

Survey One Screen Grabs

File Name: Survey 1 Email Invitation



Dear SSC Member,

In the past you signed up for the free Online Support Group and Quit Program at www.StopSmokingCenter.net.

We're inviting our members to complete an anonymous online survey. It should only take about 10 minutes to complete and you'll get personalized feedback on your drinking patterns (although we also encourage non-drinkers to participate as well).

The purpose of the survey is to help us gain a better understanding about the relationship between smoking and drinking alcohol. The results will help our team learn how we can do a better job at helping people quit and how they respond to "triggers" that might cause them to start smoking again.

The survey also has a research purpose. The research team will publish the results in both a scientific journal and an international meeting so others can become better aware of our free programs.

To access the survey please click on the link below (If the below link is displayed on two lines please copy and paste the full link into your web browser):

<http://dev.checkyourdrinking.net/survey/ss1.aspx?id=NDqyMA%3d%3d-KispLuWSC%2bU%3d>

It's important for us tell you that the survey is completely anonymous: we have no way of finding out who you are, where you live, we can't link the survey to your email address and we can't link it to any personal information. The answers to the questionnaire are cumulative, which means that we'll group your answers with the thousands of others who also answer the survey.

If you have any questions about this survey please feel free to write our Support Staff or by contact our Privacy Officer by writing to privacy@v-cc.com.

Thanks in advance for helping us help others!

Most Sincerely,

The Stop Smoking Center Support Team

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Thanks for helping the Stop Smoking Center!

In this anonymous survey we're going to first ask you questions about smoking, and then we'll ask you some questions about drinking alcohol. When you're finished the survey we'll give you a Final Report. The Final Report will give you a comparison of your drinking to other people the same age and sex. It should take no more than about 10 minutes to complete this survey.

After you've received and read your Final Report we're going to ask you a few feedback questions. We're grateful to your feedback so we can improve the program.

Let's get started with some questions about your current or past smoking:

1. At present do you smoke daily, occasionally, or not at all?

- ☐ Daily
- ☐ Occasionally
- ☐ Not at all

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1. How long ago was it that you last smoked?

- ☐ Less than one week
- ☐ More than one week but less than a month
- ☐ 1 to 6 months
- ☐ 7 to 11 months
- ☐ 1 to 5 years
- ☐ More than 5 years

2. Before you quit, how many cigarettes did you usually smoke each day?

3. When you drink alcohol, do you ever experience a strong urge, desire or thoughts about smoking?

- ☐ I don't drink alcohol
- ☐ Never
- ☐ Occasionally
- ☐ Frequently
- ☐ All the time

4. When you used to smoke, did you ever experience a strong urge, desire or thoughts about drinking alcohol?

- ☐ Never
- ☐ Occasionally
- ☐ Frequently
- ☐ All the time
- ☐ Only when I was around people who were drinking

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How many drinks do you normally have before you experience strong urges, desires or thoughts about smoking?

How many drinks do you normally have before you experience these strong urges, desires or thoughts about smoking?

You are: ☐ male ☐ female

Your date of birth:

What country do you live in?

How much do you weigh?

You are taking this test:

- ☐ For yourself
- ☐ For someone you know
- ☐ You are just checking out the CYD test to see what the results look like

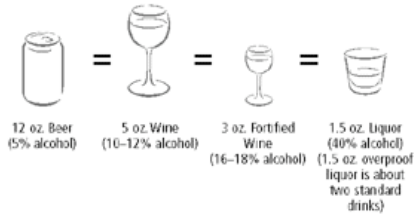
How much would you say that each drink costs you? (example: 3.75)

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CHECK YOUR DRINKING

One Standard Drink Equals...



1. How often do you have a drink that contains alcohol?
 - ☐ never
 - ☐ monthly or less
 - ☐ 2-4 times a month
 - ☐ 2-3 times a week
 - ☐ 4 or more times a week
2. On a typical day when you do drink, how many drinks containing alcohol do you have?
 - ☐ 0-2
 - ☐ 3-4
 - ☐ 5-6
 - ☐ 7-9
 - ☐ 10+
3. How often do you have 5 (five) or more drinks on one occasion?
 - ☐ never
 - ☐ less than monthly
 - ☐ once per month
 - ☐ 2-3 times per month
 - ☐ weekly
 - ☐ 2-4 times per week
 - ☐ daily or almost daily
4. How often during the last year have you found that you weren't able to stop drinking once you started?
 - ☐ never
 - ☐ less than monthly
 - ☐ monthly
 - ☐ weekly
 - ☐ daily or almost daily
5. How often during the last year have you failed to do what's normally expected from you because of drinking?
 - ☐ never
 - ☐ less than monthly
 - ☐ monthly
 - ☐ weekly
 - ☐ daily or almost daily

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CHECK YOUR DRINKING

6. How often during the last year have you needed a first drink in the morning to “get yourself going” after a heavy drinking session?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- ☐ never
- ☐ less than monthly
- ☐ monthly
- ☐ weekly
- ☐ daily or almost daily

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

- ☐ no
- ☐ yes, but not within the last year
- ☐ yes, during the last year

10. Has a relative or friend or doctor or other health professional ever shown concern about your drinking, or suggested that you cut down?

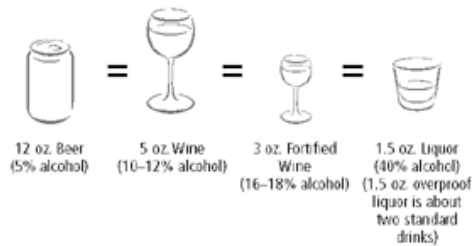
- ☐ no
- ☐ yes, but not within the last year
- ☐ yes, during the last year

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CHECK YOUR DRINKING

One Standard Drink Equals...



11. What was your drinking like during a typical week in the last year (12 months)? We realize that this will only be a rough estimate, but please indicate the approximate number of drinks you usually drank on each day of the week.

MON	TUES	WED	THURS	FRI	SAT	SUN
— ▾	— ▾	— ▾	— ▾	— ▾	— ▾	— ▾

12. What is the greatest number of drinks you've had on one day in the past 12 months?

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CHECK YOUR DRINKING

13. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your friendships or social life?

- ☐ no
☐ yes

14. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your physical health?

- ☐ no
☐ yes

15. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your outlook on life (happiness)?

- ☐ no
☐ yes

16. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your home life or marriage?

- ☐ no
☐ yes

17. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your work, studies or employment opportunities?

- ☐ no
☐ yes

18. Within the last twelve (12) months was there ever a time that you felt your alcohol use had a harmful effect on your financial position?

- ☐ no
☐ yes

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[Click Here to Generate Your Final Report](#)

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File Name: Survey 1 Final Report Survey



Please remember that this survey is completely anonymous, and your voluntary feedback is very much appreciated. Thanks again for helping us out.

1. How useful did you find the Final Report feedback?

- ☐ Not at all useful
- ☐ Slightly useful
- ☐ Somewhat useful
- ☐ Extremely useful

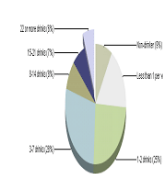
2. Was any of the information surprising to you?

- ☐ No, the information was not surprising
- ☐ It was surprising how much more I drink than other people
- ☐ It was surprising how much less I drink than other people
- ☐ I found something else surprising. Please explain what you found surprising in the space below:

3. Is there any other information that you would like to see, or do you have any suggestions for how we can improve the information in the Final Report?

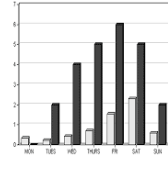
4. There were three graphs on the feedback report that compared your drinking to others in the general population (see examples below). Please put a check box underneath the graphs that you found most useful (if you didn't find any of the graphs useful, please don't check any of them).

Average drinks per week for males aged 18 - 24 from Canada



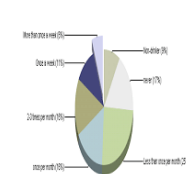
☐

Drinks per day for males aged 18 - 24 from Canada



☐

5+ drinking days for males aged 18 - 24 from Canada



☐

5. If you submitted a description of your own drinking, did the feedback seem to capture the amount you actually drink?

- ☐ Yes, it probably did
- ☐ No, I usually drink less than once a week
- ☐ No, my drinking varies over time

6. Using a scale from 0 to 10, where 0 means "no risk" and 10 means "high risk," check the number that indicates to what extent you believe that you would personally be at risk of getting hurt or sick because of your own drinking?

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
0	1	2	3	4	5	6	7	8	9	10
no risk		somewhat of a risk			medium risk			high risk		extremely high risk

7. Do you have any other comments that you would help us improve the Final Report?

If you'd like us to email you a copy of the published results from this survey, please check this box: ☐

Thank you very much for agreeing to participate in this survey. Please "Submit" to end the survey.

[Submit](#)

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