



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/03/2015

Personal History Visit 2

Section A. Please Mark the Appropriate Box Below:

- ¹This Form was Administered via a DFR/Proxy (**Go to Section B**)
- ²This Form was Administered In-Person by Study Personnel
- ³This Form was Administered via Telephone by Study Personnel
- ⁴This Form was Mailed and Self-Administered by Participant
- ⁵This Form was Administered by Other: _____

Section B. Proxy Tracking. Denmark skip to B2.

B1. US sites:

Which contact person on the PCI form completed this form as the proxy? (Enter the corresponding number such as 6a, 6e, 6i, 8a, 8e, etc from the PCI form)

_____ **Go to B3**

B2. Denmark: What is proxy's relationship to the Study Participant?

- ¹Spouse
- ²Child (Daughter/Son)
- ³Sibling (Brother/Sister)
- ⁴Niece/Nephew
- ⁵Other (Please Specify): _____
- ⁶Caregiver

B3. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant (Please X All that Apply)

- | | |
|--|--|
| <input type="checkbox"/> ¹Physical Illness/Serious incapacitating illness | <input type="checkbox"/> ¹Dementia/Cognitive impairment |
| <input type="checkbox"/> ¹Hearing impairment | <input type="checkbox"/> ¹Too Busy/Unavailable |
| <input type="checkbox"/> ¹Nursing home or long-term care | <input type="checkbox"/> ¹Unable to be reached or located |
| <input type="checkbox"/> ¹Visual impairment | <input type="checkbox"/> ¹Fatigue/Too overwhelmed |
| <input type="checkbox"/> ¹Self-doubt/Fearfulness about own limitations | <input type="checkbox"/> ¹Uninterested/Unmotivated |
| <input type="checkbox"/> ¹Other: _____ | |

These questions ask about any smoking and/or drinking that you have done recently. Please disregard that the question numbering is out of sequence.

Q1b1. Have you smoked cigarettes regularly in the last year? (“No” means less than 1 cigarette a day for 1 year.)

- ¹Yes **Go to Q2c0**
- ⁰No
- ^DDon't Know
- ^RRefused

Q1c. Do you now smoke cigarettes (as of 1 month ago)?

- ¹Yes **Go to Q1e0**
- ⁰No **Go to Q1d**
- ^DDon't Know
- ^RRefused

Q1d. In what year or how old were you when you quit smoking cigarettes?

Year: ____ ____ ____ ____ **OR** Age: ____ ____ ____ **Go to Q1e**
(Record “N” in the year field if you have not stopped smoking cigarettes completely)

Q1e0. How many cigarettes do you smoke per day now?

____ ____ ____ **Go to Q1f**

Q1e. During the time you were smoking, on average, how many cigarettes per day did you usually smoke?

____ ____ ____

Q1f. When you were smoking, did you ever stop for >6 months?

- ¹Yes **Go to Q1g**
- ⁰No **Go to Q2c0**
- ^DDon't Know
- ^RRefused

Q1g. For how many years in total did you stop smoking cigarettes? ____ ____ ____

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Q2c0. Since [date of last in-person visit] have you regularly smoked a pipe or cigar?

- 1Yes
- 0No
- DDon't Know
- RRefused

Go to Q3

Q2c. Do you currently smoke cigars or a pipe now?

- 1Yes
- 0No
- DDon't Know
- RRefused

Go to Q2e

Q2d. In what year or how old were you when you quit smoking cigars or a pipe?

Year: ____ ____ ____ ____ OR Age: _____

Q2e. On average, how many cigars or pipe bowls per day do/did you smoke? ____ ____ ____

These next questions are about drinking alcoholic beverages. Alcoholic beverages include beer, ale, wine, wine coolers, liquor such as whiskey, gin, rum or vodka, and cocktails and mixed drinks containing liquor, such as Manhattans and martinis, and any other drink that contains alcohol.

Q3. Do you drink any of the following beverages at least once a month?

Beer

- 1Yes
- 0No
- DDon't Know
- RRefused

Wine

- 1Yes
- 0No
- DDon't Know
- RRefused

Liquor/Spirits

- 1Yes
- 0No
- DDon't Know
- RRefused

Note: If your response is No, Don't know, or Refused for all (beer, wine, & liquor/spirits) SKIP TO Q3b

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Q3a. If yes, what is your average number of servings in a typical week or month over the past year?
(List your alcohol intake as ***EITHER weekly OR monthly as appropriate.***)

Beverage	Per week	Per month
Beer (12oz bottle, glass, can)	___ ___ ___	___ ___ ___
Wine (red or white, 4oz glass)	___ ___ ___	___ ___ ___
Liquor/spirits (1oz cocktail/highball)	___ ___ ___	___ ___ ___

If the answer to Q3a above was a total of:

1 drink/week or less (or 4 drinks/month or less) **Go To Q3b**

If the answer to Q3a above was:

>1drink/week (or >4 drinks/month) **Go To Q3b2**

Q3b. What is your primary reason for not drinking very much?

Please check only one answer.

- 1No need or not necessary
- 2Don't care for it or dislike it
- 3Medical or health reasons
- 4Religious or moral reasons
- 5Recovering alcoholic
- 6Family member an alcoholic or problem drinker
- 7Costs too much
- 8Other Reasons (Please Specify) _____

Q3b1. At what age did you stop drinking alcohol?

Age: ___ ___ ___ (If you Not stopped/Never drank, enter 'N')

Q3b2. Over the past year, on average how many days per week did you drink an alcoholic beverage of any type?

___ ___ (Enter number of days; if you don't drink, enter '0'; if you have 1 drink or less, enter '1')

Q3b3. Over the past year, on a typical day when you drink, how many drinks do you have?

___ ___ (Enter number of drinks; if you don't drink, enter '0'; if you have 1 drink or less, enter '1').

Q3b4. What was the maximum number of drinks you had in a 24 hour period during the past month?

___ ___ (Enter number of drinks; if you don't drink, enter '0'; if you have 1 drink or less, enter '1').

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Q3d. Was there ever a time in your life when you drank 5 or more drinks of any kind of alcoholic beverage almost every day?

- ¹Yes
- ⁰No
- ^DDon't Know
- ^RRefused

Go to Q3e
End Interview

Q3e. If Yes, during the past 12 months, have you had 5 or more drinks almost every day?

- ¹Yes
- ⁰No