Date behavioral history taken (m m/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)
2. Age stopped tobacco use: years  N/A – still using tobacco (Skip if Q1 and Q2 are both NO)
3. 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

16 to 25 cigarettes per day (about 1 pack)

1 cigarette per day

26 to 35 cigarettes per day (about 1 ½ packs)

2 to 5 cigarettes per day

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

6 to 15 cigarettes per day (about ½ pack)

Unknown

## Alcohol History

* 1. Current drinker? (Consumed at least one drink within past year)  Yes  No  Unknown
  2. Past drinker? (Consumed at least one drink prior to the past year)  Yes  No  Unknown
  3. 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)
2. How often do you have a drink containing alcohol?

Never (Skip to Q8)

Monthly or less

2 - 4 times/ month

2 - 3 times/ week

4 or more times/ week

Unknown

Graphic comparing % alcohol in drinks



The above graphic was taken from the Alcohol Use Disorders Identification Test (AUDIT) available from [To request the Alcohol Uses Disorders Identification Test (AUDIT) please follow this link](http://www.commondataelements.ninds.nih.gov/TBI.aspx#tab=Data_Standards).

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  Unknown

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

Never  Less than monthly  Monthly  Weekly  Daily or almost daily  Unknown

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
2. IF YES, specify illicit drug type(s) used: (Choose 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, tolune, or gasoline)

Heroin

Other, 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.

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are supplemental and should be collected only 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.
* 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.
* Current drug user? - Choose one. Response is obtained by report of the participant/subject or proxy as soon as possible after visit/admission. Do not record medications that are prescribed for medical purposes. Collect information on substances and medications taken for reasons other than prescription, or taken more frequently or at higher doses than prescribed. Assure participant/subject that information on such use will be treated as strictly confidential.
* IF YES, specify illicit drug type(s) used - Choose all that apply. Response is obtained by report of the participant/subject or proxy as soon as possible after visit/admission. Do not record medications that are prescribed for medical purposes. Collect information on substances and medications taken for reasons other than prescription, or taken more frequently or at higher doses than prescribed. Assure participant/subject that information on such use will be treated as strictly confidential.