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, Q2, Q3 are all NO)

1. During the time that you regularly smoked, on average, how much did you smoke per day?
   1. Number of Packs:
   2. Number of Cigarettes:
2. For former or current cigarette smokers only, indicate the number of pack-years of smoking:

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

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)

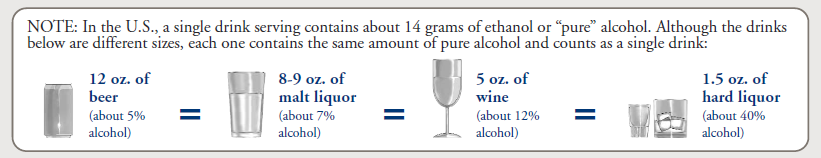
Monthly or less

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

1. 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):

Diet and Exercise History

1. In general, how healthy is your overall diet?2

Excellent

Very Good

Good

Fair

Poor

1. Regular aerobic exercise

Yes  Unknown

No

1. If yes, during a typical week how many days do you get regular aerobic exercise?

0  3-5

1-2  6-7

Perceived Stress Scale (PSS)3,4

1. In the last month, how often have you felt that you were unable to control the important things in your life?

 Never Almost Never Sometimes Fairly Often Very Often

1. In the last month, how often have you felt confident about your ability to handle your personal problems?

 Never Almost Never Sometimes Fairly Often Very Often

1. In the last month, how often have you felt that things were going your way?

 Never Almost Never Sometimes Fairly Often Very Often

1. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

 Never Almost Never Sometimes Fairly Often Very Often

Pittsburgh Sleep Quality Index (PSQI)5

1. During the last month, when have you usually gone to bed at night?
2. During the past month, how long (in minutes) has it usually take you to fall asleep at each night?
3. During the past month, when have you usually gotten up in the morning?
4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spend in bed).

## 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: All data elements on this CRF are classified as Supplemental (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.
* 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
* Perceived Stress Scale (PSS) – The four questions listed were taken from the PSS-4 item questionnaire. The questions in this scale ask about the participants feelings and thoughts during the last month.
* Pittsburgh Sleep Quality Index (PSQI) – The first four questions were taken from the PSQI. The questions in this scale ask about the participants sleep quality.

References

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3 Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. J Health Soc Behav. 1983;24(4):385–396.

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