



The Raine Study Gen2_27 year follow up

This is short questionnaire to obtain information on your general alcohol, energy drinks and caffeine intake during the last week.

1. Do you drink soft drinks and/or energy drinks?

Y27_DQ_SoftDrk

0
1

- No (*Please go to Q2*)
- Yes, Please provide details of a **TYPICAL** week’s soft drink consumption in the table below:

Please indicate as best you can recall the TYPE and VOLUME of SOFT DRINK and/or ENERGY DRINK you consumed over the past 7 days.

- Type of **soft drink** e.g. Coca Cola, Diet Coke, Coca Cola Life, Pepsi, Pepsi Max, Mountain Dew, Sunkist, Fanta, Sprite
- Type of **energy drink** e.g. Red Bull, V, Monster, Mother
- Amount consumed. E.g. 250ml *can*, 330ml *glass bottle*, large, standard or small glass

NOTE: data are derived sugar and caffeine consumption by day, then in a typical week

Day	Amount and type	Office Use
Example: Monday	1 x 330ml bottle Coca Cola 1 x 250ml can Red Bull	
Monday		Y27_DQ_SoftDrk_S_M & Y27_DQ_SoftDrk_C_M
Tuesday		Y27_DQ_SoftDrk_S_T & Y27_DQ_SoftDrk_C_T
Wednesday		Y27_DQ_SoftDrk_S_W & Y27_DQ_SoftDrk_C_W
Thursday		Y27_DQ_SoftDrk_S_Th & Y27_DQ_SoftDrk_C_Th
Friday		Y27_DQ_SoftDrk_S_F & Y27_DQ_SoftDrk_C_F
Saturday		Y27_DQ_SoftDrk_S_S & Y27_DQ_SoftDrk_C_S
Sunday		Y27_DQ_SoftDrk_S_Sun & Y27_DQ_SoftDrk_C_Sun

Typical Week: Y27_DQ_SoftDrk_S_Wk & Y27_DQ_SoftDrk_C_Wk

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2. Do you drink alcohol?

- 0** No (Please go to Q3)
 1 Yes, Please record with as much detail as possible, the **TYPE** and **VOLUME** of **ALCOHOL** you consumed over the past 7 days

Type of beverage. E.g. Beer Carlton draft, Toohey's blue etc
 Alcoholic Soda Smirnoff ice, Bacardi breezer, alcoholic ginger beer etc
 Wine red wine, white wine, champagne, chardonnay, sherry, port etc
 Spirits vodka, gin, whisky, tequila, brandy etc

Amount consumed. number of stubbies, cans, glasses (Large, Standard, Small), shots etc

Start from yesterday and work backwards.

NOTE: data are derived ethanol consumption by day, then in a typical week

Day	Amount and type	
Example: Monday	1 stubby of Crown Lager, 3 large glasses of Shiraz,	
Monday		Y27_DQ_Alc_M
Tuesday		Y27_DQ_Alc_T
Wednesday		Y27_DQ_Alc_W
Thursday		Y27_DQ_Alc_Th
Friday		Y27_DQ_Alc_F
Saturday		Y27_DQ_Alc_S
Sunday		Y27_DQ_Alc_Sun

Ethanol over week: Y27_DQ_Alc_T

Is this the amount that you would typically drink over a week?

- 0** No If no, why (e.g. party on Wednesday night) Y27_DQ_Alc_TypWkR
 1 Yes Y27_DQ_Alc_TypWk

How frequently do you usually drink the following alcohol-containing beverages?

	Every day	5-7 times per week	1-4 times per week	1-4 times per month	Less than once per month	Never
Beer	1 Y27_DQ_Beer_Freq	2	3	4	5	0
Wine	Y27_DQ_Wine_Freq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits	Y27_DQ_Spirits_Freq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	Y27_DQ_MixSpirits_Freq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For how long have you consumed the amount of alcoholic drinks that you now drink? Y27_DQ_Alc_Cons

For less than one year	1-2 years	2-5 years	More than 5 years
1	2	3	4

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4. Caffeine consumption

We are interested to know how much caffeine from drinks, chocolate or tablets you may consume.

Do you drink beverages (tea, coffee) that contain caffeine?

- 0 No (*Please go to Q5*) Y27_DQ_Caffeine
 1 Yes, Please write the number of cups or glasses consumed per day if you consume the beverage daily OR if you don't have it every day, fill in the cups/glasses consumed per week.

NOTE: data are derived to indicate cups (day/week/month), & caf (mg) of each item

Type of drink	Number of cups/glasses per day 1 cup/glass = 250 mls	Number of cups/glasses per week 1 cup/glass = 250 mls	Rarely
Black tea (not including herbal teas)	Y27_DQ_BlkJTea_D & Y27_DQ_BlkJTea_W & Y27_DQ_BlkJTea_M		Y27_DQ_Caf_BlkJTea
Decaffeinated tea (not including herbal teas)	Y27_DQ_DTea_D & Y27_DQ_DTea_W & Y27_DQ_DTea_M		Y27_DQ_Caf_DTea
Green tea	Y27_DQ_GrnTea_D & Y27_DQ_GrnTea_W & Y27_DQ_GrnTea_M		Y27_DQ_Caf_GrnTea
Herbal tea	Y27_DQ_HerbTea_D & Y27_DQ_HerbTea_W & Y27_DQ_HerbTea_M		Y27_DQ_Caf_HerbTea
Iced tea	Y27_DQ_IceTea_D & Y27_DQ_IceTea_W & Y27_DQ_IceTea_M		Y27_DQ_Caf_IceTea
Coffee – regular brewed E.g. Cappuccino, Latte, flat white	Y27_DQ_Coff_D & Y27_DQ_Coff_W & Y27_DQ_Coff_M		Y27_DQ_Caf_Coff
Coffee – decaf brewed E.g. decaf latte, decaf flat white	Y27_DQ_DCoff_D & Y27_DQ_DCoff_W & Y27_DQ_DCoff_M		Y27_DQ_Caf_DCoff
Coffee – regular instant E.g. Nescafe, Moccona	Y27_DQ_InCoff_D & Y27_DQ_InCoff_W & Y27_DQ_InCoff_M		Y27_DQ_Caf_InCoff
Coffee – decaf instant e.g. Nescafe	Y27_DQ_InDCoff_D & Y27_DQ_InDCoff_W & Y27_DQ_InDCoff_M		Y27_DQ_Caf_InDCoff
Regular Espresso restaurant e.g. Nespresso	Y27_DQ_EsCoff_D & Y27_DQ_EsCoff_W & Y27_DQ_EsCoff_M		Y27_DQ_Caf_EsCoff
Decaf espresso restaurant	Y27_DQ_DEsCoff_D & Y27_DQ_DEsCoff_W & Y27_DQ_DEsCoff_M		Y27_DQ_Caf_DEsCoff
Chocolate beverages e.g. hot chocolate, chocolate milk	Y27_DQ_Choc_D & Y27_DQ_Choc_W & Y27_DQ_Choc_M		Y27_DQ_Caf_Choc
Iced coffee	Y27_DQ_IceChoc_D & Y27_DQ_IceChoc_W & Y27_DQ_IceChoc_M		Y27_DQ_Caf_IceChoc

NOTE: to indicate if they drink a particular item

Black Tea: Y27_DQ_BlkJTea
Decaf Black Tea: Y27_DQ_DTea
Green Tea: Y27_DQ_GrnTea
Herbal Tea: Y27_DQ_HerbTea
Iced Tea: Y27_DQ_IceTea
Coffee: Y27_DQ_Coff
Decaf Coffee: Y27_DQ_DCoff
Instant Coffee: Y27_DQ_InCoff
Decaf Instant Coffee: Y27_DQ_InDCoff
Espresso: Y27_DQ_EsCoff
Decaf Espresso: Y27_DQ_DEsCoff
Hot Choc: Y27_DQ_Choc
Iced Choc: Y27_DQ_IceChoc

Total amount of caffeine:
 Y27_DQ_Caffeine_Tot

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5. Do you eat chocolate of any sort?

- 0** No, (Please go to Q6)
- 1** Yes, please indicate the amount and type of chocolate in grams that you consumed in the past 7 days.

Total amount of caffeine (choc):
Y27_DQ_EatChoc_CafTot

Day	Amount and type	Office Use
Example: Monday	1 x 53 g Mars bar 1 x 200 g Cadbury family block - crunchie	
Monday	<input type="text" value="Y27_DQ_EatChoc_M"/>	
Tuesday	<input type="text" value="Y27_DQ_EatChoc_T"/>	
Wednesday	<input type="text" value="Y27_DQ_EatChoc_W"/>	
Thursday	<input type="text" value="Y27_DQ_EatChoc_Th"/>	
Friday	<input type="text" value="Y27_DQ_EatChoc_F"/>	
Saturday	<input type="text" value="Y27_DQ_EatChoc_S"/>	
Sunday	<input type="text" value="Y27_DQ_EatChoc_Sun"/>	

6. Do you consume any over-the-counter caffeine containing tablets?

- 0** No
- 1** Yes, please indicate the type and amount that you took in the last week

Total amount of caffeine (tabs):
Y27_DQ_EatCaffTab_CafTot

Day	Name of table	Dose of tablet	How many tablets?
Example: Monday	NoDoz Acacin	100 mg 500 mg	2 1
Monday		<input type="text" value="Y27_DQ_EatCaffTab_M"/>	
Tuesday		<input type="text" value="Y27_DQ_EatCaffTab_T"/>	
Wednesday		<input type="text" value="Y27_DQ_EatCaffTab_W"/>	
Thursday		<input type="text" value="Y27_DQ_EatCaffTab_Th"/>	
Friday		<input type="text" value="Y27_DQ_EatCaffTab_F"/>	
Saturday		<input type="text" value="Y27_DQ_EatCaffTab_S"/>	
Sunday		<input type="text" value="Y27_DQ_EatCaffTab_Sun"/>	

**** THANK YOU FOR COMPLETING THIS QUESTIONNAIRE ****