* [[1]](#endnote-1)Date behavioral history taken:

## Smoking History

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

[ ]  Yes

[ ]  No

[ ]  Unknown

1. iPast 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

[ ]  2 to 5 cigarettes per day

[ ]  16 to 25 cigarettes per day (about 1 pack)

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

[ ]  1 cigarette per day

[ ]  6 to 15 cigarettes per day (about ½ pack)

[ ]  26 to 35 cigarettes per day (about 1½ packs)

[ ]  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 Q1 and Q2 are both NO)

1. Age quit drinking (years):

**[ ]** N/A – still drinking alcohol (Skip if Q1 and Q2 are both NO)

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

[ ]  Never (Skip to 8)

[ ]  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 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?

[ ]  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. iCurrent drug user? (Use of any illicit drug within the past year)

[ ]  Yes

[ ]  No

[ ]  Unknown

iIF 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

[ ]  iOther, specify (e.g., Methadone, Elavil, steroids,Thorazine, or Haldol):

## 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.

Some of the CDEs are Supplemental- Highly Recommended based on study type, disease stage and disease type. Please refer to Start-Up document for details.

## 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.
1. Supplemental – Highly Recommended (See Start-Up document for details) [↑](#endnote-ref-1)