

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?

G227_DQ_SOFTD

- 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 a typical 7 day week.

- 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

Day	Amount and type	Office Use
Example: Monday	1 x 330ml bottle Coca Cola 1 x 250ml can Red Bull	

	Caffeine	Sugar
Monday	G227_DQ_CAFF_MON	G227_DQ_SUGAR_MON
Tuesday	G227_DQ_CAFF_TUE	G227_DQ_SUGAR_TUE
Wednesday	G227_DQ_CAFF_WED	G227_DQ_SUGAR_WED
Thursday	G227_DQ_CAFF_THUR	G227_DQ_SUGAR_THUR
Friday	G227_DQ_CAFF_FRI	G227_DQ_SUGAR_FRI
Saturday	G227_DQ_CAFF_SAT	G227_DQ_SUGAR_SAT
Sunday	G227_DQ_CAFF_SUN	G227_DQ_SUGAR_SUN

G227_DQ_CAFF_PW	Total milligrams of caffeine consumed in a typical week of soft drink / energy drink consumption
G227_DQ_SUGAR_PW	Total grams of sugar consumed in a typical week of soft drink / energy drink consumption

2. Do you drink alcohol?

G227 DQ ALC

- No (Please go to Q3)
- 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.

Day	Amount and type	
Example: Monday	1 stubby of Crown Lager, 3 large glasses of Shiraz,	

Monday	G227_DQ_ALC_MON
Tuesday	G227_DQ_ALC_TUE
Wednesday	G227_DQ_ALC_WED
Thursday	G227_DQ_ALC_THUR
Friday	G227_DQ_ALC_FRI
Saturday	G227_DQ_ALC_SAT
Sunday	G227_DQ_ALC_SUN

G227_DQ_ALC_LW_TOT | Drink Questionnaire - total grams of ethanol consumed last week

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

- No If no, why (e.g. party on Wednesday night)
- Yes

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

	Every day 1	5-7 times per week 2	1-4 times per week 3	1-4 times per month 4	Less than once per month 5	Never 0
Beer	G227_DQ_BEER_FREQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine	G227_DQ_WINE_FREQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirits	G227_DQ_SPIRITS_FREQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcoholic Soda	G227_DQ_SPIRITS_MIX_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?

G227_DQ_ALC_CONS

For less than one year	1-2 years	2-5 years	More than 5 years
1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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?

- No (*Please go to Q5*)
 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.

G227_DQ_CAFF

Type of drink	Number of cups/glasses per day	Number of cups/glasses per week	Number of cups/glasses per month	Never
Black tea (not including herbal teas)				<input type="checkbox"/>
Decaffeinated tea (not including herbal teas)				<input type="checkbox"/>
Green tea				<input type="checkbox"/>
Herbal tea				<input type="checkbox"/>
Iced tea				<input type="checkbox"/>
Coffee – regular brewed E.g. Cappuccino, Latte, flat white				<input type="checkbox"/>
Coffee – decaf brewed E.g. decaf latte, decaf flat white				<input type="checkbox"/>
Coffee – regular instant E.g. Nescafe, Moccona				<input type="checkbox"/>
Coffee – decaf instant e.g. decaf Nescafe				<input type="checkbox"/>
Regular Espresso restaurant style				<input type="checkbox"/>
Decaf espresso restaurant style				<input type="checkbox"/>
Chocolate beverages e.g. hot chocolate, chocolate milk				<input type="checkbox"/>
Iced coffee				<input type="checkbox"/>

		Cups Per Day	Cups Per Week	Cups Per Month	Milligrams Per Week
Black tea	G227_DQ_BLKTEA	G227_DQ_BLKTEA_PD	G227_DQ_BLKTEA_PW	G227_DQ_BLKTEA_PM	G227_DQ_CAFF_BLKTEA_PW
Decaffeinated tea	G227_DQ_DTEA	G227_DQ_DTEA_PD	G227_DQ_DTEA_PW	G227_DQ_DTEA_PM	G227_DQ_CAFF_DTEA_PW
Green tea	G227_DQ_GRNTEA	G227_DQ_GRNTEA_PD	G227_DQ_GRNTEA_PW	G227_DQ_GRNTEA_PM	G227_DQ_CAFF_GRNTEA_PW
Herbal tea	G227_DQ_HERBTEA	G227_DQ_HERBTEA_PD	G227_DQ_HERBTEA_PW	G227_DQ_HERBTEA_PM	G227_DQ_CAFF_HERBTEA_PW
Iced tea	G227_DQ_ICETEA	G227_DQ_ICETEA_PD	G227_DQ_ICETEA_PW	G227_DQ_ICETEA_PM	G227_DQ_CAFF_ICETEA_PW
Coffee – regular brewed	G227_DQ_COFF	G227_DQ_COFF_PD	G227_DQ_COFF_PW	G227_DQ_COFF_PM	G227_DQ_CAFF_COFF_PW
Coffee – decaf brewed	G227_DQ_DCOFF	G227_DQ_DCOFF_PD	G227_DQ_DCOFF_PW	G227_DQ_DCOFF_PM	G227_DQ_CAFF_DCOFF_PW
Coffee – regular instant	G227_DQ_INCOFF	G227_DQ_INCOFF_PD	G227_DQ_INCOFF_PW	G227_DQ_INCOFF_PM	G227_DQ_CAFF_INCOFF_PW
Coffee – decaf instant	G227_DQ_INDCOFF	G227_DQ_INDCOFF_PD	G227_DQ_INDCOFF_PW	G227_DQ_INDCOFF_PM	G227_DQ_CAFF_INDCOFF_PW
Regular Espresso restaurant style	G227_DQ_ESCOFF	G227_DQ_ESCOFF_PD	G227_DQ_ESCOFF_PW	G227_DQ_ESCOFF_PM	G227_DQ_CAFF_ESCOFF_PW
Decaf espresso restaurant style	G227_DQ_DESCOFF	G227_DQ_DESCOFF_PD	G227_DQ_DESCOFF_PW	G227_DQ_DESCOFF_PM	G227_DQ_CAFF_DESCOFF_PW
Chocolate beverages	G227_DQ_CHOC	G227_DQ_CHOC_PD	G227_DQ_CHOC_PW	G227_DQ_CHOC_PM	G227_DQ_CAFF_CHOC_PW
Iced coffee	G227_DQ_ICECHOC	G227_DQ_ICECHOC_PD	G227_DQ_ICECHOC_PW	G227_DQ_ICECHOC_PM	G227_DQ_CAFF_ICECHOC_PW

G227_DQ_CAFF_PW_TOT	total milligrams of caffeine consumed from beverages per week
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4. Do you eat chocolate of any sort?

G227_DQ_EATCHOC

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

Day	Amount and type	Office Use
Example: Monday	1 x 53 g Mars bar 1 x 200 g Cadbury family block - crunchie	

Monday	G227_DQ_EATCHOC_MON
Tuesday	G227_DQ_EATCHOC_TUE
Wednesday	G227_DQ_EATCHOC_WED
Thursday	G227_DQ_EATCHOC_THUR
Friday	G227_DQ_EATCHOC_FRI
Saturday	G227_DQ_EATCHOC_SAT
Sunday	G227_DQ_EATCHOC_SUN

G227_DQ_EATCHOC_CAFF_LW_TOT	total milligrams of caffeine consumed through chocolate last week
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5. Do you consume any over-the-counter caffeine containing tablets?

G227_DQ_CAFFTAB

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

Day	Name of table	Dose of tablet	How many tablets?
Example: Monday	NoDoz Acacin	100 mg 500 mg	2 1

Monday	G227_DQ_CAFFTAB_MON
Tuesday	G227_DQ_CAFFTAB_TUE
Wednesday	G227_DQ_CAFFTAB_WED
Thursday	G227_DQ_CAFFTAB_THU
Friday	G227_DQ_CAFFTAB_FRI
Saturday	G227_DQ_CAFFTAB_SAT
Sunday	G227_DQ_CAFFTAB_SUN

G227_DQ_CAFFTAB_LW_TOT	total milligrams of caffeine consumed through tablets last week
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**** THANK YOU FOR COMPLETING THIS QUESTIONNAIRE ****