Alcohol consumption frequency- self report

Identifying and Definitional Attributes

Data Dictionary:	NHDD
Knowledgebase ID:	000803
Version number:	1
Metadata type:	DATA ELEMENT
Registration Authority:	NHIMG
Admin status:	SUPERSEDED
Effective date:	01-MAR-05
Definition:	A person's self-reported frequency of alcohol consumption.
Context:	Public health, health care and clinical settings.

Relational and Representational Attributes

Datatype:	Numeric
Representational form:	CODE
Representation layout:	NN
Minimum Size:	2
Maximum Size:	2

Data Domain:

Code	Description
01	Every day/7 days per week
02	5 to 6 days per week
03	3 to 4 days per week
04	1 to 2 days per week
05	2 to 3 days per month
06	Once per month
07	7 to 11 days in the past year
08	4 to 6 days in the past year
09	2 to 3 days in the past year
10	Once in the past year
11	Never drank any alcoholic beverage in the past year
12	Never in my life
99	Not reported

Collection Methods: The World Health Organisation, in its 2000 International Guide for Monitoring Alcohol Consumption and Related Harm document, suggests that in assessing alcohol consumption patterns a `Graduated Quantity Frequency' method is preferred. This method

requires that questions about the quantity and frequency of alcohol consumption should be asked to help determine short-term and long-term health consequences.

This information can be collected (but not confined to) the following ways :

-in a clinical setting with questions asked by a primary healthcare professional

-as a self-completed questionnaire in a clinical setting

-as part of a health survey

-as part of a computer aided telephone interview.

It should be noted that, particularly in telephone interviews, the question(s) asked may not be a direct repetition of the data domain; yet they may still yield a response that could be coded to the full data domain or a collapsed version of the domain.

Related metadata: is used in conjunction with Service contact date version 1

relates to the data element concept Alcohol consumption - concept version 1

is used in conjunction with Alcohol consumption in standard drinks per day - self report version 1

Administrative Attributes

Source Document: The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001

Source Organisation: CV-Data Working Group

Comments: DSS - Cardiovascular disease (clinical):

These data can be used to help determine the overall health profile of an individual or of a population. Certain patterns of alcohol consumption can be associated with a range of social and health problems. These problems include:

-social problems such as domestic violence, unsafe sex

-financial and relationship problems

-physical conditions such as high blood pressure, gastrointestinal problems, pancreatitis

-an increased risk of physical injury.

Alcohol can also be a contributor to acute health problems. Evidence from prospective studies indicates that heavy alcohol consumption is associated with increased mortality and morbidity from coronary heart disease and stroke (Hanna et al 1992). However, there is some evidence to suggest that alcohol appears to provide some protection against heart disease (both illness and death) for both men and women from middle age onwards. Most, if not all, of this benefit is achieved with 1-2 standard drinks per

day for men and less than 1 standard drink for women (the National Health and Medical Research Council's Australian Alcohol Guidelines, October 2001).

Where this information is collected by survey and the sample permits, population estimates should be presented by sex and 5-year age groups. Summary statistics may need to be adjusted for age and other relevant variables.

It is recommended that, in surveys of alcohol consumption, data on age, sex, and other socio-demographic variables also be collected where it is possible and desirable to do so.It is also recommended that, when alcohol consumption is investigated in relation to health, data on other risk factors including overweight and obesity, smoking, high blood pressure and physical inactivity should be collected.

The Australian Alcohol Guidelines: Health Risk and Benefits endorsed by the National Health and Medical Research Council in October 2001 have defined risk of harm in the short term and long term based on patterns of drinking.The table below outlines those patterns.

Alcohol consumption shown in the tables is not recommended for people who:
- Have a condition made worse by drinking
-Are on medication
-Are under 18 years of age
-Are pregnant
-Are about to engage in activities involving risk or a degree of skill (e.g. driving, flying, water sports, skiing, operating machinery).

	Risk of harm in the short-term		
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on a single occasion)	Up to 6	7 to 10	11 or more
Females (on a single occasion)	Up to 4	5 to 6	

7 or more

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

	Risk of harm in the long-term		
	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
Males (on an average day)	Up to 4	5 to 6	7 or more
	Up to 28	29 to 42	43 or more
Overall weekly level	Per week	Per week	Per week
Females (on an average day)	Up to 2	3 to 4	5 or more
	Up to 14	15 to 28	29 or more
Overall weekly level	Per week	Per week	Per week

Source: NH&MRC Australian Alcohol Guidelines: Health Risk and Benefits 2001.

Data Element Links

Information Model Entities linked to this Data Element

NHIM   Lifestyle characteristic

Data Agreements which include this Data Element

DSS - Cardiovascular disease (clinical)   From 01-Jan-03 to