

PDBP Behavioral History

*** Required fields**

* Name of Site: _____	* Type of Visit: _____ e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months.
* Date of Visit: _____	* GUID: _____
Subject ID: _____	

Smoking History

1) Has the subject ever used tobacco?

Yes No Unknown

2) Current tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes within past year)

Yes No Unknown

3) Past tobacco use? (Regular use of cigarettes, cigars, chewing tobacco or pipes prior to the past year)

Yes No Unknown

4) Age started tobacco use: ___ ___ years (Skip if Q1 and Q2 are both NO)

5a) Subject still using tobacco? (Skip if Q1 and Q2 are both NO)

Yes No Unknown

5b) Age stopped tobacco use: ___ ___ years

6) Type(s) of tobacco used: (Choose all that apply)

Filtered cigarettes Non-filtered cigarettes Low tar cigarettes
 Cigar Pipes Chewing tobacco
 Other, specify _____

7) Average number of cigarettes smoked per day: (Skip if cigarettes is NOT an answer in Q5)

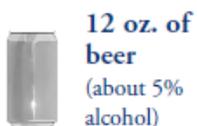
Less than one cigarette per day 16 to 25 cigarettes per day (about 1 pack)
 1 cigarette per day 26 to 35 cigarettes per day (about 1 ½ packs)

- 2 to 5 cigarettes per day More than 35 cigarettes per day (about 2 packs or more)
 6 to 15 cigarettes per day (about ½ pack) Unknown

Alcohol History

- 1) **Has the subject ever used alcohol?** Yes No Unknown
- 2) **Current drinker?** (Consumed at least one drink within past year) Yes No Unknown
- 3) **Past drinker?** (Consumed at least one drink prior to the past year) Yes No Unknown
- 4) **Age started drinking:** ___ ___ years (Skip if Q1 and Q2 are both NO)
- 5a) **Subject still drinks?** Yes No Unknown
- 5b) **Age quit drinking:** ___ ___ years (Skip if Q1 and Q2 are both NO)
- 6) **How often do you have a drink containing alcohol?**
 Never (Skip to Q8) Monthly or less 2 - 4 times/ month
 2 - 3 times/ week 4 or more times/ week Unknown

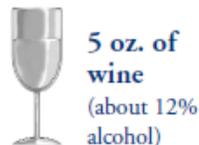
NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



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The above graphic was taken from the Alcohol Use Disorders Identification Test (AUDIT) available for free download from <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/guide.htm>.

- 7) **How many alcoholic drinks do you have on a typical day when you are drinking?**
 1 or 2 3 or 4 5 or 6 7, 8, or 9 10 or more Unknown
- 8) **How often do you have six or more drinks on one occasion?**
 Never Less than monthly Monthly Weekly Daily or almost daily Unknown

9) **Have the subject ever been hospitalized for an alcohol-related problem?** (e.g., esophageal varices, delirium tremens (DTs), cirrhosis, etc.)

Yes

No

Unknown

Drug History

1) **Current drug user?** (Use of any illicit drug within the past year)

Yes

No

Unknown

2) **IF YES, specify illicit drug type(s) used:** (Choose all that apply)

(Other drugs may include Methadone, Elavil, steroids, Thorazine, or Haldol.)

Sedatives, for example, sleeping pills, barbiturates, Seconal, Quaaludes, or Chloral Hydrate

Tranquilizers or anti-anxiety drugs, for example, Valium, Librium, muscle relaxants, or Xanax

Painkillers, for example, Codeine, Darvon, Percodan, Dilaudid, or Demerol

Stimulants, for example, Preludin, Benzedrine, Methadrine, uppers, or speed

Marijuana, hash, THC, or grass

Cocaine or crack

Hallucinogens, for example, Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote

Inhalants or Solvents, for example, amyl nitrate, nitrous oxide, glue, toluene, or gasoline

Heroin

Other, please specify: _____

GENERAL INSTRUCTIONS

Some studies may need to collect behavioral history information related to tobacco, alcohol and illicit drug use. It may be appropriate to collect these data elements once (e.g., at baseline) or at multiple time points. The suggested elements may be utilized and/or modified to reflect study requirements and population.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

Date behavioral history taken - Record the date (and time) the behavioral history was taken. The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.) and in the format acceptable to the study database.

Current tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Past tobacco use - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Age started tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

Age stopped tobacco use - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

Type(s) of tobacco used - Choose all that apply. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Average number of cigarettes smoked per day - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Current drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Past drinker - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Age started drinking - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

Age quit drinking - History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

How often do you have a drink containing alcohol? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

How many alcoholic drinks do you have on a typical day when you are drinking? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

How often do you have six or more drinks on one occasion? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Have you ever been hospitalized for an alcohol related problem? - Choose one. Response is obtained from participant/ subject, family member, friend, or chart/ medical record.

Current drug user? - Choose one. Response is obtained by report of the participant/subject or proxy as soon as possible after visit/admission. Do not record medications that are prescribed for medical purposes. Collect information on substances and medications taken for reasons other than prescription, or taken more frequently or at higher doses than prescribed. Assure participant/subject that information on such use will be treated as strictly confidential.

IF YES, specify illicit drug type(s) used - Choose all that apply. Response is obtained by report of the participant/subject or proxy as soon as possible after visit/admission. Do not record medications that are prescribed for medical purposes. Collect information on substances and medications taken for reasons other than prescription, or taken more frequently or at higher doses than prescribed. Assure participant/subject that information on such use will be treated as strictly confidential.