## Alcohol Use

1. How often do you have a drink containing alcohol?

Never

Monthly or less

2-4 times a month

2-3 times a week

4 or more times a week

1. How often do you have six or more drinks on one occasion?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

## History of Tobacco Use

1. Tobacco history:

Never smoked

Former smoker

Current smoker

Unknown

1. If a former smoker, which year did you quit smoking?
2. If a former or current smoker, for how many years did (have) you smoked? \_\_years
3. If a former or current smoker, on average how many (cigarettes/cigars/pipes) do (did) you smoke on a daily basis (answer all that apply):

Cigarettes

Cigars

Pipe bowls

Unknown

1. For former or current cigarette smokers only, the number of pack-years of smoking
2. [(average number of cigarettes smoked daily)/20] x (number of years smoked): \_\_\_\_pack-years

Substance Use:

1. During the last 12 months (or during the time since your injury, if year 1 follow-up) did you use any illicit or non-prescription drugs?

No

Yes

Unknown

Refused

1. If Yes for above, please indicate the drugs used:

Crack/Cocaine

Pot/Marijuana

LSD/Hallucinogens

Heroin/Opiates

Speed/Stimulants

N/A, no other drug use

Unknown

Refused

List other drugs:

## General Instructions

Important note: None of the data elements on this CRF Module are considered Core (i.e., strongly recommended for all sports-related concussion clinical studies to collect). They are supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*