



Participant ID:

Participant Initials:

Site:

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BEHAVIORAL HISTORY – TOBACCO USE

The following questions are about your use of tobacco. They will help us better understand the role of smoking in the risk of lung disease. Any information you provide will be strictly confidential and only used for research purposes.

Smoking:

Cigarettes

1. Have you ever smoked cigarettes, even one or two puffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to Q#8)
2. How old were you when you first started smoking cigarettes regularly?	_____ years old <input type="checkbox"/> Never smoked regularly (skip to Q#8) <input type="checkbox"/> Don't know
3. Do you smoke cigarettes now (within the past month)?	<input type="checkbox"/> Every day <input type="checkbox"/> Some days (e.g. only on weekends) <input type="checkbox"/> Not at all (skip to Q#6)
<i>The following questions relate to your current smoking habits</i>	
4. On average, about how many cigarettes did you smoke per day during the last month? SELECT ONLY ONE	_____ cigarettes/day _____ packs/day <input type="checkbox"/> Less than 1 cigarette per day
5. How long have you smoked this amount?	_____ <input type="checkbox"/> months <input type="checkbox"/> years <input type="checkbox"/> Don't know
SKIP TO QUESTION 7	
<i>The following question relates to your smoking cessation</i>	
6. How old were you when you COMPLETELY quit smoking cigarettes?	_____ years old
<i>The following questions relate to smoking habits over the <u>entire period</u> that you smoked</i>	
7. On average, how many cigarettes did you smoke per day during the <u>entire time</u> that you smoked?	_____ <input type="checkbox"/> cigarettes/day <input type="checkbox"/> packs/day <input type="checkbox"/> Less than 1 cigarette per day



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BEHAVIORAL HISTORY – PHYSICAL ACTIVITY

Physical Activity:

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport.

Vigorous Activity:

Think about all the **vigorous** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

8. During the last 7 days , on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?	_____ days per week <input type="checkbox"/> No vigorous physical activities SKIP TO #10
9. How much time did you usually spend doing vigorous physical activities on one of those days?	_____ hours per day _____ minutes per day <input type="checkbox"/> Don't know/not sure

Moderate Activity:

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

10. During the last 7 days , on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.	_____ days per week <input type="checkbox"/> No moderate physical activities SKIP TO #12
11. How much time did you usually spend doing moderate physical activities on one of those days?	_____ hours per day _____ minutes per day <input type="checkbox"/> Don't know/not sure

Walking Activity:

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

12. During the last 7 days , on how many days did you walk for at least 10 minutes at a time?	_____ days per week <input type="checkbox"/> No walking SKIP TO #14
13. How much time did you usually spend walking on one of those days?	_____ hours per day _____ minutes per day <input type="checkbox"/> Don't know/not sure

Sitting:

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

14. During the last 7 days , how much time did you spend sitting on a week day ?	_____ hours per day _____ minutes per day <input type="checkbox"/> Don't know/not sure
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For Research Coordinator use only: CRF was: Self-administered Interviewer-administered