and looking for work
5. Doing unpaid voluntary work
6. Retired
7. Engaged in home duties
8. Unable to work, or
9. Doing something else (SPECIFY_____)
10. (Can't Say)
11. (Refused)

*(ALL)

A8 And for most of your life, what has been your MAIN occupation?

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. NEVER BEEN IN PAID EMPLOYMENT
11. Other (SPECIFY_____)
12. (Refused)

***Section B. Personal Wellbeing Index**

*(ALL)

Bintrö 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
- j. Your mental well-being
- k. Your physical health
- l. Your feelings about yourself

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)

*(ALL)

PREB1x IF A7 = 4,6,8,10,11 TO TO CIntro. OTHERWISE CONTINUE

*(ALL)

B1x Earlier you said you were <INSERT RESPONSE TO A7> How satisfied are you with this area of your life?

RESPONSE FRAME

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

***Section C. EuroQoL – 5D**

*(ALL)

Cintro Now I have some questions about your health (I realise some of these may seem repetitive but please bear with me - we ask the same questions of everyone)...

1. Continue

*(ALL)

C1. Which of these statements best describes your own state of health today.....

1. I have NO problems in walking about
2. I have SOME problems in walking about, or
3. I am confined to bed
4. (Can't say)
5. (Refused)

*(ALL)

C2. (Which of these statements best describes your own state of health today.....)

1. I have NO problems with self care
2. I have SOME problems washing or dressing myself or
3. I am unable to wash or dress myself
4. (Can't say)
5. (Refused)

*(ALL)

C3. (Which of these statements best describes your own state of health today.....)

1. I have NO problems with performing my usual activities
2. I have SOME problems with performing my usual activities or
3. I am unable to perform my usual activities
4. (Can't say)
5. (Refused)

*(ALL)

C4. (Which of these statements best describes your own state of health today.....)

1. I have NO pain or discomfort
2. I have MODERATE pain or discomfort or
3. I have EXTREME pain or discomfort
4. (Can't say)
5. (Refused)

*(ALL)

C5. (Which of these statements best describes your own state of health today.....)

1. I am NOT anxious or depressed
2. I am MODERATELY anxious or depressed or
3. I am EXTREMELY anxious or depressed
4. (Can't say)
5. (Refused)

INTERVIEWER NOTE: IF RESPONDENT SOUNDS UPSET/DEPRESSED, PLEASE SAY SOMETHING LIKE: "THERE'S A TELEPHONE NUMBER I CAN GIVE YOU IF YOU'D LIKE TO TALK TO SOMEONE" AND GIVE THEM LIFELINE: 131 114

*(ALL)

TIMESTAMP 1

***Section D. Heavy drinkers in your life**

*(ALL)

Dintro 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.

PRED1 IF A3=2 OR 3 (NO OTHER ADULTS IN HOUSEHOLD / REFUSED NUMBER OF PEOPLE IN HOUSEHOLD) AND A5DUM =3 (NO CHILDREN 13-17 IN HOUSEHOLD/REFUSED NUMBER OF CHILDREN IN HOUSEHOLD) GO TO D4. OTHERS CONTINUE

*START LOOP

*PROGRAMMER – MAXIMUM ITERATIONS = NUMBER OF PERSONS IN HOUSEHOLD AGED 13 OR OLDER (FROM A3 AND A5Y)

IN FIRST ITERATION OF LOOP, DISPLAY “...any current member of your household”

IN FOLLOWING ITERATIONS OF LOOP, DISPLAY “...any other current members of your household”

*(OTHER HOUSEHOLD MEMBERS AGED 13 OR OVER)

D1 Thinking about the last 12 months, <has there been any CURRENT MEMBER OF YOUR HOUSEHOLD who you would consider to be / would you consider the OTHER MEMBER OF YOUR HOUSEHOLD to be>a fairly heavy drinker, or someone who drinks a lot sometimes?

PROGRAMMER NOTE: INSERT SECOND PHRASE WHEN A7DUM=1 (ONE OTHER PERSON 13+ IN HH)

1. Yes
2. No (GO TO D4)
3. (Can't say) (GO TO D4)
4. (Refused) (GO TO D4)

PRED2 IF A7DUM=1 (ONE OTHER PERSON 13+ IN HH) AND A5= 1-20 (R PROVIDES RELATIONSHIP), GO TO D3, OTHERWISE CONTINUE

*(FAIRLY HEAVY DRINKER IN HOUSEHOLD) (D1=1)

D2 What is their relationship to you?

DISPLAY CODEFRAME FROM A5. DISPLAY “OTHER SPECIFY” RESPONSE (NOT PRECODE)

10. (Refused)

*(FAIRLY HEAVY DRINKER IN HOUSEHOLD) (D1=1)

D3 And would you say your <INSERT RESPONSE TO D2/ INSERT RESPONSE TO A5 IF ONLY ONE OTHER PERSON IN HOUSEHOLD>'s drinking negatively affected you in some way in the last 12 months?

*PROGRAMMER NOTE: IF “REFUSED” RELATIONSHIP AT D2 (AND EQUIVALENT QUESTIONS THROUGHOUT SECTION D), DISPLAY “that person” AT D3.

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

*END LOOP

*START LOOP

*PROGRAMMER – MAXIMUM ITERATIONS = 8

IN FIRST ITERATION OF LOOP, DISPLAY “...any relative or boy/girlfriend”

IN FOLLOWING ITERATIONS OF LOOP, DISPLAY "...any other relative or boy/girlfriend"

*(ALL)

D4 (And) at any time in the last 12 months, has there been any RELATIVE OR BOYFRIEND OR GIRLFRIEND who does NOT live with you, who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?

INTERVIEWER NOTE: BOY/GIRLFRIEND IS A ROMANTIC RELATIONSHIP, NOT JUST A FRIEND

REMIND AS NECESSARY: We are referring to relatives who you have been in contact with in the last 12 months

1. Yes
2. No (GO TO PRED10)
3. (Can't say) (GO TO PRED10)
4. (Refused) (GO TO PRED10)

*(RELATIVE/ BOYFRIEND/GIRLFRIEND WHO IS A FAIRLY HEAVY DRINKER (D4=1)

D5 What is their relationship to you?

PROGRAMMER NOTE: PLEASE DISPLAY LIST AS TWO COLUMNS LIKE THIS SO FITS ON SINGLE SCREEN

1. Son	11. Daughter
2. Father	12. Mother
3. Brother	13. Sister
4. Grandfather	14. Grandmother
5. Uncle	15. Aunt
6. Ex-husband	16. Ex-wife
7. Ex-partner: MALE	17. Ex-partner: FEMALE
8. Current boyfriend	18. Current girlfriend
9. Ex-boyfriend	19. Ex-girlfriend
10. Other MALE (SPECIFY _____)	20. Other FEMALE (SPECIFY _____)
	21. (Refused)

*(RELATIVE / BOYFRIEND/ GIRLFRIEND WHO IS A FAIRLY HEAVY DRINKER (D4=1)

D6 And would you say your <INSERT RESPONSE TO D5>'s drinking has negatively affected you in some way in the last 12 months?

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

*END LOOP

PRED10 IF A7=1,2,5 (CURRENTLY EMPLOYED/VOLUNTEERING) CONTINUE. OTHERS GO TO D12

*(CURRENTLY EMPLOYED/VOLUNTEERING)

D10 And at any time in the last 12 months, have there been any CO-WORKERS who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?

1. Yes
2. No (GO TO D12)
3. (Don't have any co-workers) (GO TO D12)
4. (Can't say) (GO TO D12)
5. (Refused) (GO TO D12)

*(CO-WORKER WHO IS A FAIRLY HEAVY DRINKER) (D10=1)

D10a How many (co-workers fall into this category)?

1. Number given (SPECIFY _____) (RANGE 1 TO 99)
2. (Can't say)
3. (Refused)

*(CO-WORKER WHO IS A FAIRLY HEAVY DRINKER) (D10=1)

D11 Overall, would you say their drinking negatively affected you in some way in the last 12 months?

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

*(ALL)

D12 And what about FRIENDS who do NOT live with you? In the last 12 months, would you consider any of them to be a fairly heavy drinker or someone who drinks a lot sometimes?

1. Yes
2. No (GO TO PRED14)
3. (Can't say) (GO TO PRED14)
4. (Refused) (GO TO PRED14)

*(FRIEND IS FAIRLY HEAVY DRINKER) (D12=1)

D12a How many (friends fall into this category)?

1. Number given (SPECIFY _____) (RANGE 1 TO 99)
2. (Can't say)
3. (Refused)

*(FRIEND IS FAIRLY HEAVY DRINKER) (D12=1)

D13 Overall, would you say their drinking has negatively affected you in some way in the last 12 months?

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

PRED14 IF D5=6, 7, 9, 16, 17, 19 (MENTIONED EX-PARTNER PREVIOUSLY) GO TO D14 INTRO B. OTHERS GO TO D14 INTRO A.

*(ALL)

D14 INTRO A And has there been an EX PARTNER, who has been present in your life in the last 12 months, who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?

INTRO B And apart from the ex-partner you've already told me about, has there been any other EX PARTNER, who has been present in your life in the last 12 months, who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?

INTERVIEWER NOTE: Ex-partner includes all ex's - ex-wives, ex-husbands, ex-boyfriend, ex-girlfriend, etc

1. Yes
2. No (GO TO D16)
3. (Can't say) (GO TO D16)
4. (Refused) (GO TO D16)

*(EX PARTNER IS FAIRLY HEAVY DRINKER) (D14=1)

D15 And would you say their drinking negatively affected you in some way in the last 12 months?

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

*START LOOP

*PROGRAMMER – MAXIMUM ITERATIONS = 4

*(ALL)

D16 In the last 12 months, has there been ANY OTHER PERSON YOU KNOW WELL who you would consider to be a fairly heavy drinker, or someone who drinks a lot sometimes?

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

D17 What is that person's relationship to you? DO NOT PROMPT

1. Neighbour
2. Former house-mate
3. Other (SPECIFY__)
4. (Refused)

D18 And would you say their drinking negatively affected you in some way in the last 12 months?

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

*END LOOP

*(ALL)

DDUM PROGRAMMER CREATE DUMMY VARIABLE – FAIRLY HEAVY DRINKER IDENTIFIED?

1. No-one identified as fairly heavy drinker whose drinking has negatively affected respondent in some way ((D3=2 OR D3=3 OR D3=4) AND (D6=2 OR D6=3 OR D6=4) AND (D11=2 OR 3 OR 4), AND... ETC. (I.E DK / REF INCLUDED)
2. One person only identified as fairly heavy drinker whose drinking has negatively affected respondent in some way (BASED ON D3=1 OR D6=1 OR D11=1 ETC)
3. Two or more persons identified as fairly heavy drinker whose drinking has negatively affected respondent in some way (BASED ON D3=1 OR D6=1 OR D11=1, ETC)

*(ALL)

TIMESTAMP 2

*(ALL)

PRED19 IF DDUM=1 (NO ONE IDENTIFIED AS FAIRLY HEAVY DRINKER) GO TO PREGIntro.
OTHERS CONTINUE

*(AT LEAST ONE FAIRLY HEAVY DRINKER IDENTIFIED) (DDUM=2 OR 3)

PRED19_1 IF DDUM=2 GO TO D19 INTRO A. OTHERS (DDUM=3) GO TO D19 INTRO B

*(AT LEAST ONE FAIRLY HEAVY DRINKER IDENTIFIED) (DDUM=2 OR 3)

D19 INTRO A And overall in the last 12 months, how much has the drinking of this person affected you negatively? Would you say....

INTRO B And overall in the last 12 months, how much has the drinking of all of these people affected you negatively? Would you say....

1. A lot, or
2. A little
3. (Can't say) AVOID
4. (Refused)

DDUM4 PROGRAMMER CREATE DUMMY VARIABLE FOR AFFECTED NEGATIVELY BY FAIRLY HEAVY DRINKER (For PreJIntro filter)

1. Affected negatively by fairly heavy drinker (D3=1 OR D6=1 OR D11=1 OR D13=1 OR D15=1 OR D18=1 OR D19=1 OR 2)
2. Not affected negatively by fairly heavy drinker (All others)

PRED20 IF DDUM=2 (ONE PERSON ONLY IDENTIFIED AS FAIRLY HEAVY DRINKER) AUTOFILL D20 AND GO TO DDUM1. OTHERS (DDUM=3) CONTINUE

*(ASKED OF TWO OR MORE PERSONS IDENTIFIED AS FAIRLY HEAVY DRINKER) (DDUM=3) (AUTOFILLED FOR DDUM=2)

D20 And thinking about all of these people, overall, whose drinking has most negatively affected you in the last 12 months?

DISPLAY LIST OF PERSONS IDENTIFIED AS FAIRLY HEAVY DRINKER
DISPLAY CATEGORY AND RELATIONSHIP (WHERE RELEVANT), EG.

Household member – partner
Immediate family member – son
Other relative – brother in law
Close friend
Co-worker
Other person - neighbour
(Can't say
(Refused)

PREDDRK IF D20 ="Can't say" OR "Refused", CONTINUE; OTHERWISE GO TO PROGRAMMER NOTE THAT FOLLOWS DDRK

DDRK For the rest of this survey, we need to focus on ONE heavy drinker. The computer can select one randomly if you can't decide.

INTERVIEWER NOTE: GO BACK TO D20 IF RESPONDENT PROVIDES A HEAVY DRINKER

PROGRAMMER NOTE: IF D20="Can't say" OR "Refused", SELECT REFERENCE DRINKER ACCORDING TO FOLLOWING HIERARCHY; Current Member Of Your Household, ELSE Relative / boyfriend / girlfriend ELSE Ex-partner ELSE friend ELSE Co-worker ELSE Any other person. (IE FROM "CLOSEST" TO "FURTHEST AWAY")

IF >1 FAIRLY HEAVY DRINKER IN SELECTED CATEGORY, RANDOMLY SELECT REFERENCE DRINKER FROM WITHIN THIS CATEGORY

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT) (D19=1, 2, OR 3)

DDUM1 PROGRAMMER CREATE DUMMY VARIABLE FOR REFERENCE DRINKER CURRENTLY IN HOUSEHOLD

1. Person whose drinking has most negatively affected respondent in last 12 months is current household member (BASED ON D20 / D3)
2. All others

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
PRED21 IF DDUM1=1 (REFERENCE DRINKER IS CURRENT HOUSEHOLD MEMBER) GO TO DDUM2. OTHERS CONTINUE.

*(REFERENCE DRINKER NOT CURRENT HOUSEHOLD MEMBER)

D21 And just to confirm, have you lived with your <INSERT RESPONSE TO D20> at all in the last 12 months?

1. Yes
2. No
3. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
DDUM2 PROGRAMMER CREATE DUMMY VARIABLE FOR REFERENCE DRINKER LIVED IN HOUSEHOLD AT ANY TIME IN LAST 12 MONTHS

1. Reference drinker lived in respondent's household at some time in last 12 months (DDUM1=1 OR D21=1)
2. All others

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
DDUM3 PROGRAMMER CREATE DUMMY VARIABLE FOR GENDER OF REFERENCE PERSON (USED IN SECTION F) FROM D20

1. Reference person is male (son, father, brother, uncle, nephew, etc)
2. Reference person is female
3. Gender of reference person unknown (e.g. partner, close friend, anyone at work, other person, cousin)

***Section E. Descriptive section**

Intgen INTERVIEWER RECORD YOUR GENDER

1. Interviewer is male
2. Interviewer is female

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
Eintro Now, I am going to ask you some questions about the impact of your <INSERT RESPONSE TO D20>'s drinking on your life. A few of the questions relate to sensitive topics such as sexual activities and abuse. Not all of the questions may be relevant to you. You can skip any questions that you feel uncomfortable answering.

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
PREE1 IF INTGEN= 1 (INTERVIEWER AND RESPONDENT SAME GENDER) GO TO E1. OTHERS CONTINUE

*(RESPONDENT IS DIFFERENT GENDER TO INTERVIEWER)

PREEintro IF A1=1 (RESPONDENT IS MALE) GO TO INTRO A, OTHERS GO TO INTRO B

*(RESPONDENT IS DIFFERENT GENDER TO INTERVIEWER)

EIntro INTRO A Would you prefer to speak with a male interviewer who could call you back for this section of the questionnaire?

INTRO B Would you prefer to speak with a female interviewer who could call you back for this section of the questionnaire?

1. Continue
2. Make appointment for call back by interviewer of same gender

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

E1 Thinking about the last 12 months, please tell me how many times, if any, each of the following have happened because of your <INSERT RESPONSE TO D20>'s drinking, including because they were intoxicated, feeling the effects of alcohol or hung over?

So, how many times in the last 12 months....

STATEMENTS

- a. Did you have a serious argument that did NOT include physical violence because of their drinking?
- b. Did you feel threatened because of their drinking?
- c. Were you emotionally hurt or neglected because of their drinking?
- d. Were you physically hurt by them because of their drinking?
- e. Did you have to stop seeing them because of their drinking?
- f. Were you put at risk in the car when they were driving, because of their drinking?
- g. Were you forced or pressured into sex or something sexual because of their drinking?
- h. Did they negatively affect a social occasion you were at because of their drinking?
- i. Did they fail to do something they were being counted on to do because of their drinking?
- j. Did they break or damage something that mattered to you because of their drinking?

RESPONSE FRAME

1. Once
2. Twice
3. Three times
4. Four times
5. Five or more times (SPECIFY____) (RANGE 5 TO 999)
6. None
7. (Can't say)
8. (Refused)

PREE1X2 IF E1j = 1 TO 5 (THEY BROKE SOMETHING THAT MATTERED TO YOU) CONTINUE, OTHERWISE GO TO E1X

*(BROKEN OR DAMAGED SOMETHING) (E1j =1, 2, 3, 4, 5)

E1x2 What was the estimated out of pocket expense because of this?

1. Amount of money given (SPECIFY \$_____) (RANGE 1 TO 999999)
2. Item of sentimental value – can't put \$ value on it
3. (Can't say)
4. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

E1x Still thinking about the last 12 months, how often...

STATEMENTS

- h. Could you not bring friends home because of their drinking? (ONLY DISPLAY IF DDUM2=1) (REFERENCE DRINKER LIVED IN RESPONDENT'S HOUSEHOLD AT SOME TIME IN LAST 12 MONTHS)
- i. Did they not do their share of work around the house because of their drinking? (ONLY DISPLAY IF DDUM2=1)
- j. Did you have to leave home to stay somewhere else because of their drinking? (ONLY DISPLAY IF DDUM2=1)

RESPONSE FRAME

- 1. Once
- 2. Twice
- 3. Three times
- 4. Four times
- 5. Five or more times (SPECIFY____) (RANGE 5 TO 999)
- 6. None
- 7. (Can't say)
- 8. (Refused)

PREE1x3 IF E1X(j) = 1 TO 5 (HAD AT LEAST ONE OCCASION WHERE YOU HAD TO LEAVE HOME TO STAY SOMEWHERE) CONTINUE, OTHERWISE GO TO E1x4

*(STAYED SOMEWHERE)

E1x3 And how many days did this involve in total?

INTERVIEWER NOTE: ENCOURAGE BEST ESTIMATE

- 1. Number of days given (SPECIFY _____) (RANGE 0.5 to 365; ALLOW DECIMALS)
- 2. (Don't know)
- 3. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

PREE1x4 IF DDUM2=1, CONTINUE. OTHERWISE, GO TO PREE1x4

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

E1x4 Was there less money for household expenses because of their drinking?

RESPONSE FRAME

- 1. Once
- 2. Twice
- 3. Three times
- 4. Four times
- 5. Five or more times (SPECIFY____) (RANGE 5 TO 999)
- 6. None
- 7. (Can't say)
- 8. (Refused)

PREE1x1 IF E1x4 =1, 2, 3, 4, 5 (HAD AT LEAST ONE OCCASION WHERE THERE WAS LESS MONEY) CONTINUE. OTHERS GO TO E2Intro

*(LESS MONEY FOR HOUSEHOLD EXPENSES)

E1x1 And how much money did this involve?

ENCOURAGE BEST ESTIMATE

- 1. Amount of money given (SPECIFY\$____) (RANGE 1 TO 9999)
- 2. (Can't say)
- 3. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
E2intro Next, some questions about things that you may have done for your <INSERT RESPONSE TO D20> because of their drinking.

1. Continue

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
E2 How many times in the last 12 months did you have to SPEND TIME CARING FOR THEM 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)

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

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (RANGE 0.5 TO 365; ALLOW DECIMALS)
3. Time given in weeks (SPECIFY _____) (RANGE 1 TO 52)
4. (Can't say)
5. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
E3 How many times in the last 12 months did you have to TAKE ON EXTRA RESPONSIBILITIES CARING FOR CHILDREN OR OTHERS because of their 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)

E3a How much time did this take out of your normal routine?
ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (RANGE 0.5 TO 365; ALLOW DECIMALS)
3. Time given in weeks (SPECIFY _____) (RANGE 1 TO 52)
4. (Can't say)
5. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)
E5 How many times in the last 12 months have you had to CLEAN UP AFTER THEM because of their drinking?

1. Once
2. Two or more times (SPECIFY _____) (RANGE 2 TO 999) (GO TO E5b)
3. (None (GO TO E6)
4. Can't say) (GO TO E6)
5. (Refused) (GO TO E6)

*(HAD TO CLEAN UP AFTER THEM ONCE) (E5=1)

E5a How much time did this take (in hours or days)?
ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS) (GO TO E6)
2. Time given in days (SPECIFY _____) (RANGE 0.5 TO 365; ALLOW DECIMALS) (GO TO E6)
3. (Can't say) (GO TO E6)
4. (Refused) (GO TO E6)

*(HAD TO CLEAN UP AFTER THEM TWICE OR MORE) (E5=2)

E5b How many hours did this take EACH time, on average?
ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS)
2. Time given in days (SPECIFY _____) (RANGE 0.5 TO 365; ALLOW DECIMALS)
3. (Can't say)
4. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

E6 How many times in the last 12 months did you have to take them somewhere or pick them up because of their drinking?

1. Once
2. Two or more times (SPECIFY _____) (RANGE 2 TO 999) (GO TO E6b)
3. (None) (GO TO E7)
4. Can't say) (GO TO E7)
5. (Refused) (GO TO E7)

*(HAD TO TAKE THEM SOMEWHERE) (E6=1)

E6a How much time did this take?
ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS) (GO TO E7)
2. (Can't say) (GO TO E7)
3. (Refused) (GO TO E7)

*(HAD TO TAKE THEM SOMEWHERE TWICE OR MORE) (E6=2)

E6b How many hours did this take each time, on average?
ENCOURAGE BEST ESTIMATE

1. Time given in hours (SPECIFY _____) (RANGE 0.25 TO 99; ALLOW DECIMALS)
2. (Can't say)
3. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

E7 Overall, in the last 12 months, how much has the drinking of your <INSERT RESPONSE TO D20> negatively affected you? Would you say....

1. A lot
2. A little, or
3. Not at all

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

EDUM PROGRAMMER CREATE DUMMY VARIABLE - EXPERIENCED HARM DUE TO REFERENCE DRINKER

4. Experienced a harm: E1(a-j) = 1 TO 5 OR E1x(H-J) = 1 TO 5 OR E1x4 = 1 TO 5 OR E2 = 1 OR E3 = 1 OR E5 = 1,2 OR E6 = 1,2 OR E7 = 1,2
5. Not experienced a harm: (Other than above)

***Section F. Demographics of Identified Drinker**

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

Fintr0 Now a few questions about your <INSERT RESPONSE TO D20>...

1. Continue

PREF1 IF DDUM3=3 (GENDER OF REFERENCE PERSON UNKNOWN) CONTINUE. OTHERS (GENDER OF REFERENCE PERSON KNOWN) AUTOFILL F1 FROM DDUM3 AND CONTINUE TO F2

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

F1 PERSON IS: <DISPLAY RESPONSE TO D20>
RECORD GENDER OF PERSON (ASK ONLY IF NECESSARY)

Is your <INSERT RESPONSE TO D20> male or female?

1. Male
2. Female

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

F2 How old is your <INSERT RESPONSE TO D20>?
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)

*PROGRAMMER NOTE: INSERT "he" OR "she" THROUGHOUT SECTIONS G AND F BASED ON GENDER AT F1.

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

F3 The next questions are about your <INSERT RESPONSE TO D20 >'s drinking....

You indicated that (he / she) drinks fairly heavily or drinks a lot sometimes. How often does (he / she) drink in this way?

1. Every day (GO TO F4)
2. 5 to 6 days a week (GO TO F4)
3. 3 to 4 days a week (GO TO F4)

4. 1 to 2 days a week (GO TO F4)
5. 2 to 3 days a month (GO TO F4)
6. About 1 day a month (GO TO F4)
7. Less often (GO TO F4)
8. (No longer drink, gave up in the last 12 months) (GO TO F3b)
9. (Can't say)
10. (Refused) (GO TO F4)

*(CAN'T SAY HOW OFTEN REFERENCE DRINKER DRINKS FAIRLY HEAVILY)

F3a Would you say it was....

1. Once a week or more (GO TO F4)
2. Less than once a week (GO TO F4)
3. (Can't say) (GO TO F4)
4. (Refused) (GO TO F4)

*(REFERENCE DRINKER NO LONGER DRINKS) (F3=8)

F3b You indicated that (he / she) USED TO drink fairly heavily or used to drink a lot sometimes.
How often did (he / she) used to 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)

*PROGRAMMER NOTE: USE PAST TENSE FOR F3=8 IN F4 AND F5, ELSE USE PRESENT TENSE

*REFERENCE TO "pot" IN F4 TO BE TAILORED BY STATE IN SAMPLE RECORD:

STATE= VIC, QLD, TAS: pot
STATE=NSW, WA, ACT: middy
STATE=SA: pot (or schooner)
STATE=NT: pot (or handle)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

F4 As you may know, a standard drink is equal to 1 pot or middy of full strength beer, three quarters of a stubbie, 1 small glass of wine, 1 pub sized shot of spirits, or two-thirds of a can or bottle of premixed spirits or alcoholic soda.

So, to understand what you mean by a fairly heavy drinker....How many standard drinks (does / did) (he / she) have on average when (he / she) (drinks / drank) fairly heavily or a lot? Would you say...

1. 20 or more standard drinks a day (GO TO F5)
2. 11 – 19 standard drinks a day (GO TO F5)
3. 7 – 10 standard drinks a day (GO TO F5)
4. 5 – 6 standard drinks a day (GO TO F5)
5. 3 – 4 standard drinks a day (GO TO F5)

6. 1 – 2 standard drinks a day (GO TO F5)
7. Less than 1 standard drink per day (GO TO F5)
8. (Can't say)
9. (Refused) (GO TO F5)

(CAN'T SAY NUMBER OF STANDARD DRINKS) (F4=8)

F4a Well, would you say it was.....

1. 7 or more standard drinks – this is equal to a bottle of wine or five stubbies, or
2. Less than 7 standard drinks
3. (Can't say)
4. (Refused)

*(REFERENCE DRINKER NEGATIVELY AFFECTED RESPONDENT A LITTLE / A LOT)

F5 How often (did / does) (he / she) have five or more standard drinks?

IF NECESSARY: This would be about two thirds of a bottle of wine or three and a half stubbies.

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

*(CAN'T SAY HOW OFTEN HAD FIVE OR MORE STANDARD DRINKS) (F5=9)

F5a Well, would you say it was.....

1. Once a week or more
2. Less than once a week
3. I know they have 5 drinks or more sometimes but I don't know how often
4. (Can't say)
5. (Refused)

***Section G. Children section**

* (ALL)

Gintro The next few questions relate to children and other people's drinking

INTERVIEWER NOTE: 'OTHER PEOPLE' REFERS TO ANYONE – WHETHER RESPONDENT HAS ALREADY MENTIONED THEM OR NOT

INTERVIEWER NOTE: OTHER PEOPLE DOES NOT MEAN RESPONDENT

1. Continue

PREGIntro1 IF A6DUM=1 (CHILDREN UNDER 18 PRESENT IN HOUSEHOLD) CONTINUE.
OTHERS GO TO G1

*(CHILDREN UNDER 18 PRESENT IN HOUSEHOLD)

Gintro1 Apart from the children in your household...

1. Continue

*(ALL)

G1 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 PREG3)
3. (Can't say) (GO TO PREG3)
4. (Refused) (GO TO PREG3)

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

G2 How many?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more (SPECIFY ___) (RANGE 6 TO 12)
7. (Refused)

PREG3 IF A6DUM=1 AND G1=2 or 3 or 4 (CHILDREN UNDER 18 PRESENT IN HOUSEHOLD BUT NOT OTHER CHILDREN) GO TO G3 INTROA;
IF A6DUM=2 AND G1=1 (HAS OTHER CHILDREN UNDER 18 NOT LIVING IN HOUSEHOLD BUT NONE IN HOUSEHOLD) GO TO G3 INTROB
IF A6DUM=1 AND G1=1 (CHILDREN UNDER 18 PRESENT IN HOUSEHOLD AND HAS OTHER CHILDREN UNDER 18 NOT LIVING IN HOUSEHOLD) GO TO G3 INTRO C;
OTHERWISE GO TO PREHIntro

*(CHILDREN PRESENT IN HOUSEHOLD / HAS OTHER CHILDREN) (A6DUM = 1 OR G1=1)

G3 INTROA Thinking about the children under 18 who live in your household, how many times, if any, in the last 12 months ...

INTROB Thinking about these children, how many times, if any, in the last 12 months ...

INTRO C 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 else's drinking?
- b. (How many times) was one or more yelled at, criticised or otherwise verbally abused because of someone else's drinking?
- c. (How many times) was one or more physically hurt because of someone else's drinking?
- d. (How many times) did one or more of these children witness serious violence in the home because of someone else's drinking?
- e. (How many times) was the child protection agency or family services called because of someone else's drinking?

RESPONSE FRAME

1. Once
2. Twice
3. Three times
4. Four times
5. Five or more times (SPECIFY____) (RANGE 5 TO 999)
6. None
7. (Can't say)
8. (Refused)

PREG3a IF CHILDREN EXPERIENCING HARM (ANY G3 a -e =1 OR 2 OR 3 OR 4 OR 5)CONTINUE. OTHERS GO TO G4

*(CHILDREN EXPERIENCING HARM) (G3a -e =1, 2 ,3 ,4 ,5)

G3a What was the relationship to the child(ren) of that person/those people? (MULTIPLES ACCEPTED)

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 _____)

*(CHILDREN PRESENT IN HOUSEHOLD / HAS OTHER CHILDREN) (A6DUM = 1 OR G1=1)

G4 How much has the drinking of other people negatively affected (this child / these children) in the last 12 months? Would you say....

1. A lot
2. A little
3. Not at all
4. (Can't say)
5. (Refused)

***Section H. Impact of others' drinking on work**

*(ALL)

PREIntro IF A7 = 1, 2, 5 (CURRENTLY WORKING/VOLUNTEERING) CONTINUE. OTHERS GO TO Iintro .

PREIntroX If D10 = 2 OR 3 OR 4 OR 5 OR D11 = 2 OR 3 OR 4, GO TO IIIntro. OTHERS CONTINUE.

*(CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS)

Hintro Now we are interested in any negative effects of your co-workers' drinking at any time over the last 12 months.

1. Continue

*(CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS)

H1 Because of your co-workers' drinking, how many times in the last 12 months.....

PROGRAMMER NOTE: DISPLAY STEM WITH EACH STATEMENT

STATEMENTS

- a. Has your ability to do your job been negatively affected?
- b. Were you involved in an accident or a close call at work?
- c. Have you had to work extra hours?

RESPONSE FRAME

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

PREH2 IF H1c =1 (HAVE HAD TO WORK EXTRA HOURS AT LEAST ONCE) CONTINUE. OTHERS GO TO PREH3

*(HAD TO TAKE ON EXTRA HOURS AT LEAST ONCE)

H2 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)

*(CURRENTLY WORKING/VOLUNTEERING AND HAVE CO-WORKERS)

H3 Overall, how much has your co-workers' drinking negatively affected you? Would you say...

1. A lot
2. A little, or
3. Not at all
4. (Can't say)
5. (Refused)

HDUM PROGRAMMER CREATE DUMMY VARIABLE - EXPERIENCED A-HARM DUE TO CO-WORKER

1. Experienced a harm due to co-worker: H1a-c = 1 OR H3 = 1 or 2
2. Not experienced a harm due to co-worker: (Other than above)

***Section I. Alcohol-related harm in the Community**

*(ALL)

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

1. Continue

*(ALL)

TIMESTAMP3

*(ALL)

I1 In the last 12 months, how many times have you...

STATEMENTS

- a. Been kept awake at night or disturbed because of someone's drinking?
- b. Been verbally abused because of someone's drinking?
- c. Been physically abused because of someone's drinking?
- d. Been threatened because of someone's drinking?

- e. Been involved in a serious argument because of someone's drinking?
- f. Felt unsafe while waiting for or using public transport because of someone's drinking?
- g. Felt unsafe in any other public place because of someone's drinking?
- h. Gone out of your way to avoid drunk people or places where drinkers are known to hang out?
- i. Been annoyed by people vomiting, urinating or littering when they have been drinking?
- j. Experienced trouble or noise because of drinkers at a licensed venue?
- k. Been involved in a traffic accident because of someone's drinking?
- l. Been forced or pressured into sexual activity because of someone's drinking?

RESPONSE FRAME

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

*(ALL)

I4 Still thinking about strangers and people you don't know very well, how many times in the last 12 months did you have your house, car or property damaged because of their drinking?

- 1. One or more (SPECIFY _____) (RANGE 1 TO 999)
- 2. None (GO TO PREI5)
- 3. (Can't say) (GO TO PREI5)
- 4. (Refused) (GO TO PREI5)

*(HOUSE, CAR OR PROPERTY DAMAGED)

I4a What was the approximate dollar value of the damage to your property?

- 1. Amount given (SPECIFY \$____) (RANGE 1 TO 999999)
- 2. (Can't say)
- 3. (Refused)

PREI5 IF I4=2, 3, OR 4 (NO DAMAGE TO HOUSE, CAR OR PROPERTY) GO TO I5 INTRO A.
OTHERS GO TO I5 INTRO B

*(ALL)

I5 INTRO A How many times in the last 12 months did any person affected by alcohol damage your clothes or other belongings?

INTRO B Apart from these items, how many times in the last 12 months did any person affected by alcohol damage your clothes or other belongings?

- 1. One or more (SPECIFY _____) (RANGE 1 TO 999)
- 2. None (GO TO I8)
- 3. (Can't say) (GO TO I8)
- 4. (Refused) (GO TO I8)

*(CLOTHES OR OTHER BELONGINGS DAMAGED) (I5=1)

I5a What is the approximate dollar value of repairing or replacing the damaged item(s)?

1. Amount given (SPECIFY \$____) (RANGE 1 TO 99999)
2. (Can't say)
3. (Refused)

*(ALL)

I8 So overall, how much has the drinking of strangers or people you don't know very well negatively affected you in the last 12 months? Would you say...

1. A lot
2. A little, or
3. Not at all
4. (Can't say)
5. (Refused)

IDUM PROGRAMMER CREATE DUMMY VARIABLE - EXPERIENCED HARM FROM STRANGER

1. Experienced harm from stranger: I1a-I =1 or I4=1 or I5=1 or I8=1 or 2
2. Not experienced harm from stranger: (If otherwise)

***Section J. Service Use**

*(ALL)

PREJIntro IF DDUM4=1 OR EDUM= 1 OR HDUM=1 OR IDUM=1, (RESPONDENT HAS EXPERIENCED HARM / BEEN NEGATIVELY AFFECTED DUE TO OTHERS' DRINKING) CONTINUE. OTHERWISE GO TO KIntro

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

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

1. Continue

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

J1. 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)

*(ALL)

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

J3 (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 J2)
3. (Can't say) (GO TO J2)
4. (Refused) (GO TO J2)

*(ADMITTED TO HOSPITAL OR EMERGENCY DEPARTMENT)

J3a 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)

J3b 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)

*(ALL)

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

J2 (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)

J2a 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)

J2b 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)

*(EXPERIENCED HARM DUE TO OTHERS' DRINKING)

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

Received counselling or professional advice, including calling a helpline, 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)

PREJ5 IF A7 = 1,2,5 (CURRENTLY WORKING/VOLUNTEERING) CONTINUE. OTHERWISE GO TO Kintro

*(EXPERIENCED HARM AND IS WORKING)

J5 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. Demographics for the Respondent**

*(ALL)

Kintro Now I have some questions about yourself and your household....

1. Continue

*(ALL)

K1. What is your highest educational qualification?

1. No formal schooling
2. Primary school
3. Some high school
4. Finished high school
5. TAFE, Apprenticeship
6. Bachelor degree
7. Post-graduate diploma/degree, Master's Degree, Doctorate
8. Other (SPECIFY _____)
9. (Can't say)
10. (Refused)

*(ALL)

K2 In which country were you born?

1. Australia (includes External Territories)
2. (Not used to keep K2 / K3 frame consistent)
3. United Kingdom (incl. England, Scotland, Wales, Northern Ireland)
4. Ireland
5. New Zealand
6. Italy
7. Greece
8. China
9. Vietnam
10. Lebanon
11. Other (SPECIFY_____)
12. (Can't say)
13. (Refused)

*(ALL)

K3

What country did most of your ancestors come from?

IF 'AUSTRALIA', ASK: ARE YOU ABORIGINAL OR TORRES STRAIT ISLANDER?

IF NOT, ASK: BESIDES AUSTRALIA, WHERE DO MOST OF YOUR ANCESTORS COME FROM?

PROGRAMMER: ALLOW MULTIPLE RESPONSES

INTERVIEWER NOTE: RESPONDENT MAY GIVE MORE THAN COUNTRY

1. Australia – Aboriginal
2. Australia - Torres Strait Islander
3. United Kingdom (incl. England, Scotland, Wales, Northern Ireland)
4. Ireland
5. Germany
6. Italy
7. Greece
8. China
9. Vietnam
10. Lebanon
11. Other (SPECIFY_____)
12. (Don't know) (SINGLE RESPONSE)
13. (Refused) (SINGLE RESPONSE)

*(ALL)

K4

What is your postcode?

DISPLAY POSTCODE FROM SAMPLE RECORD

1. Postcode correct
2. Postcode incorrect – collect new postcode (SPECIFY_____) (RANGE 800 TO 8999)
3. Don't know postcode – collect suburb / locality (SPECIFY_____)
4. (Refused) (RETURN POSTCODE FROM SAMPLE RECORD)

*(ALL)

K6

What is your total HOUSEHOLD income, FROM ALL SOURCES, BEFORE TAX OR ANYTHING ELSE IS TAKEN OUT? (READ OUT AS REQUIRED)

IF NECESSARY: By household income we mean income earned by you and others living in your household, and any income from other sources, such as child support or pensions.

INTERVIEWER NOTE: IF ON OLD AGE/ DISABILITY PENSION CODE AS 2 (\$1-\$14,999 PER YEAR)

1. No income
2. \$1-\$14,999 per year (\$1-\$287 per week)
3. \$15,000-\$29,999 per year (\$288-\$577 per week)
4. \$30,000-\$39,999 per year (\$578-\$769 per week)
5. \$40,000-\$49,999 per year (\$770-\$962 per week)
6. \$50,000-\$74,999 per year (\$963-\$1442 per week)
7. \$75,000-\$109,999 per year (\$1,443-\$2,115 per week)
8. \$110,000-\$144,999 per year (\$2,115-\$2,788 per week)
9. 145,000 or more per year (\$2,789 or more per week)
10. (Don't know)
11. (Refused)

PREK7 IF A3 = 2 AND A5X = 2 AND A5Y = 2 (RESPONDENT LIVES ALONE) GO TO L1.
OTHERWISE CONTINUE.

*(ALL)

K7 How much of the total household income do you yourself provide? Would you provide...

1. All of it
2. More than half
3. About half
4. Less than half, or
5. None
6. (Can't say)
7. (Refused)

***Section L. Drinking Questions for the Respondent**

*(ALL)

L1 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 L2)
2. 5 to 6 days a week (GO TO L2)
3. 3 to 4 days a week (GO TO L2)
4. 1 to 2 days a week (GO TO L2)
5. 2 to 3 days a month (GO TO L2)
6. About 1 day a month (GO TO L2)
7. Less often (GO TO L2)
8. Gave up in last 12 months (GO TO L5)
9. Not drunk in last 12 months/ Never drunk alcohol (GO TO L5)
10. (Can't say)
11. (Refused) (GO TO L5)

INTERVIEWER NOTE: IF SAY DOESN'T DRINK, PROBE WHETHER DRUNK WITHIN LAST 12 MONTHS

*(CAN'T SAY HOW OFTEN HAS ALCOHOLIC DRINK)

L1a Would you say it was....

1. Once a week or more, or
2. Less than once a week

3. (Can't say) (GO TO L5)
4. (Refused) (GO TO L5)

*PROGRAMMER NOTE: SAME DISPLAY RULES RE: "POT" AS FOR F4

*(ALL EXCEPT NO LONGER DRINKS / NEVER DRINKS/ DK / REF HOW OFTEN DRINKS) (L1=8, 9, 10, 11 OR L1a=3 OR 4)

L2 On a day that you usually have an alcoholic drink, how many standard drinks do you usually have?

IF NECESSARY BY STANDARD DRINK WE MEAN ANY DRINK EQUAL TO 1 POT OR MIDDY OF FULL STRENGTH BEER, THREE QUARTERS OF A STUBBIE, 1 SMALL GLASS OF WINE, 1 PUB SIZED SHOT OF SPIRITS OR TWO-THIRDS OF A CAN OR BOTTLE OF PREMIXED SPIRITS OR ALCOHOLIC SODA.

1. 20 or more standard drinks a day (GO TO L3)
2. 11 – 19 standard drinks a day (GO TO L3)
3. 7 – 10 standard drinks a day (GO TO L3)
4. 5 – 6 standard drinks a day (GO TO L3)
5. 3 – 4 standard drinks a day (GO TO L3)
6. 1 – 2 standard drinks a day (GO TO L3)
7. Less than 1 standard drink per day (GO TO L3)
8. (Can't say)
9. (Refused) (GO TO L3)

*(CAN'T SAY HOW MANY STANDARD DRINKS HAS IN A DAY) (L2=8)

L2a Would you say it was....

IF NECESSARY: This would be about two thirds of a bottle of wine or three and a half stubbies.

1. 7 or more standard drinks or
2. Less than 7 standard drinks
3. (Can't say)
4. (Refused)

*(ALL EXCEPT NO LONGER DRINKS / NEVER DRINK/ DK/REF HOW OFTEN DRINKS) (L1=8, 9, 10, 11 , OR L1a=3 OR 4)

L3 How often do you have five drinks or more?

4. Every day (GO TO L4)
2. 5 to 6 days a week (GO TO L4)
3. 3 to 4 days a week (GO TO L4)
4. 1 to 2 days a week (GO TO L4)
5. 2 to 3 days a month (GO TO L4)
6. About 1 day a month (GO TO L4)
7. Less often (GO TO L4)
8. Never (GO TO L4)
9. (Can't say)
10. (Refused) (GO TO L4)

*(CAN'T SAY HOW OFTEN HAS FIVE DRINKS OR MORE) (L3=9)

L3a Would you say it was....

1. Once a week or more, or
2. Less than once a week
3. (Can't say)
4. (Refused)

*(ALL EXCEPT NO LONGER DRINKS NEVER DRINK/ DK/REF HOW OFTEN DRINKS) (L1=8, 9, 10, 11, OR L1a=3 OR 4)

L4 Overall, in the last 12 months, how much would you say your drinking has negatively affected other people?

1. A lot
2. A little, or
3. Not at all
4. (Can't say)
5. (Refused)

*(ALL)

L5 How many kilometres is it from your home to the nearest bar, pub or club?

1. Response given in metres (SPECIFY_____) (RANGE 1 TO 999) (GO TO L6)
2. Response given in kilometres (SPECIFY_____) (RANGE 0.5 TO 999) (GO TO L6)
3. (Can't say)
4. (Refused) (GO TO L6)

*(CAN'T SAY HOW FAR FROM HOME TO NEAREST BAR)

L5a Well, would it be...

1. Less than 200 metres
2. 200-999 metres
3. 1 to 5 kilometres
4. More than 5, to 10 kilometres
5. More than 10 kilometres
6. (Can't say)
7. (Refused)

*(ALL)

L6 How many kilometres is it from your home to the nearest bottle-shop?

1. Response given in metres (SPECIFY_____) (RANGE 1 TO 999) (GO TO END1)
2. Response given in kilometres (SPECIFY_____) (RANGE 0.5 TO 999) (GO TO END1)
3. (Can't say)
4. (Refused) (GO TO END1)

*(CAN'T SAY HOW FAR FROM HOME TO NEAREST BOTTLESHOP) (L6=3)

L6a Well, would it be...

1. Less than 200 metres
2. 200-999 metres

3. 1 to 5 kilometres
4. More than 5, to 10 kilometres
5. More than 10 kilometres
6. (Can't say)
7. (Refused)

PROGRAMMER NOTE: PLEASE DO NOT INCLUDE "RESPONDENT REFUSED TO CONTINUE SURVEY" OPTION AFTER END1-5

*(ALL)

END1 That was the final question. Your answers will be merged in with others and stored in an archive. This will allow Turning Point and other researchers to conduct research on alcohol and its harm to others without being able to identify any individuals. A summary of the study will be available through the Turning Point website. This should be available in 2010.

*(ALL)

END2 Turning Point may be conducting similar studies in the future. Would it be okay to contact you again to see if you're available to participate?

1. Yes
2. No (GO TO END3)

***(WILLING TO BE RE-CONTACTED) (END2=1)**

END2x Your details will be held securely at the research site and will be destroyed after seven years. They will only be linked to the data in the archives by a unique identifier code.

1. Continue

NAME May I please have your name?

1. Name given (SPECIFY _____)
2. (Refused)

PROGRAMMER NOTE: ALLOW REFUSED FOR FIRST NAME AND SURNAME

IF NECESSARY: JUST YOUR FIRST NAME IS FINE

PHONE Could I confirm the number I have called you on is <INSERT TELNUM> - would this be the best number to reach you on?

1. Number in sample record confirmed
2. New number given (SPECIFY _____) (STANDARD CHECKS ON STD / NUMBER RANGE)
3. (Refused number)

ADDR And could I have your address

DISPLAY ADDRESS FROM SAMPLE RECORD

IF NECESSARY: THIS IS SO WE CAN SEND YOU INFORMATION ABOUT FUTURE SURVEYS

1. Address from sample record correct
2. Collect new address / edit address in sample record (STANDARD SCRIPT FOR COLLECTING ADDRESS, LOCALITY, POSTCODE AND STATE)
3. (Refused address)

EMAIL Do you have an email address

1. Collect email address (STANDARD METHOD: 2 PART SEPARATELY)
2. (Refused/don't have email address)

*(ALL)

END3 If you are concerned about someone's drinking or other things we talked about in this survey, you can contact Directline for help or information on alcohol. Their number is 1800 888 236.

AS REQUIRED: Directline is like Lifeline but specialises in alcohol and drug-related issues.

1. Continue

*(ALL)

END4 The Turning Point researcher you can contact for queries is Dr Anne-Marie Laslett on freecall 1800 001 902. The title of the project is "The range and magnitude of alcohol's harm to others."

*(ALL)

END5 If you have any concerns about this research, please call Ms Vicki Xafis on (03) 9096 5239, she is the Secretariat of the approving Human Research Ethics Committee at the Department of Human Services.

1. Continue

CLOSE Thank you very much for helping us with this study, we really appreciate it. In case you missed it my name is <insert name> from The Social Research Centre in North Melbourne.

TYPE RECORD INTERVIEW TYPE

1. Normal interview
2. Refusal conversion (Called back to convert soft refusal) (ONLY DISPLAY IF (REFCB=Y))

*(ALL)

TIMESTAMP4

*PROGRAMMER NOTE: IF COMING TO RR1 FROM INTRODUCTION (Intro1, Intro2, Intro3, Intro4, Intro5) DISPLAY RR1 INTRO A.
IF COMING TO RR1 AS A RESULT OF TYPING "ABANDON" (TERMINATED MIDWAY),
DISPLAY RR1 INTRO B

RR1 INTRO A OK, that's fine, no problem. Could you just tell me the main reason you do not want to participate, because that's important information for us?
INTRO B OK, that's fine, no problem. Could you just tell me the main reason you would like to stop the survey now, because that's important information for us?

1. No comment / just hung up
2. Too busy
3. Not interested
4. Too personal / intrusive
5. Don't like subject matter
6. Became upset
7. Letter put me off
8. Don't believe surveys are confidential / privacy concerns
9. Silent number
10. Don't trust surveys / government
11. Never do surveys

12. 25 minutes is too long
13. Get too many calls for surveys / telemarketing
14. Too old / frail / deaf / unable to do survey (CODE AS TOO OLD / FRAIL / DEAF / UNABLE TO DO SURVEY)
15. Not a residential number (business, etc) (CODE AS NOT A RESIDENTIAL NUMBER)
16. Language difficulty (CODE AS LANGUAGE DIFFICULTY NO FOLLOW UP)
17. Going away / moving house (CODE AS AWAY DURATION)
18. Other (SPECIFY _____)
19. Asked to be taken off list and never called again
20. No one 18 plus in household (CODE AS NO ONE 18 PLUS IN HOUSEHOLD)
21. Respondent unreliable / drunk (CODE AS OTHER OUT OF SCOPE)

RRex Before you go I am required to give you some numbers in case you have any concerns or complaints about this research.

If you are concerned about someone's drinking or other things we talked about in this survey, you can contact Directline for help or information on alcohol on 1800 888 236.

AS REQUIRED: Directline is like Lifeline but specialises in alcohol and drug-related issues.

The Turning Point researcher you can contact for queries is Dr Anne-Marie Laslett on freecall xxxx xxx xxx. If you have any concerns about this research, please call Ms Vicki Xafis on (xx) xxxx xxxx. She is the Secretariat of the approving Human Research Ethics Committee at the Department of Human Services.

Would you like me to repeat any of that information?

INTERVIEWER: REPEAT AS NECESSARY

***(REFUSED)**

RR2 RECORD RE-CONTACT TYPE

1. Definitely don't call back
2. Possible conversion

RR3 RECORD GENDER OF PERSON REFUSING

1. Male
2. Female

TERMINATION SCRIPTS

TERM1 Thanks for being prepared to help out, but for this study we are talking to people aged 18 years and over

TERM2 Thanks anyway, but to proceed with the study we'd need to record your age category.

ALLTERM (POINT OF REFUSAL)

1. Household refusal at initial intro (Intro1=3)
2. Household refusal (birthday selection / interview length) (Intro2=3)
3. Selected respondent refusal (QR is phone answerer, birthday selection / interview length) (Intro2=4)
4. Selected respondent refusal (QR is new respondent) (Intro3=3)
5. Selected respondent refusal (letter) (Intro4=4)
6. Selected respondent refusal (detail of study content) (Intro5=2)
7. Not in age quota / under 18 years of age (A2=2)

8. Refused age (A2a=8)
 9. All other
-

*PROGRAMMER NOTE: NEED "HOT KEY" TO BE ABLE TO DISPLAY REFERENCE NUMBERS AT ANY POINT IN THE SURVEY, THEN SNAP BACK TO PREVIOUS QUESTION. TEXT TO DISPLAY:

INFO The Turning Point researcher you can contact for queries is Dr Anne-Marie Laslett on freecall
xxxx xxx xxx.

If you have any concerns about this research, please call Ms Vicki Xafis on (xx) xxxx xxxx, she is the Secretariat of the approving Human Research Ethics Committee at the Department of Human Services.

We are suggesting to everyone that should they ever be concerned about someone's drinking or other things we talked about in this survey, you can contact Directline who can help, especially with alcohol-related issues. Their number is 1800 888 236.

AS REQUIRED: Directline is like lifeline but specialises in alcohol and drug-related issues.

APPENDIX 2

The existing surveys reviewed in the process of developing the Harm to Others Survey, illustrating which domains (from Table 1^a) they were relevant to

Questionnaires	Harm to Others Survey Domain ^a						
	Adverse effects from identified problematic drinker	Adverse effects from strangers	Adverse effects from co-workers	Adverse effect on care of children	Service Use	Health and Welfare	Economic Cost
Alcohol Actions in Rural Communities (National Drug and Alcohol Research Centre. The University of Sydney.)		✓					✓
Berkeley Community Alcohol Distribution (outlets) (Alcohol Research Group, 1981)		✓					
Canadian Campus Survey (Adlaf, Demers, & Gliksman, 2005)		✓					
Community Response to Alcohol-Related Problems (Survey Research Centre, 1979)	✓	✓	✓			✓	✓
Community Impact of opening a Casino (Turner, Ialomiteanu, & Room, 1990)		✓					
Drinker Inventory of Consequences (Miller, Tonigan, & Longabaugh, 1995)	✓	✓	✓	✓		✓	
EuroQol – 5D (Brooks, 1996)							
Family Member Impact Scale (Orford, 2005)	✓						
GENACIS (Pennay & Van Dyke, 2008)	✓						
The Hardship Scale (Orford et al., 1975; Zetterlind, 1998)							
National Alcohol & Drugs Survey, Canada (Minister of Health, 2007)		✓					✓
National Drug Strategy Household Survey, Australia (AIHW, 2005, 2009)		✓			✓		
New Zealand National Surveys (Habgood, Casswell, Pledger, & Bhatta, 2001)		✓					

THE RANGE AND MAGNITUDE OF ALCOHOL'S HARM TO OTHERS

Turning Point Alcohol and Drug Centre

Nordic Comparative Survey Study (Mäkelä et al., 1999)		✓					
Personal Wellbeing Index (The International Wellbeing Group, 2006)						✓	
SF-36 ("SF-36,")						✓	
Socio-Economic Impacts of Gambling, NZ (SHORE & Te Ropu Whariki, 2006)						✓	✓
South Oaks Gambling Screen (South Oaks Foundation)	✓						✓
Survey of Health, Living Patterns and Drinking Patters (West Coast Community Surveys, 1967)	✓	✓					

^a These are domains referred to in Table 1. This table illustrates which surveys have been used or analysed to design questions for the Harm to Others Survey. Domains which are not listed here, but are included in Table 1, such as general respondent characteristics and household level characteristics, are used as independent variables and do not describe domains of harm, as such they were not developed for the Survey using past questionnaires.

APPENDIX 3

Actual and achieved quotas (source: Challice & Van Dyke, 2009)

Geographic sampling Stratum	Quota		Interviews achieved		ABS Population benchmarks
	n	%	n	%	%
Sydney	535	21.4	557	21.0	20.8
Rest of New South Wales	294	11.8	311	11.7	12.2
Melbourne	459	18.4	486	18.3	18.1
Rest of Victoria	162	6.5	175	6.6	6.7
Brisbane	229	9.2	246	9.3	8.9
Rest of Queensland	260	10.4	277	10.5	10.7
Adelaide	137	5.5	143	5.4	5.6
Rest of South Australia	49	2.0	53	2.0	2.0
Perth	185	7.4	195	7.4	7.3
Rest of Western Australia	65	2.6	70	2.6	2.6
Australian Capital Territory	42	1.7	44	1.7	1.6
Hobart	24	1.0	27	1.0	1.0
Rest of Tasmania	33	1.3	35	1.3	1.4
Darwin	14	0.6	17	0.6	0.5
Rest of Northern Territory	12	0.5	13	0.5	0.4
Total	2500	100.0	2649	100.0	100.0

REFERENCES

- Adlaf, E. M., Demers, A., & Gliksman, L. (Eds.). (2005). *Canadian Campus Survey 2004* Toronto: Centre for Addiction and Mental Health.
- AIHW. (2005). *2004 National Drug Strategy Household Survey: First Results*. Canberra: Australian Institute of Health and Welfare (Drug Statistics Series).
- AIHW. (2009). *2007 National Drug Strategy Household Survey: First Results*. Canberra: Australian Institute of Health and Welfare (Drug Statistics Series). Cat no PHE 98.
- Alcohol Research Group. (1981). *Berkeley Community Alcohol Distribution (Outlets)*. Berkeley, California: Alcohol Research Group.
- American Association for Public Opinion Research. (2008). *Standard Definitions: Final Dispositions of Cases Codes and Outcome Rates for Surveys*. Lenexa, Kansas: AAPOR. Lenexa.
- Australian Institute of Health and Welfare. (2005). *2004 National Drug Strategy Household Survey: First Results*. Canberra: Australian Institute of Health and Welfare (Drug Statistics Series).
- Bloomfield, K., Allamani, A., Beck, F., Bergmark, K. H., Csemy, L., Eisenbach-Stangl, I., et al. (2005). *Gender, Culture and Alcohol Problems: A Multi-national Study Project Final Report*. Berlin, Germany: Institute for Medical Informatics, Biometrics & Epidemiology, Charité Universitätsmedizin Berlin.
- Brooks, R. (1996). EuroQol: The current state of play. *Health Policy*, 37, 53-72.
- Cahalan, D., & Room, R. (1974). *Problem Drinking among American Men*. New Brunswick, NJ: Rutgers Center of Alcohol Studies.
- Chalice, G., & Van Dyke, N. (2009). *The Range and Magnitude of Alcohol's Harm to Others: Methodology Report*. Melbourne: The Social Research Centre.
- Collins, D., & Lapsley, H. (2008). *The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05* Canberra: Department of Health and Ageing.
- Cummins, R. A., Eckersley, R., Pallant, J., van Vugt, J., & Misajon, R. (2003). Developing a National Index of Subjective Wellbeing: The Australian Unity Wellbeing Index. *Social Indicators Research*, 64(2), 159-190.
- Davern, M., Cummins, R., & Stokes, M. (2007). Subjective Wellbeing as an Affective-Cognitive Construct. *Journal of Happiness Studies*, 8(4), 429-449.
- Fillmore, K. (1985). Social Victims of Drinking. *British Journal of Addiction*, 80, 307-314.
- Glatzer, W. (2006). Quality of Life in the European Union and the United States of America: Evidence from Comprehensive Indices. *Applied Research in Quality of Life*, 1(2), 169-188.
- Greenfeld, L. A. (1998). *Alcohol and crime: an analysis of national data on the prevalence of alcohol involvement in crime*. Washington, DC: Bureau of Justice Statistics.
- Groves, R. M. (2006). Nonresponse Rates and Nonresponse Bias in Household Surveys. *Public Opinion Quarterly* 70, 646-675.
- Habgood, R., Casswell, S., Pledger, M., & Bhatta, K. (2001). *Drinking in New Zealand, National Surveys Comparison 1995 & 2000*. Alcohol & Public Health Research Unit.
- International Wellbeing Group. (2006). *Personal Wellbeing Index: 4th Edition*. Melbourne: Australian Centre on Quality of Life, Deakin University.
- Klingemann, H., & Gmel, G. (Eds.). (2001). *Mapping the Social Consequences of Alcohol Consumption*. Dordrecht, The Netherlands: Kluwer Academic Publishers.
- Mäkelä, P., Fonager, K., Hibell, B., Nordlund, S., Sabroe, S., & Simpura, J. (1999). *Drinking Habits in the Nordic Countries* Oslo: National Institute for Alcohol and Drug Research. http://www.sirus.no/internet/rapporter_og_skrifter/article/346.html, SIFA-Rapport 2/99.
- Miller, W. R., Tonigan, J. S., & Longabaugh, R. (1995). *The Drinker Inventory of Consequences (DRI-C): An Instrument for Assessing Adverse Consequences of Alcohol Abuse*. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. DHHS. Publication No. 95-3911.
- Minister of Health. (2007). *Canadian Addiction Survey (CAS): A National Survey of Canadians' Use of Alcohol and Other Drugs*. Health Canada.

- National Drug and Alcohol Research Centre. The University of Sydney. Alcohol Action in Rural Communities (AARC).
- Orford, J., Guthrie, S., Nicholls, P., Oppenheimer, E., Egert, S., & Hensman, C. (1975). Self-reported coping behaviour of wives of alcoholics and its association with drinking outcome. *Journal of Psychiatry*, 128, 318-339.
- Pennay, D., & Bishop, N. (2009). *Profiling the 'mobile phone only' population: a study of Australians with a mobile phone and no landline telephone*. North Melbourne: Social Research Centre.
- Pennay, D., & Van Dyke, N. (2008). *Gender Alcohol & Culture: An International Study (GENACIS). Methodology Report*. Melbourne: The Social Research Centre.
- Rabin, R., & de Charro, F. (2001). EQ-5D: a measure of health status from the EuroQol Group. *Annals of Medicine*, 33(5), 337-343.
- Room, R. (1996). Patterns of family responses to alcohol and tobacco problems. *Drug and Alcohol Review*, 15, 171-181.
- Room, R. (2000). Concepts and items in measuring social harm from drinking. *Journal of Substance Abuse*, 12(1-2), 93-112.
- Rossow, I., & Hauge, R. (2004). Who pays for the drinking? Characteristics of the extent and distribution of social harms from others' drinking. *Addiction*, 99, 1094-1102.
- Sachs, D., Sa'ar, A., & Aharoni, S. (2007). 'How Can I Feel for Others When I Myself Am Beaten?' The Impact of the Armed Conflict on Women in Israel. *Sex Roles*, 57(7), 593-606.
- SF-36. Retrieved June, 2009, from <http://www.sf-36.org/>.
- SHORE, & Te Ropu Whariki. (2006). *Socio-Economic Impacts of Gambling. Developing a methodology for assessing the socio-economic impacts of gambling in New Zealand*. Auckland: Centre for Social and Health Outcomes Research and Evaluation, Massey University.
- South Oaks Foundation. *South Oaks Gambling Screen*. Amityville, New York: South Oaks Foundation.
- Survey Research Centre. (1979). *Community Response to Alcohol Related Problems*. Berkeley: University of California.
- The EuroQol Group. (1990). EuroQol - a new facility for the measurement of health-related quality of life. *Health policy*, 16(3), 199-208.
- The International Wellbeing Group. (2006). *Personal Wellbeing Index-Adult* (4th ed.). Melbourne: Australian Centre on Quality of Life, Deakin University.
- Turner, N., Ialomiteanu, A., & Room, R. (1990). Checkered expectations: predictors of approval of opening a casino on the Niagara community. *Journal of Gambling Studies*, 15, 45-70.
- West Coast Community Surveys. (1967). *Survey of Health, Living Patterns and Drinking Patterns*. Berkeley Social (now Alcohol) Research Group, San Francisco 1967 study.
- WHO (2000). *International guide for monitoring and alcohol consumption and related harm 2000*. Geneva: Department of Mental Health and Substance Dependence: Non-communicable Diseases and Mental Health Cluster, World Health Organization.
- Zetterlind, U. a. B., M. . (1998). Gender differences in male and female spouses of alcoholics. *Scandinavian Journal of Social Welfare*, 7, 204-210.