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: (please specify) 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

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

## 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: (please specify) years (Skip if Q1 and Q2 are both NO)

1. Age quit drinking: (please specify) 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

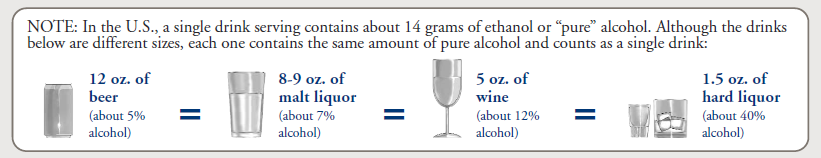
2 - 4 times/ month

2 - 3 times/ week

4 or more times/ week

Unknown

Graphic comparing % alcohol in drinks



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The above graphicwas 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" \l "tab=Data_Standards" \o "Alcohol Uses Disorders Identification Test (AUDIT))

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)

Amphetamines

Cocaine

Inhalants

Cannabis (marijuana)

Hallucinogens

Opioids

Other, specify:

## Godin Leisure-Time Exercise Questionnaire

If this CRF is completed, the Godin Leisure-Time Exercise Questionnaire must also be completed. Please see the website for the original instrument.

## General Instructions

This form contains data elements related to the use of tobacco, alcoholic beverages, and illicit drugs. The study team should decide if it make sense to collect these data elements once (i.e., at baseline) or at multiple time points.

In addition to the elements listed on this CRF, it is highly recommended that investigators include some form of dietary assessment. One option is a questionnaire developed and validated by the NCI ([Paper-based DHQ II Forms](http://riskfactor.cancer.gov/dhq2/forms/)) which has also been adapted and validated in Canada. It should also be noted that diet questionnaires such as food frequency questionnaires must be modified and validated when used in a different country.

Important note: The elements on this CRF are classified as Supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Depending on the reason for collecting this information, more detailed questions may be desired and can be added.

## Specific Instructions

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

The majority of the data elements on the CRF have the following instructions.

History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

Additional instructions for the elements are already included on the CRF.

\*If more detailed examination of alcohol history and problem drinking is desired the full AUDIT questionnaire can be used. The AUDIT-C will be sufficient to capture all alcohol – related history for some studies.

Godin Leisure-Time Exercise Questionnaire

This instrument has been approved by the copyright holder. Please visit the website for the original instrument.

## References:

Godin, G., Shephard, R. J. Godin Leisure-Time Exercise Questionnaire. Medicine and Science in Sports and Exercise. 29 June Supplement: S36-S38, 1997

Godin, G., Shephard, R. J. A simple method to assess exercise behavior in the community. [Can J Appl Sport Sci.](http://www.ncbi.nlm.nih.gov/pubmed/4053261) Sep;10(3):141-6, 1985