\*\*Date behavioral history taken (MM/DD/YYYY):

## 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

[ ]  Non-filtered cigarettes

[ ]  Low tar cigarettes

[ ]  Cigars

[ ]  Pipes

[ ]  Chewing tobacco

[ ]  e-cigarette or vaping products

[ ]  Other, specify:

If answer to Q5 is filtered cigarettes, non-filtered cigarettes, or low tar cigarettes, then answer Q6, Q7, Q8, Q9.

1. Age started cigarette use (years):

(Skip if cigarettes is NOT an answer in Q5)

1. Age stopped cigarette use (years):

[ ]  N/A – still using cigarettes

(Skip if cigarettes is NOT an answer in Q5)

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 1 ½ packs)

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

[ ]  Unknown

1. \*\*For former or current cigarette smokers only, the number of pack-years of smoking:

[(average number of cigarettes smoked daily)/20] x (number of years smoked): \_\_\_\_ pack-years

1. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

[ ]  Yes

[ ]  No

[ ]  Don’t know/Not sure

[ ]  Refused

1. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

[ ]  Every day

[ ]  Some days

[ ]  Not at all

[ ]  Don’t know/Not sure

[ ]  Refused

## Alcohol History

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

[ ]  Yes

[ ]  No

[ ]  Unknown

* 1. \*\*Consumed at least one drink within past 30 days

[ ]  Yes [ ]  Unknown

[ ]  No

1. \*\*Past drinker? (Consumed at least one drink per month 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. \*\*How 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. \*\*Current illicit or recreational drug or substance user? (Use of any illicit or recreational 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 Xanax)

[ ]  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 (moderate intensity physical activity, such as brisk walking, bicycling, swimming, or golf)

Moderate-intensity physical activities cause small increases in breathing or heart rate and are done for at least 10 minutes continuously.

[ ]  Yes

[ ]  No

[ ]  Unknown

1. On how many days in a typical week do you do at least moderate-intensity aerobic exercise, such as brisk walking, bicycling, swimming, or golf?

## 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 as indicated by asterisks below. Please refer to Start-Up document for details.

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

The remaining data elements 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.

* 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.
* Age started cigarette use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.
* Age stopped cigarette use - History can be 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.
* Pack-years of smoking: If participant is a former or current cigarette smoker, [(average number smoked daily)/20] x (number of years smoked) = pack-years
* 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 (moderate intensity physical activity) - Moderate-intensity physical activities cause small increases in breathing or heart rate and is done for at least 10 minutes continuously.

References

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