	(Affix Label Here)		Date Form	Filled Out	
)C	Participant ID:	d d		M y y JUN2005)	ууу
	Participant Name Code:	Interviewer	Code:		
LONG LIFE		<u>Cir</u>	cle Field Co	enter Locat	tion:
FAMILI SIUDI		BU	CU	DK	UP
Circle Visit:	⁶ Visit 3 ⁷ Visit 3 (New Pa	rticipant)			
Form Version Date:	_07/04/2021				

Personal History Visit 3

Section A: Please Mark the Appropriate Box Below:	
\Box^1 This Form was Administered via a DFR/Proxy (Go to Section B)	
\square^2	
³	
⁴ This Form was Mailed and Self-Administered by Participant	
⁵ 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?

- □¹....Spouse □²....Child (Daughter/Son) □³....Sibling (Brother/Sister) □⁴....Niece/Nephew □⁵....Other (Please Specify): □⁶....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)
 - 1
 Physical Illness/Serious incapacitating illness

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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?

	Yes	
0	No	Go to Q1h
D	Don't Know	
R	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.)

¹ Yes	
⁾ No	Go to Q1h
^D Don't Know	
^R Refused	

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

¹ Yes	Go to Q1e0
0No	Go to Q1d
Don't k	Inow
Refuse	t

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?

¹	Yes	Go to Q1g
0	No	Go to Q1h
D	Don't Know	
R	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.)

¹ Yes	Go to Q1i
⁰ No	New Participants Go to Q2a; Return Participants Go to Q2c0
^D Don't Know	
^R Refused	

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

¹ Yes	
0No	New Participants Go to Q2a; Return Participants Go to Q2c0
Don't Know	
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)?

<u>1</u>	Yes	Go to Q1n
0	No	Go to Q11
D	Don't Know	
R	Refused	

Q11. 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)

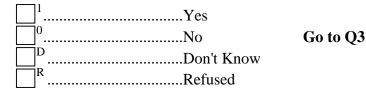
Q1m. During the time you were using electronic nicotine products, on average, how many products per day <u>*did you*</u> usually use?

_____ New Participants Go to Q2a; Return Participants Go to Q2c0

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

New participants only (Q2a and Q2b)

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

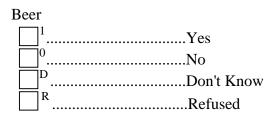


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Participant ID: Participant Name Code: _____ Q2b. In what year or how old were you when you first started smoking cigars or a pipe? Year: _____ ____ ____ OR Age: _____ ____ Go to Q2c Returning participants only (Q2c0) **Q2c0.** Since [*date of last in-person visit*] have you regularly smoked a pipe or cigar? Yes ⁰.....No Go to Q3 ^D.....Don't Know ^R.....Refused **Q2c.** Do you currently smoke cigars or a pipe now? ¹.....Yes Go to Q2e ⁰.....No Go to Q2d ^D.....Don't Know 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?



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

Liquor/Spirits	
\square^1	Yes
	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.

<u> </u>	No need or not necessary
\square^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') 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 O3d

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

1	Yes
<u> </u> 0	No
D	Don't Know
□ ^R	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?

¹	Yes	Go to Q3e
0	No	End Interview
D	Don't Know	
R	Refused	

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

