| Welcome to Day 2 | Date: | | | |
|--------------------------------|-------------|--|--|--|
| Name: | | | | |
| Is drinking alcohol a problem? | | | | |
| | | | | |
| | | | | |
| | | | | |
| Low Risk Drinking | | | | |
| Hazardous Drinking | | | | |
| Harmful Drinking | | | | |
| Binge Drinking | | | | |
| Group activity – How | many units? | | | |
| What they drank: | | | | |
| | | | | |
| | | | | |
| Total Units: | | | | |
| Alcohol Free? | | | | |

| If you have lost connection and | | | | |
|---------------------------------|--|--|--|--|
| need help call this number: | | | | |
| 0208 99 69 639 | | | | |



| nn units a week on a regular basis | | | | | |
|------------------------------------|--------|-------|-------|--|--|
| read your drinking ove | r days | | | | |
| n't | | | | | |
| | | | | | |
| to | | | | | |
| Working out units: | | | | | |
| - | | | | | |
| | | | | | |
| | | | | | |
| Drink | Volume | ABV % | Units | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| My Fav 1 | | | | | |
| My Fav 2 | ı | | | | |

Advise from the UK Chief Medical Officer is to drink no more

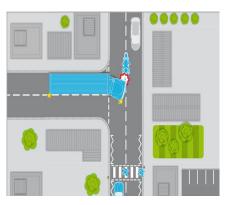
What makes a good driver?

- •
- •
- •
- ullet

What would be the impact for you and your family/friends if you were involved in a fatal collision?

How does alcohol impair driving?

- •
- •
- lacktriangle
- •



Crash Avoidance

| | Blame | Avoidability |
|-----------|-------|---------------------|
| Grey Car | | |
| | | |
| Lorry | | |
| Motorbike | | |
| 0 = | Low 5 | = high |

Home Measures

What do you think of these results?

Alcohol Screening Tool – Be honest with yourself!

TOTAL

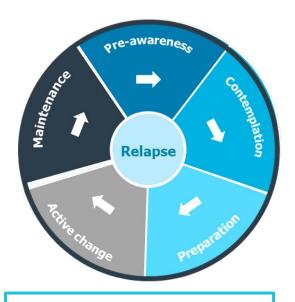
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

What led to your conviction?

Please note:

- The decisions you took
- The reasons you made them
- Feelings, intentions, day, time etc

Wheel of Change



Stage I am at:

What I am doing that puts me at this stage:

My next steps are:

Importance to change drink-drive behaviour

Unimportant Important

1 2 3 4 5 6 7 8 9 10

Confidence to make the necessary change

Unimportant Important

1 2 3 4 5 6 7 8 9 10

Barriers I might face (What can make change difficult for me)

Who/what can help me?

Advantages

Disadvantages

Summary – Review these notes and highlight (*) which 3 topics were most personally useful

| Notes: | Remember: |
|--------|----------------------|
| | Unrealistic Optimism |
| | Downward comparison |
| | Illusion of control |
| | For next week: |