

PERSONAL HISTORY FORM

3*

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm. 737-F, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA (0925-0281). Do not return the completed form to this address.

INSTRUCTIONS:

This form should be completed during the participant's visit. ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

PERSONAL HISTORY FORM (PHXB screen 1 of 8)

A. MEDICAL CARE

 Please tell me if you usually go to one or more of the following sources of medical care when you want help with a health problem. By a 'health problem' I mean an illness, a medical question or concern, or a need for a test or treatment.

[SHOW RESPONSE CARD]

	[SHOW KESPONSE GARD]	Yes	No
a.	Private physician	Υ	N
b.	нмо	Υ.	N
c.	Walk-in clinic	Υ	N
d.	Regular clinic	Y	N
e.	Hospital emergency room	Υ	N
f.	Other	Υ	N
1	If "other", specify:		

2. To help pay for your medical care, do you NOW have:

[READ RESPONSE CATEGORIES]

		Yes	No	Unknown
a.	Health insurance or a health plan, such as Blue Cross/Blue			
e.	Shield or an HMO	Υ	N	U
b.	Medicare	Y	N	U
c.	Medicaid	Y	N	U
d.	Other	Y	N	U

PERSONAL HISTORY FORM (PHXB screen 2 of 8)

Have you seen a doctor, a physician's		VQE	6. Has a doctor ever said you had an	y of t	he foll	owing?
assistant or a nurse practitioner for any reason in the last 12 months?	Yes	Υ	ette.	Yes	No	Unknowr
	No	N	a. Heart attack	Υ	N	U
4. Have you ever been treated by a doctor for high blood pressure?	Yes	Υ	b. Heart failure or congestive heart failure	Y	N	U 1
	No	N	c. Diabetes (sugar in the blood) .	. Y	N	U
e & ginites per response, including the time	Unknown	best and s	d. Chronic lung disease, such as bronchitis, or emphysema	Y	N	U
5. Have you ever been treated by a doctor for high blood cholesterol?	Yes	Y	e. Asthma	Y	N	U
white or anot betelepose with muzan sen of La	No	N	f. Cancer		N	U
	Unknown	U	Go to Item 7, Screen 3.	wt sale	<u> </u>	and the source of
Companies of that the Last ofgit ancessed the E/S and boxes (a entered E/S and boxes) the E/S ancessed the E/S ancessed the E/S ancessed to the E/S ancessed to the Last or th		PIG ITS	ntown theory number (caying garons whi introde born first (caying garons white rity, mark through the individual motey a	2011/03/2 2011/03/2		

6.g. Can you tell me in what part of the body the cancer was located?	6.k. And the date it was diagnosed?
h. And the date it was diagnosed?	#The next series of questions asks about smoking." 7. Have you ever smoked cigarettes? [Code "NO" if less than 400 cigarettes in a lifetime.] Yes Y Go to Item 12, Screen 5. 8. Do you now smoke cigarettes? Yes Y Go to Item 11, Screen 4.

9. When did you smoke your last cigarette? Less than 2 months ago	10. Prior to quitting, how many cigarettes did you usually smoke per day? [CODE "00" IF LESS THAN ONE PER DAY.]
At least 2 months ago, but less than 12 months ago	cigarettes per day
At least 12 months ago, but less than 24 months ago	Go to Item 12, Screen 5.
At least 24 months ago, but less than 36 months ago	X out
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	<u>No</u>	13. During the past year, about how many hours per week, on the average, were you in close contact with people when they
a. Pipe/cigars/cigarillos Y	N	were smoking? For example, in your home, in a car, at work or
b. Chewing tobacco Y		other close quarters
c. Snuff Y	И	hours
d. Nicotine gum that was prescribed by a doctor Y	N	Steph 196]
e. Nicotine patch that was prescribed by a doctor	N	
		.e.ur-esti of co .secs 51

PERSONAL HISTORY FORM (PHXB screen 6 of 8) C. ALCOHOL 16. When did you have your last alcoholic beverage? "Next I am going to ask you about your — Less than 2 months ago A consumption of wine, beer, and drinks made with hard liquor." At least 2 months ago, .but less than 12 months ago 14. Have you ever consumed alcoholic At least 12 months ago, beverages? Yes but less than 24 months ago - At least 24 months ago, Go to Item 21, but less than 36 months ago Screen 8. More than 36 months ago 15. Do you presently drink alcoholic beverages? Yes GO ITEM 21, SCREEN 8. Go to Item 17.a, No Screen 7. PERSONAL HISTORY FORM (PHXB screen 7 of 8) 17.a. How many glasses of wine do you 18.a. How many glasses, bottles, or cans usually have per week? of beer do you usually have per week? (12 oz. glasses, bottles, or cans, (4 oz. glasses; round down) round down) per week per week IF NONE, GO TO ITEM 19.a, IF NONE, GO TO ITEM 18.a. Screen 8. b. How many days in a week do you usually drink wine? b. How many days in a week do you usually drink beer? days days

PERSONAL HISTORY FORM (PHXB screen 8 of 8) 19.a. How many drinks of hard liquor do you usually have per week? D. ADMINISTRATIVE INFORMATION (1.5 oz. shots; round down) 21. Date of data collection: per week month day year IF NONE, GO TO ITEM 20. 22. Method of data collection: Computer Paper form b. How many days in a week do you usually drink hard liquor? 23. Code number of person completing this form: ... days 20. During the past 24 hours, how many drinks have you had? drinks

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