



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

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## BEHAVIORAL HISTORY – TOBACCO USE

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

### **Smoking:**

#### *E-cigarettes (vaping):*

1. Have you ever smoked e-cigarettes (vaped), even one or two puffs? <i>This includes e-cigarettes, vapes/pods (Juil, Logic Compact, Blu), heat-not-burn/tobacco heating systems (IQOS, glo, jouz)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>skip to Q #7</b> )
2. How old were you when you started regularly using an e-cigarette device?	_____ years old <input type="checkbox"/> Never used e-cigarettes regularly ( <b>skip to Q #7</b> ) <input type="checkbox"/> Don't know
3. Do you use an e-cigarette device 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 ( <b>skip to Q #5</b> )
4. How often did you use an e-cigarette device during the last month (30 days)?	_____ <input type="checkbox"/> days/month _____ <input type="checkbox"/> uses/day <input type="checkbox"/> Less than once per day <input type="checkbox"/> Don't know
<b>SKIP TO QUESTION 6</b>	
<i>The following question relates to your e-cigarette cessation</i>	
5. How old were you when you COMPLETELY quit using an e-cigarette device?	_____ years old
<i>The following questions relate to e-cigarette habits over the <u>entire period</u> that you used e-cigarettes</i>	
6. On average, how often did you use your e-cigarette device during the <u>entire time</u> that you used an e-cigarette device?	_____ <input type="checkbox"/> days/month _____ <input type="checkbox"/> uses/day <input type="checkbox"/> Don't know

#### *Other tobacco products:*

7. Have you ever used any smoking tobacco products other than cigarettes or e-cigarettes, even one time? (Check all that apply)	<input type="checkbox"/> No ( <b>skip to Q #9</b> ) <input type="checkbox"/> Cigars or cigarillos <input type="checkbox"/> Pipes <input type="checkbox"/> Hookahs
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## BEHAVIORAL HISTORY – TOBACCO USE

	<input type="checkbox"/> Other: _____ (specify)
8. How long have you used any smoking tobacco products other than cigarettes or e-cigarettes?	_____ years
9. Have you ever used any smokeless tobacco products, even one time? (Check all that apply)	<input type="checkbox"/> No ( <b>skip to Q #11</b> ) <input type="checkbox"/> Chewing tobacco <input type="checkbox"/> Snuff/snus <input type="checkbox"/> Dip <input type="checkbox"/> Other: _____ (specify)
10. How long have you used any smokeless tobacco products?	_____ years



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## BEHAVIORAL HISTORY – ALCOHOL USE

### Alcohol Use:

11. Have you ever consumed alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF NO, skip to Q #18</b>
12. How old were you when you first started drinking alcoholic beverages?	_____ years old
13. Do you presently drink alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES, skip to Q #14</b>
a. If no, at what age did you stop drinking alcohol?	_____ years old <input type="checkbox"/> Don't know
b. Why did you stop drinking alcoholic beverages?	<input type="checkbox"/> History of alcohol abuse or in remission/sobriety <input type="checkbox"/> Chewing tobacco <input type="checkbox"/> Health reasons <input type="checkbox"/> Moral or religious reasons <input type="checkbox"/> Other: _____ (specify)
14. Which types of alcoholic beverages have you ordinarily consumed? <i>(Mark all that apply)</i>	
<input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Hard liquor or drinks made with hard liquor (e.g. whiskey, rum, vodka, etc.)	<input type="checkbox"/> Other (please specify): _____
15. Over the past year, on average, on how many days per week did you drink an alcoholic beverage of any kind?	_____ days
16. Over the past year, on a typical day when you drink, how many drinks do you have?	_____ drinks
17. In the past month, what is the largest number of drinks you had in one day?	_____ drinks
18. Has there ever been a time in your life when you drank 5 or more alcoholic drinks of any kind almost daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know