



(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: <sup>6</sup>Visit 3 <sup>7</sup>Visit 3 (New Participant)

Form Version Date: 07/04/2021

## Personal History Visit 3

### Section A: Please Mark the Appropriate Box Below:

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

- <sup>1</sup> .....Spouse
- <sup>2</sup> .....Child (Daughter/Son)
- <sup>3</sup> .....Sibling (Brother/Sister)
- <sup>4</sup> .....Niece/Nephew
- <sup>5</sup> .....Other (Please Specify): \_\_\_\_\_
- <sup>6</sup> .....Caregiver

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

*These questions ask about any smoking and/or drinking that you have done over the course of your lifetime.*

**Return participants skip to Q1b1.**

**Q1a.** Have you smoked more than 100 cigarettes in your entire life?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q1h**
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**Q1b.** In what year or how old were you when you started smoking cigarettes on a regular basis?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ **OR** Age: \_\_\_\_ \_\_\_\_ \_\_\_\_

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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No **Go to Q1h**
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

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

- <sup>1</sup> .....Yes **Go to Q1e0**
- <sup>0</sup> .....No **Go to Q1d**
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**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?

- <sup>1</sup> .....Yes **Go to Q1g**
- <sup>0</sup> .....No **Go to Q1h**
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**Q1g.** For how many years in total did you stop smoking cigarettes? \_\_\_\_ \_\_\_\_ \_\_\_\_

**Q1h.** Have you ever used an electronic nicotine product, even one or two times?  
(Electronic nicotine products include e-cigarettes, vape pens, personal vaporizers and mods, e-cigars, e-pipes, e-hookahs, and hookah pens.)

<input type="checkbox"/> 1	.....Yes	<b>Go to Q1i</b>
<input type="checkbox"/> 0	.....No	<i>New Participants Go to Q2a; Return Participants Go to Q2c0</i>
<input type="checkbox"/> D	.....Don't Know	
<input type="checkbox"/> R	.....Refused	

**Q1i.** Have you used an electronic nicotine product at least 100 times?

<input type="checkbox"/> 1	.....Yes	
<input type="checkbox"/> 0	.....No	<i>New Participants Go to Q2a; Return Participants Go to Q2c0</i>
<input type="checkbox"/> D	.....Don't Know	
<input type="checkbox"/> R	.....Refused	

**Q1j.** In what year or how old were you when you started using electronic nicotine on a regular basis?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ **OR** Age: \_\_\_\_ \_\_\_\_ \_\_\_\_

**Q1k.** Do you currently use electronic nicotine products (as of 1 month ago)?

<input type="checkbox"/> 1	.....Yes	<b>Go to Q1n</b>
<input type="checkbox"/> 0	.....No	<b>Go to Q1l</b>
<input type="checkbox"/> D	.....Don't Know	
<input type="checkbox"/> R	.....Refused	

**Q1l.** In what year or how old were you when you quit using electronic nicotine products?

Year: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ **OR** Age: \_\_\_\_ \_\_\_\_ \_\_\_\_

(Record "N" in the Year field if you have not stopped using electronic nicotine products completely)

**Q1m.** During the time you were using electronic nicotine products, on average, how many products per day did you usually use?

\_\_\_\_ \_\_\_\_ \_\_\_\_ *New Participants Go to Q2a; Return Participants Go to Q2c0*

**Q1n.** How many electronic nicotine products do you use per day now?

\_\_\_\_ \_\_\_\_ \_\_\_\_ *New Participants Go to Q2a; Return Participants Go to Q2c0*

***New participants only (Q2a and Q2b)***

**Q2a.** Have you ever smoked cigars or a pipe on a regular basis?

<input type="checkbox"/> 1	.....Yes	
<input type="checkbox"/> 0	.....No	<b>Go to Q3</b>
<input type="checkbox"/> D	.....Don't Know	
<input type="checkbox"/> R	.....Refused	

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Q2b.** In what year or how old were you when you first started smoking cigars or a pipe?

Year: \_\_\_\_\_

**OR**

Age: \_\_\_\_\_

**Go to Q2c**

**Returning participants only (Q2c0)**

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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**Go to Q3**

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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**Go to Q2e**

**Go to Q2d**

**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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Wine

- 1 ..... Yes
- 0 ..... No
- D ..... Don't Know
- R ..... Refused

Liquor/Spirits

- 1 ..... Yes
- 0 ..... No
- D ..... Don't Know
- R ..... Refused

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

**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 your answer to Q3a above was a total of:**

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

**If your 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.**

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

**Q3b1.** At what age did you stop drinking alcohol?

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

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**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').

***New Participants only Q3c***

***Returning Participants skip to Q3d***

**Q3c.** Did you ever drink more than you do now?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**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?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know
- <sup>R</sup> .....Refused

**Go to Q3e  
End Interview**

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

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No