# Formedecon Limited
# Alcohol Questionnaire

**Client Details**

Full Name - Sex – Male / Female

Age - Height – Weight - Build -

Approximate weekly drink consumption –

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**Relevant Times and Dates**

Time of Incident -……(AM / PM) Date of Incident -

Time of Roadside Breath Test -……(AM / PM) Date of roadside Test –

Time of Substantive Breath Test (1) -……(GMT / BST) Result (1) –

Time of Substantive Breath Test (2) -……(GMT / BST) Result (2) –

Time of Blood / Urine Sample Provision - Result of Blood / Urine Test –

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**Please List Any Food Consumed**

| Type of Food Consumed | Quantity of Food Consumed | Approximate Time of Consumption |
|---|---|---|
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**Please List Any Medication To Be Considered**

| Type of Medication Taken | Quantity Of Medication Taken | Approximate Time Taken |
|---|---|---|
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*** Pre-Incident Drinking Details / Intended Consumption In Laced drinks Cases** * Please delete as appropriate

| Type and Brand of Drink Consumed | Quantity of Alcohol Consumed | Approximate Time Consumed |
|---|---|---|
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*** Post-Incident Drinking Details / Additional Consumption for Laced Drinks Cases** * Please delete as appropriate

| Type and Brand of Drink Consumed | Quantity Consumed | Approximate Time Consumed |
|---|---|---|
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I confirm the above details form the basis of our instructions to Formedecon Ltd.

Name:…….. Signed:…….. Date:…….

This form to be submitted with copy of the appropriate test certificate attached.

The information required by this form is to be used solely for the preparation of a technical report in the matter. All information will be treated in the strictest of confidence

When completed return to:
Formedecon Ltd, Unit 41, Enterprise City, Spennymoor, Co. Durham, DL16 6JF
DX: 60185 Ferryhill