



PERSONAL HISTORY FORM (PHXB screen 2 of 8)

<p>3. Have you seen a doctor, a physician's assistant or a nurse practitioner for any reason in the last 12 months? .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <p>4. Have you ever been treated by a doctor for high blood pressure? .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <p style="text-align: right;">Unknown    U</p> <p>5. Have you ever been treated by a doctor for high blood cholesterol? .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <p style="text-align: right;">Unknown    U</p>	<p>6. Has a doctor ever said you had any of the following?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unknow</th> </tr> </thead> <tbody> <tr> <td>a. Heart attack .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>b. Heart failure or congestive heart failure .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>c. Diabetes (sugar in the blood) ..</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>d. Chronic lung disease, such as bronchitis, or emphysema ..</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>e. Asthma .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>f. Cancer .....</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Go to Item 7, Screen 3.</p> </div>		Yes	No	Unknow	a. Heart attack .....	Y	N	U	b. Heart failure or congestive heart failure .....	Y	N	U	c. Diabetes (sugar in the blood) ..	Y	N	U	d. Chronic lung disease, such as bronchitis, or emphysema ..	Y	N	U	e. Asthma .....	Y	N	U	f. Cancer .....	Y	N	U
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PERSONAL HISTORY FORM (PHXB screen 3 of 8)

<p>6.g. Can you tell me in what part of the body the cancer was located?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <p>h. And the date it was diagnosed?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center;"> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="margin: 0 5px;">/</span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> </div> <p style="text-align: center; margin-bottom: 10px;">month      year</p> <p>i. Have you had another cancer? .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <p style="text-align: right;">Unknown    U</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto; margin-bottom: 10px;"> <p>Go to Item 7.</p> </div> <p>j. Can you tell me in what part of the body the cancer was located?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div>	<p>6.k. And the date it was diagnosed?</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px; display: flex; align-items: center; justify-content: center;"> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="margin: 0 5px;">/</span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> <span style="border-right: 1px solid black; width: 20px; height: 15px;"></span> </div> <p style="text-align: center; margin-bottom: 10px;">month      year</p> <p><b>B. Smoking</b></p> <p>"The next series of questions asks about smoking."</p> <p>7. Have you ever smoked cigarettes? [Code "NO" if less than 400 cigarettes in a lifetime.] .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto; margin-bottom: 10px;"> <p>Go to Item 12, Screen 5.</p> </div> <p>8. Do you now smoke cigarettes? .....</p> <p style="text-align: right;">Yes    Y</p> <p style="text-align: right;">No      N</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Go to Item 11, Screen 4.</p> </div>
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PERSONAL HISTORY FORM (PHXB screen 4 of 8)

9. When did you smoke your last cigarette?

- Less than 2 months ago ..... A
- At least 2 months ago,  
but less than 12 months ago ..... B
- At least 12 months ago,  
but less than 24 months ago ..... C
- At least 24 months ago,  
but less than 36 months ago ..... D
- More than 36 months ago ..... E

Go to Item 12,  
Screen 5.

10. Prior to quitting, how many cigarettes did you usually smoke per day?  
[CODE "00" IF LESS THAN ONE PER DAY.]

cigarettes per day

Go to Item 12,  
Screen 5.

11. How many cigarettes do you usually smoke per day now?  
[CODE "00" IF LESS THAN ONE PER DAY.]

cigarettes per day

PERSONAL HISTORY FORM (PHXB screen 5 of 8)

12. Please tell me if you have ever used the following?

	Yes	No
a. Pipe/cigars/cigarillos .....	Y	N
b. Chewing tobacco .....	Y	N
c. Snuff .....	Y	N
d. Nicotine gum that was prescribed by a doctor .....	Y	N
e. Nicotine patch that was prescribed by a doctor .....	Y	N

13. During the past year, about how many hours per week, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters .....

hours

PERSONAL HISTORY FORM (PHXB screen 6 of 8)

C. ALCOHOL

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

14. Have you ever consumed alcoholic beverages? ..... Yes Y  
 No N

Go to Item 21, Screen 8.

15. Do you presently drink alcoholic beverages? ..... Yes Y  
 No N

Go to Item 17.a, Screen 7.

16. When did you have your last alcoholic beverage?

- Less than 2 months ago ..... A
- At least 2 months ago, but less than 12 months ago ..... B
- At least 12 months ago, but less than 24 months ago ..... C
- At least 24 months ago, but less than 36 months ago ..... D
- More than 36 months ago ..... E

GO ITEM 21, SCREEN 8.

PERSONAL HISTORY FORM (PHXB screen 7 of 8)

17.a. How many glasses of wine do you usually have per week?  
 (4 oz. glasses; round down)

per week

IF NONE, GO TO ITEM 18.a.

b. How many days in a week do you usually drink wine?

days

18.a. 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 NONE, GO TO ITEM 19.a, Screen 8.

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

days

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

per week

IF NONE, GO TO ITEM 20.

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

days

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

drinks

D. ADMINISTRATIVE INFORMATION

21. Date of data collection: .....  /  /   
month day year

22. Method of data collection: ..... Computer C  
Paper form P

23. Code number of person completing this form: .....

B. ADMINISTRATIVE INFORMATION

1. Date of birth

(month, day, year)

Month: [ ] Day: [ ] Year: [ ]

Month Day Year

2. Method of data collection

Interview

3. Date of interview

(month, day, year)

Month: [ ] Day: [ ] Year: [ ]

4. How long did you work for the company? (month, day, year)

Month: [ ] Day: [ ] Year: [ ]

5. How long did you work for the company? (month, day, year)

6. How long did you work for the company? (month, day, year)

Month: [ ] Day: [ ] Year: [ ]

7. How long did you work for the company? (month, day, year)

Month: [ ] Day: [ ] Year: [ ]