PERSONAL HISTORY FORM

ID NUMBER: [ ] [ ] [ ] [ ] [ ] [ ] [ ] CONTACT YEAR: 1 0 FORM CODE: P N X VERSION: B 02/01/96
LAST NAME: [ ] [ ] [ ] [ ] [ ] [ ] [ ] INITIALS: [ ] [ ]

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, ATM: 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)

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

[READ RESPONSE CATEGORIES]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Health insurance or a health plan, such as Blue Cross/Blue Shield or an HMO</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b. Medicare</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c. Medicaid</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>d. Other</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

a. Private physician Y N
b. HMO Y N
c. Walk-in clinic Y N
d. Regular clinic Y N
e. Hospital emergency room Y N
f. Other Y N
If "other", specify:

a. Medicare
b. Medicaid
c. Other

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>b.</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>c.</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
3. Have you seen a doctor, a physician’s assistant or a nurse practitioner for any reason in the last 12 months? ........ Yes Y
               No N

4. Have you ever been treated by a doctor for high blood pressure? ............ Yes Y
               No N
               Unknown U

5. Have you ever been treated by a doctor for high blood cholesterol? .......... Yes Y
               No N
               Unknown U

6. Has a doctor ever said you had any of the following?

   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

   Go to Item 7, Screen 3.

6.g. Can you tell me in what part of the body the cancer was located?

6.h. And the date it was diagnosed?

   month / year

6.i. Have you had another cancer? .... Yes Y
               No N
               Unknown U

   Go to Item 7.

6.j. Can you tell me in what part of the body the cancer was located?

6.k. And the date it was diagnosed?

   month / year

7. Have you ever smoked cigarettes?
   [Code “NO” if less than 400 cigarettes in a lifetime.] .............. Yes Y
   No N

   Go to Item 12, Screen 5.

8. Do you now smoke cigarettes? ........ Yes Y
               No N

   Go to Item 11, Screen 4.
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.]

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

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
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.

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)
   \[ \square \] per week
   IF NONE, GO TO ITEM 20.

   b. How many days in a week do you usually drink hard liquor?
   \[ \square \] days

20. During the past 24 hours, how many drinks have you had?
   \[ \square \] drinks

---

D. ADMINISTRATIVE INFORMATION

21. Date of data collection: \[ \square \] / \[ \square \] / \[ \square \]
   month day year

22. Method of data collection: \[ \square \] Computer \[ \square \] Paper form
   C P

23. Code number of person completing this form: \[ \square \] \[ \square \] \[ \square \]