SMOKING & ALCOHOL USE FORM

ADMINISTRATIVE INFORMATION
0a. Completion Date: __/__/___
0b. Staff ID: __ __ __

A. SMOKING

1. Have you ever smoked cigarettes? (Code “No” if less than 400 cigarettes in a lifetime)
   Yes ....................................... □ Y
   No ......................................... □ N→ GO TO QUESTION 7

1.a. How old were you when you first started regular cigarette smoking? __ __ __

2. Did a doctor or other health professional ever advise you to stop smoking?
   Yes ....................................... □ Y
   No ......................................... □ N

3. Do you currently smoke cigarettes?
   Yes ....................................... □ Y→ GO TO QUESTION 6
   No ......................................... □ N

4. How old were you when you stopped smoking? __ __ __

5. Prior to quitting, how many cigarettes did you usually smoke per day? (Code “00” if less than 1 per day.) __ __ __

6. How many cigarettes do you smoke per day now? (Code “00” if less than 1 per day.) __ __ __→ SKIP IF QUESTION 3=NO
B. ALCOHOL

Frequency of alcohol consumption is determined as usual weekly intake. The serving sizes are different for beer, wine and hard liquor. Serving sizes are “12 oz. bottles or cans of beer,” “4 oz. glasses of wine” and “1 and ½ oz. shots of hard liquor.”

“Next, I am going to ask you about your consumption of wine, beer and drinks made with hard liquor.”

7. Have you ever consumed alcoholic beverages?
   Yes..............................□ Y
   No ...............................□ N→GO TO END OF FORM

8. Do you presently drink alcoholic beverages?
   Yes..............................□ Y→GO TO ITEM 10
   No ...............................□ N

If the participant asks, or if the answer is not explicit, “presently” is defined as within the last 12 months.

Record the response in years, rounding ½ down. For example, “1 ½ years” would be recorded as 1 year. “About a half year ago” would be recorded as “0.” If the participant stopped more than once, record the years since the most recent stopping. For example, if the participant says: “The last time I quit was two years ago. The first time I quit was twenty years ago”, the response would be recorded as “2”.

9. Approximately how many years ago did you stop drinking?
   □□ years→GO TO END OF FORM

The serving sizes of wine, beer and hard liquor must be clear to the participant. For example, after asking: “How many glasses of wine do you usually have per week?”, indicate that you are referring to 4 oz. glasses and that “per week” includes the weekends. If the participant answers in terms of drinks per month, divide by four to derive the weekly intake. If the number of drinks is “half a drink” or less, record “0.” If the number of drinks is more than 99, record as “99.” “Wine” includes wine coolers, cordials and “sweet wines.” “Liquor” includes liqueurs.

10. How many glasses of wine do you usually have per week? (4 oz. glasses; round down)
    □□ per week→IF 0, GO TO ITEM 11

10a. How many days in a week do you usually drink wine?
    □□ days
11. How many glasses, bottles, or cans of beer do you usually have per week? (12 oz. glasses, bottles, or cans; round down)

   per week→ **IF 0, GO TO ITEM 12**

11a. How many days in a week do you usually drink beer?

   days

12. How many drinks of hard liquor do you usually have per week? (1.5 oz. shots; round down)

   per week→ **IF 0, GO TO ITEM 13**

12a. How many days in a week do you usually drink hard liquor?

   days

13. During the past 24 hours, how many alcoholic drinks have you had?

   drinks

   For the next question, for males use 5 or more drinks and for females use 4 or more drinks.

14. During the last 12 months, how often did you have [4 or 5] or more drinks containing any kind of alcohol in within a two-hour period?

   Every day……………………………………..A
   5 to 6 days a week…………………………..B
   3 to 4 days a week…………………………..C
   2 days a week………………………………D
   1 day a week………………………………E
   2 to 3 days a month………………………..F
   1 day a month……………………………..G
   3 to 11 days in the past year……………..H
   1 or 2 days in the past year………………I
   Never …………………………………………J