\*Date behavioral history taken:

## Smoking History

1. \*Current tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes within past year)

Yes

No

Unknown

1. \*Past tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes prior to the past year)

Yes

No

Unknown

1. Age started tobacco use (years):

(Skip if Q1 and Q2 are both NO)

1. Age stopped tobacco use (years):

N/A – still using tobacco

(Skip if Q1 and Q2 are both NO)

1. \*\*Type(s) of tobacco used (Choose all that apply):

Filtered cigarettes (Answer Q6)

Non-filtered cigarettes (Answer Q6)

Low tar cigarettes (Answer Q6)

Cigars

Pipes

Chewing tobacco

Other, specify:

1. \*\*Average number of cigarettes smoked per day (Skip if cigarettes is NOT an answer in Q5):

Less than one cigarette per day

1 cigarette per day

2 to 5 cigarettes per day

6 to 15 cigarettes per day (about ½ pack)

16 to 25 cigarettes per day (about 1 pack)

26 to 35 cigarettes per day (about 2 packs)

More than 35 cigarettes per day (about 2 packs or more)

Unknown

## Alcohol History

1. \*\*Current drinker? (Consumed at least one drink within past year)

Yes

No

Unknown

1. \*\*Past drinker? (Consumed at least one drink prior to the past year)

Yes

No

Unknown

1. Age started drinking (years):

(Skip if Q7 and Q8 are both NO)

1. Age quit drinking (years):

N/A – still drinking alcohol (Skip if Q7 and Q8 are both NO)

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

Never (Skip to 15)

Monthly or less

2 - 4 times/ month

2 - 3 times/ week

4 or more times/ week

Illustration of the level of alcohol in a single drink of beer, malt liquor, wine, and hard liquor



The above graphic was taken from the Alcohol Use Disorders Identification Test (AUDIT) available for free download from [NIAAA resources on alcohol consumption and alcohol-related problems](http://www.niaaa.nih.gov/Publications).

1. How many alcoholic drinks do you have on a typical day when you are drinking?1

1 or 2

3 or 4

5 or 6

7, 8, or 9

10 or more

N/A (Don’t drink)

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

Never

< Monthly

Monthly

Weekly

Daily or almost daily

1. Have you ever been hospitalized for an alcohol related problem? (e.g., esophageal varices, delirium tremens (DTs), cirrhosis, etc.)

Yes

No

Unknown

## Drug History

1. \*\*Current drug user? (Use of any illicit drug within the past year)

Yes

No

Unknown

IF YES, specify type(s) used (select all that apply):

Sedatives (e.g., sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate)

Tranquilizers or anti-anxiety drugs (e.g., Valium®, Librium, muscle relaxants, or Zanax)

Painkillers (e.g., Codeine, Darvon, Percodan, Dilaudid, or Demerol)

Stimulants (e.g., Preludin, Benzedrine, Methadrine, uppers, or speed)

Marijuana, hash, THC, or grass

Cocaine or crack

Hallucinogens (e.g., Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote)

Inhalants or Solvents (e.g., amyl nitrate, nitrous oxide, glue, toluene, or gasoline)

Heroin

Other, specify (e.g., Methadone, Elavil, steroids,Thorazine, or Haldol):

## Exercise History

1. \*\*Regular aerobic exercise

Yes  Unknown

No

1. \*\*\*How many times/week do you get regular aerobic exercise?

0  3-5

1-2  6-7

## General Instructions

Some studies may need to collect behavioral history information related to tobacco, alcohol and illicit drug use. It may be appropriate to collect these data elements once (e.g., at baseline) or at multiple time points. The suggested elements may be utilized and/or modified to reflect study requirements and population.

Important note: Some data elements on this CRF are classified as Supplemental (should only be collected if the research team considers them appropriate for their study). The remaining elements are classified as indicated by asterisks below:

\*Element is classified as Core

\*\*Element is classified as Supplemental – Highly Recommended

\*\*\*Element is classified as Exploratory

### Specific Instructions

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

* Date behavioral history taken - Record the date (and time) the behavioral history was taken. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.
* Current tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Past tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age started tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age stopped tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Type(s) of tobacco used - Choose all that apply. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Average number of cigarettes smoked per day - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Current drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Past drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age started drinking - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age quit drinking- History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* How often do you have a drink containing alcohol? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* How many alcoholic drinks do you have on a typical day when you are drinking?- Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* How often do you have six or more drinks on one occasion? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Have you ever been hospitalized for an alcohol related problem? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.
* Regular aerobic exercise – Defined by more than 30 min of moderate intensity exercise

### Reference

1Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT. The Alcohol Use Disorders. Identification Test. Guidelines for Use in Primary Care. 2nd edition, 2001. Department of Mental Health and Substance Dependence, World Health Organization, Geneva, Switzerland.