



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

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(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

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Personal History

Please Mark the Appropriate Box Below:

- 1 This Form was Administered via a DFR/Proxy
- 2 This Form was Administered In-Person by Study Personnel
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- 4 This Form was Mailed and Self-Administered by Participant
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Interviewer: Now I would like to ask you some questions about any smoking and/or drinking that you have done over the course of your lifetime.

P1a. Have you smoked more than 100 cigarettes in your entire life?

- 1 Yes
- 0 No **Go to Q2a**
- D Don't Know
- R Refused

P1b. In what year or how old were you when you started smoking cigarettes on a regular basis?

Year: ___ ___ ___ ___ **OR** Age: ___ ___ ___

P1c. Do you now smoke cigarettes?

- 1 Yes **Go to Q1e**
- 0 No
- D Don't Know
- R Refused

P1d. In what year or how old were you when you quit smoking cigarettes?

Year: ___ ___ ___ ___ **OR** Age: ___ ___ ___

P1e. On average, how many cigarettes per day [do you or did you] usually smoke? ___ ___ ___

P2a. Have you smoked cigars or a pipe on a regular basis?

- 1Yes **Go to Q3a**
- 0No
- DDon't Know
- RRefused

P2b. In what year or how old were you when you first started smoking cigars or a pipe?

Year: ___ ___ ___ ___ **OR** Age: ___ ___ ___

P2c. Do you currently smoke cigars or a pipe on a regular basis?

- 1Yes **Go to Q2e**
- 0No
- DDon't Know
- RRefused

P2d. In what year or how old were you when you quit smoking cigars or a pipe?

Year: ___ ___ ___ ___ **OR** Age: ___ ___ ___

P2e. On average, how many cigars or pipe bowls per day do/did you smoke? ___ ___ ___

Interviewer: These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum or vodka, and cocktails and mixed drinks containing liquor, such as Manhattans and martinis, and any other drink that contains alcohol.

Please answer for all types of alcoholic beverages together. Let's consider one drink to be equal to . . .

- One 12 oz. can of beer
- One 5 oz. glass of wine (a full glass)
- A drink containing a "shot", a "jigger", or a "finger of liquor" (approximately 1 ¼ oz.)

3a. During the past 12 months, how many drinks did you have in a typical week? If you are unsure, please make your best guess. ***(Please Use Response Form in Appendix B)***

Interviewer Note: Do NOT read response categories.

- 1None, do not drink alcohol at all **Go to Q3b**
- 2An occasional drink, but less than one per week **Go to Q3b**
- 31-3 drinks per week **Go to Q3c**
- 44-7 drinks per week **Go to Q3c**
- 58-14 drinks per week **Go to Q3c**
- 615-21 drinks per week **Go to Q3c**
- 722-27 drinks per week **Go to Q3c**
- 828 or more drinks per week **Go to Q3c**
- DDon't Know **Go to Q3c**
- RRefused **Go to Q3c**

3b. If the answer to Q3a above was "none" or "an occasional drink":

What is your primary reason for not drinking very much? (*Please Use Response Form in Appendix B*)

Interviewer Note: Do NOT read response options. Please check only one answer.

- 1No need or not necessary
- 2Don't care for it or dislike it
- 3Medical or health reasons
- 4Religious or moral reasons
- 5Recovering alcoholic
- 6Family member an alcoholic or problem drinker
- 7Costs too much
- 8Other Reasons (Please Specify) _____

3c. Did you ever drink more than you do now?

- 1Yes
- 0No
- DDon't Know
- RRefused

3d. Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

- 1Yes
 - 0No
 - DDon't Know
 - RRefused
- Go to Q3e**
End Interview

3e. If Yes, during the past 12 months, have you had 5 or more drinks almost every day?

- 1Yes
- 0No