C		D		E	F	G
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE AUTHORIZATION FORM.
Yes	No	Yes	No			
1	2 63/	1	2 64/ SKIP TO F	1) _____	__ Mo __ Yr	_____ Last Name
				_____		
				2) _____	65-66/	_____ First Name
				_____		OR
				3) _____		_____ Facility Name
				_____		_____ Street Address
						_____ __ City State

A-49

51. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had cancer?

Yes.....1 69/

No...(SKIP TO Q.55).....2

52. Did the doctor tell you that this was a skin cancer or a systemic (body) cancer?

Skin cancer only.....1 70/

Systemic cancer only.....(SKIP TO Q.54).....2

BOTH SKIN AND SISTEMIC CANCER.....3

SKIN CANCER ONLY

53. Please look at this chart and tell me where each of your skin cancers (is/was) located.

INTERVIEWER: INDICATE THE ANATOMICAL CODE FOR EACH SITE BEING REPORTED.

		1	2	3
RAND CARD J	SITE NUMBER			
	SITE CODE	__ 71-72/	__ 73-74/	__ 75-76/

CODES:

(01)	Scalp or Forehead	(14)	Arm or Hand, Not Otherwise Specified
(02)	Eye Lid	(15)	Genitals
(03)	Ear	(16)	Leg
(04)	Nose	(17)	Foot
(05)	Head or Neck, Not Otherwise Specified	(18)	Leg or Foot, Not Otherwise Specified
(06)	Cheek, chin or jaw	(19)	Skin, Not Otherwise Specified
(07)	Neck or Supraclavicular	(20)	Upperlip, Not Otherwise Specified
(08)	Vermillion	(21)	Lowerlip, Not Otherwise Specified
(09)	Trunk, Front	(22)	Lip, Not Otherwise Specified
(10)	Trunk, Back		
(11)	Trunk, Not Otherwise Specified		
(12)	Arm		
(13)	Hand		

INTERVIEWER: FOR EACH SITE REPORTED ASK A THROUGH E

SKIN CANCER ONLY

SITE 1	SITE 2	SITE 3
A.1 In what month and year was cancer of the (SITE) first diagnosed? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 77-80/ Mo. Yr. BEGIN DECK 45	A.1 In what month and year was cancer of the (SITE) first diagnosed? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 19-18/ Mo. Yr.	A.1 In what month and year was cancer of the (SITE) first diagnosed? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 24-27/ Mo. Yr.
A.2 When did you last consult a doctor for cancer of (SITE)? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 10-13/ Mo. Yr.	A.2 When did you last consult a doctor for cancer of (SITE)? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 19-22/ Mo. Yr.	A.2 When did you last consult a doctor for cancer of (SITE)? ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ 28-31 Mo. Yr.
HAND CARD P	HAND CARD P	HAND CARD P
B. What kind of skin cancer was this?	B. What kind of skin cancer was this?	B. What kind of skin cancer was this?
Basal cell carcinoma.....1 14/	Basal cell carcinoma.....1 23/	Basal cell carcinoma.....1 32/
Squamous cell carcinoma.....2	Squamous cell carcinoma.....2	Squamous cell carcinoma.....2
Melanoma.....3	Melanoma.....3	Melanoma.....3
Cancer metastatic to the skin.....4	Cancer metastatic to the skin.....4	Cancer metastatic to the skin.....4
DON'T KNOW.....8	DON'T KNOW.....8	DON'T KNOW.....8

INTERVIEWER: FOR EACH SITE REPORTED ASK A THROUGH E

SKIN CANCER ONLY

SITE 1	SITE 2	SITE 3
C.1 What is the full name and address of the doctor or the medical facility where the first diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.	C.1 What is the full name and address of the doctor or the medical facility where the first diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.	C.1 What is the full name and address of the doctor or the medical facility where the fi diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
Last Name 33/	Last Name 34/	Last Name 35,
First Name	First Name	First Name
OR	OR	OR
Facility Name	Facility Name	Facility Name
Street Address	Street Address	Street Address
City STATE	City STATE	City STATE
C.2 What is the full name and address of the doctor or medical facility you last consulted? COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"	C.2 What is the full name and address of the doctor or medical facility you last consulted? COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"	C.2 What is the full name and address of the doctor or medical facility you last consulted? COMPLETE AUTHORIZATION FORM IF NECESSARY. IF SAME AS IN C.1, WRITE "SAME AS IN C.1"
Last Name	Last Name	Last Name
First Name	First Name	First Name
OR	OR	OR
Facility Name	Facility Name	Facility Name
Street Address	Street Address	Street Address
City STATE	City STATE	City STATE

53.

SITE 1	SITE 2	SITE 3
D. What treatments or medicines (do/did) you take for cancer of the (SITE)? CODE ALL THAT APPLY	D. What treatments or medicines (do/did) you take for cancer of the (SITE)? CODE ALL THAT APPLY	D. What treatments or medicines (do/did) you take for cancer of the (SITE)? CODE ALL THAT APPLY
Radiation.....1 36/	Radiation.....1 56/	Radiation.....1 76/
Chemotherapy.....2 37/	Chemotherapy.....2 57/	Chemotherapy.....2 77/
Surgery.....3 38/	Surgery.....3 58/	Surgery.....3 78/
Other.(SPECIFY)..4 39/	Other.(SPECIFY)..4 59/	Other.(SPECIFY)..4 79/
_____	_____	_____
_____	_____	_____
NONE.....0	NONE.....0	NONE.....0
		BEGIN DECK 46
E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?	E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?	E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?
RADIATION __ MO __ YR 40-43/	RADIATION __ MO __ YR 60-63/	RADIATION __ MO __ YR 10-13/
CHEMOTHERAPY __ MO __ YR 44-47/	CHEMOTHERAPY __ MO __ YR 64-67/	CHEMOTHERAPY __ MO __ YR 14-17/
SURGERY __ MO __ YR 48-51/	SURGERY __ MO __ YR 68-71/	SURGERY __ MO __ YR 18-21/
OTHER __ MO __ YR 52-55/	OTHER __ MO __ YR 72-75/	OTHER __ MO __ YR 22-25/
IF SECOND SITE CODED IN Q.53 GO TO SITE 2, PART A	IF THIRD SITE CODED IN Q.53 GO TO SITE 3, PART A	IF Q.52 CODED "3," ASK Q.54
IF Q.52 CODED "3," ASK Q.54	IF Q.52 CODED "3," ASK Q.54	IF Q.52 CODED "1," SKIP TO Q.55
IF Q.52 CODED "1," SKIP TO Q.55	IF Q.52 CODED "1," SKIP TO Q.55	

HAND CARD Q

SYSTEMIC (BODY) CANCER ONLY

54.

BEGIN DECK 47

BODY PART 1	BODY PART 2	BODY PART 3
A. In what part of your body (is/was) cancer locatnd? (RECORD VERBATIM) 26-41/	A. In what part of your body (is/was) cancer located? (RECORD VERBATIM) 51-66/	A. In what part of your body (is/was) cancer located? (RECORD VERBATIM) 10-25/
_____	_____	_____
_____	_____	_____
_____	_____	_____
B. What kind of cancer was it? 42/	B. What kind of cancer was it? 67/	B. What kind of cancer was it? 26/
_____	_____	_____
_____	_____	_____
_____	_____	_____
C.1 In what month and year was cancer of the (BODY PART) first diagnosed?	C.1 In what month and year was cancer of the (BODY PART) first diagnosed?	C.1 In what month and year was cancer of the (BODY PART) first diagnosed?
__ Mo. __ Yr. 43-46/	__ Mo. __ Yr. 68-71/	__ Mo. __ Yr. 27-30/
C.2 When did you last consult a doctor for cancer of the (BODY PART)?	C.2 When did you last consult a doctor for cancer of the (BODY PART)?	C.2 When did you last consult a doctor for cancer of the (BODY PART)?
__ Mo. __ Yr. 47-50/	__ Mo. __ Yr. 72-75/	__ Mo. __ Yr. 31-34/

35/R

54. (Continued)

BODY PART 1	BODY PART 2	BODY PART 3
D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.**	D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.**	D.1 What is the full name and address of the doctor or the medical facility where the diagnosis was made? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.**
Last Name	Last Name	Last Name
First Name	First Name	First Name
OR	OR	OR
Facility Name	Facility Name	Facility Name
Street Address	Street Address	Street Address
City STATE	City STATE	City STATE
D.2 What is the full name and address of the doctor or the medical facility you last consulted? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.** IF SAME AS IN D.1, WRITE "SAME AS IN D.1"	D.2 What is the full name and address of the doctor or the medical facility you last consulted? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.** IF SAME AS IN D.1, WRITE "SAME AS IN D.1"	D.2 What is the full name and address of the doctor or the medical facility you last consulted? **COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.** IF SAME AS IN D.1, WRITE "SAME AS IN D.1"
Last Name	Last Name	Last Name
First Name	First Name	First Name
OR	OR	OR
Facility Name	Facility Name	Facility Name
Street Address	Street Address	Street Address
City STATE	City STATE	City STATE

54. (Continued)

BODY PART 1	BODY PART 2	BODY PART 3
E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY	E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY	E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY
HAND CARD Q	HAND CARD Q	HAND CARD Q
Radiation.....1 36/	Radiation.....1 41/	Radiation.....1 46
Chemotherapy.....2 37/	Chemotherapy.....2 42/	Chemotherapy.....2 47
Surgery.....3 38/	Surgery.....3 43/	Surgery.....3 48
Other.....4 39/	Other.....4 44/	Other.....4 49
NONE.....0 40/R	NONE.....0 45/R	NONE.....0
F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?	F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?	F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?
RADIATION MO YR 50-53/	RADIATION MO YR 67-70/	RADIATION MO YR 15-18/
CHEMOTHERAPY MO YR 54-57/	CHEMOTHERAPY MO YR 71-74/	CHEMOTHERAPY MO YR 19-22/
SURGERY MO YR 58-61/	SURGERY MO YR 75-78/	SURGERY MO YR 23-26/
OTHER MO YR 62-65/	BEGIN DECK 48 OTHER MO YR 10-13/	OTHER MO YR 27-30/
G. IS THERE ANOTHER BODY PART AFFECTED?	G. IS THERE ANOTHER BODY PART AFFECTED?	G. IS THERE ANOTHER BODY PART AFFECTED?
Yes..(GO TO 54A-Body Part 2)....1	Yes..(GO TO 54A-Body Part 3)....1	Yes..(GO TO NEW QUEX)....1
No..(SKIP TO Q.55).....2 66/	No..(SKIP TO Q.55).....2 14/	No..(SKIP TO Q.55).....2 31/

55. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had leukemia?

Yes.....(ASK A-F).....1 32/

No.....(GO TO Q.56).....2

A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, in what month and year was your leukemia diagnosed?

|_|_| |_|_| 33-36/
Mo. Yr.

B. What is the name and address of the doctor or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.

_____
Last Name 37/

_____
First Name

OR

_____
Facility Name

_____
Street Address

_____|_|_|
City State

C. What treatments or medicines have you taken for leukemia since (DATE OF LAST INTERVIEW)?

1) _____ 38-40/

2) _____ 41-43/

3) _____ 44-46/

D. For the period between (DATE OF LAST INTERVIEW) and now, during what month and year did you first receive (EACH TREATMENT OR MEDICINE IN C)?

	Mo.	Yr.	
TREATMENT 1	|_|_|	|_|_|	47-50/
TREATMENT 2	|_|_|	|_|_|	51-54/
TREATMENT 3	|_|_|	|_|_|	55-58/

55. (Continued)

E. What is the name and address of the doctor or medical facility you last consulted about your leukemia? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.

_____ 59/
Last Name

_____
First Name

OR

_____
Facility Name

_____
Street Address

_____|_|_|
City State

F. During what month and year did you last consult (NAME IN E)?

|_|_| |_|_| 60-63/
Mo. Yr.

PLEASE GO ON TO NEXT PAGE ——————————→

INTERVIEWER: FOR EACH YES, ASK A THROUGH B:

		A. HAND CARD J		B.	ASK C-G FOR EACH "YES" AT B. C.	D.	
56.	Since (DATE OF LAST INTERVIEW) have you had . . . Yes No	On what part of your body did you have (CONDITION)? Any other part?		Did you discuss (CONDITION) with a doctor since (DATE OF LAST INTERVIEW)? Yes No	What was the diagnosis?	What is the doctor's name and address? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.	
1.	Patches of your skin change color 1 2 64/ SKIP TO Q.56,2.	⌊_⌊_⌋ Site Code 65-66/ ⌊_⌊_⌋ Site Code 67-68/ ⌊_⌊_⌋ Site Code 69-70/		1 2 71/ SKIP TO Q.56,2	_____ _____ 72/	Last Name First Name Facility Address City ⌊_⌊_⌋ State	73
		BEGIN DECK 49					
2.	Easier bruising of the skin than usual? 1 2 74/ SKIP TO Q.56,3	⌊_⌊_⌋ Site Code 75-76/ ⌊_⌊_⌋ Site Code 77-78/ ⌊_⌊_⌋ Site Code 79-80/		1 2 10/ SKIP TO Q.56,3	_____ _____ 11/	Last Name First Name Facility Address City ⌊_⌊_⌋ State	12

CODES FOR Q.56

GO TO Q.56 CONTINUED --

CODES:
(01) Scalp or Forehead
(02) Eye Lid
(03) Ear
(04) Knee
(05) Hand or Back, Not Otherwise Specified
(06) Cheek, chin or jaw
(07) Neck or Supraclavicular
(08) Vermilion
(09) Trunk, Front
(10) Trunk, Back
(11) Trunk, Not Otherwise Specified
(12) Arm
(13) Hand
(14) Arm or Hand, Not Otherwise Specified
(15) Genitals
(16) Leg
(17) Foot
(18) Leg or Foot, Not Otherwise Specified
(19) Skin, Not Otherwise Specified
(20) Upperlip, Not Otherwise Specified
(21) Lowerlip, Not Otherwise Specified
(22) Lip, Not Otherwise Specified

56. (Continued)

E. During what month and year was that?	F. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN B, COMPLETE AUTHORIZATION FORM.	G. During what month and year did you last consult (NAME FROM F)?
⌊_⌋⌊_⌋ Mo. ⌊_⌋⌊_⌋ Yr. 15-16/	Last Name _____ First Name _____ 17/ OR Facility Name _____ Street Address _____ City _____ State ⌊_⌋⌊_⌋	⌊_⌋⌊_⌋ Mo. ⌊_⌋⌊_⌋ Yr. 18-21/ GO TO Q.56,2, P.105
⌊_⌋⌊_⌋ Mo. ⌊_⌋⌊_⌋ Yr. 22-25/	Last Name _____ First Name _____ 26/ OR Facility Name _____ Street Address _____ City _____ State ⌊_⌋⌊_⌋	⌊_⌋⌊_⌋ Mo. ⌊_⌋⌊_⌋ Yr. 27-30/

56. Since (DATE OF LAST INTERVIEW) have you had . . . Yes No	A. HAND CARD J On what part of your body did you have (CONDITION)? What other part?	B. Did you discuss (CONDITION) with a doctor since (DATE OF LAST INTERVIEW)? Yes No	ASK C-G FOR EACH "YES" AT B. C. What was the diagnosis?	D. What is the doctor's name and address? COMPLETE AUTHORIZATION FORM IF NECESSARY.
3. Skin that was extra sensitive or seemed to hurt for no reason? 1 2 31/ SKIP TO Q.56,4.	⌊_⌋⌊_⌋ Site Code 32-33/ ⌊_⌋⌊_⌋ Site Code 34-35/ ⌊_⌋⌊_⌋ Site Code 36-37/	1 2 38/ SKIP TO Q.56,4.	_____ _____ 39/	Last Name 40/ First Name Facility Address City _____ State ⌊_⌋⌊_⌋

CODES FOR Q.57

GO TO Q.56 CONTINUED --

CODES:
- (01) Scalp or Forehead
- (02) Eye Lid
- (03) Ear
- (04) Nose
- (05) Head or Neck, Not Otherwise Specified
- (06) Cheek, chin or jaw
- (07) Neck or Supraclavicular
- (08) Vermilion
- (09) Trunk, Front
- (10) Trunk, Back
- (11) Trunk, Not Otherwise Specified
- (12) Arm
- (13) Hand
- (14) Arm or Hand, Not Otherwise Specified
- (15) Genitals
- (16) Leg
- (17) Foot
- (18) Leg or Foot, Not Otherwise Specified
- (19) Skin, Not Otherwise Specified
- (20) Upperlip, Not Otherwise Specified
- (21) Lowerlip, Not Otherwise Specified
- (22) Lip, Not Otherwise Specified

56. (Continued)

E. During what month and year was that?	F. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR NOW, COMPLETE AUTHORIZATION FORM.	G. During what month and year did you last consult (NAME FROM F)?
⌊⌊⌋ ⌊⌊⌋ 41-44/ Mo. Yr.	Last Name First Name 45/ OR Facility Name Street Address City State	⌊⌊⌋ ⌊⌊⌋ 46-49/ Mo. Yr.

ASK A THROUGH J FOR EACH YES

56. (Continued) Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . . Yes No	A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	B. Which limbs or muscles were affected?	C. Do you still have (CONDITION)? Yes No
4. Persistent numbness of any of your limbs? 1 2 50/ SKIP TO Q.56,5.	⌊⌊⌋ ⌊⌊⌋ Mo. Yr. 51-54/	95-96/	1 2 57/
5. Persistent tingling sensations in any of your limbs? 1 2 58/ SKIP TO Q.57, 1. P.112.	⌊⌊⌋ ⌊⌊⌋ Mo. Yr. 59-62/	63-64/	1 2 65/

56. (Continued)

D Between (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	E Did you see a doctor for (CONDITION) since (DATE OF LAST INTERVIEW)? Yes No	F What was the diagnosis?	G What is the name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
__ Mo. __ Yr. 66-69/ TO __ Mo. __ Yr. 70-73/	1 2 74/ SKIP TO Q.56,5, P.109.	_____ 75/	Last Name _____ 76/ First Name _____ OR Facility Name _____ Street Address _____ City _____ State __
__ Mo. __ Yr. 77-80/ TO BEGIN DECK 58 __ Mo. __ Yr. 10-13	1 2 14/ SKIP TO Q.57,1, P.112.	_____ 15/	Last Name _____ 16/ First Name _____ OR Facility Name _____ Street Address _____ City _____ State __

56. (Continued)

H. During what month and year was that?	I. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN G, COMPLETE MEDICAL AUTHORIZATION FORM.	J. During what month and year did you last consult (NAME FROM I)?
__ Mo. __ Yr. 17-20	Last Name _____ First Name _____ 21/ OR Facility Name _____ Street Address _____ City _____ State __	__ Mo. __ Yr. 22-25/ GO TO Q.56,5, P.109.
__ Mo. __ Yr. 26-29/	Last Name _____ First Name _____ 30/ OR Facility Name _____ Street Address _____ City _____ State __	__ Mo. __ Yr. 31-34/

PLEASE GO ON TO NEXT PAGE ---------->

ASK A THROUGH J FOR EACH YES

57. Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	Yes	No	A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	B. Which limbs or muscles were affected?	C. Do you still have (CONDITION)? Yes	No
1. Persistent deep burning sensations in any of your limbs	1	2 35/ SKIP TO Q.57,2	LL| LL| Mo. Yr. 36-39/	_____ _____ _____ 40-41/	1	2 42/
2. Persistent aches and pains in any of your limbs?	1	2 43/ SKIP TO Q.58, P.119.	LL| LL| Mo. Yr. 44-47/	_____ _____ _____ 48-49/	1	2 50/

57. (Continued)

D	E	F	G
Between (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	Did you see a doctor for (CONDITION) since (DATE OF LAST INTERVIEW? Yes No	What was the diagnosis?	What is the name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
⌊⌊ Mo. ⌊⌊ Yr. 51-54/ TO ⌊⌊ Mo. ⌊⌊ Yr. 55-58/	1 2 59/ SKIP TO Q.57.2 P.112.	60/	Last Name 61/ First Name OR Facility Name Street Address City State
⌊⌊ Mo. ⌊⌊ Yr. 62-65/ TO ⌊⌊ Mo. ⌊⌊ Yr. 66-69/	1 2 70/ SKIP TO Q.58, P.113.	71/	Last Name 72/ First Name OR Facility Name Street Address City State

57. (Continued)

M.	I.	J.
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN G, COMPLETE MEDICAL AUTHORIZATION FORM.	During what month and year did you last consult (NAME FROM 1)?
		BEGIN DECK 51
⌊⌊ Mo. ⌊⌊ Yr. 73-76/	Last Name 77/ First Name OR Facility Name Street Address City State	⌊⌊ Mo. ⌊⌊ Yr. 10-13/ GO TO Q.57.2, P.112
⌊⌊ Mo. ⌊⌊ Yr. 14-17/	Last Name 18/ First Name OR Facility Name Street Address City State	⌊⌊ Mo. ⌊⌊ Yr. 19-22/

PLEASE GO ON TO NEXT PAGE ----------->

DEC

ASK A THROUGH J FOR EACH YES

58. Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	Yes	No	A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	B. Which limbs or muscles were affected?	C. Do you still have (CONDITION)?	
					Yes	No
1. A reduction in grip strength	1	2 23/	___ ___ Mo. ___ ___ Yr. 24-27/	28-29/	1	2 30/
	SKIP TO B.59, P.118.					

56. (Continued)

D	E	F	G
Between (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	Did you see a doctor for (CONDITION) since (DATE OF LAST INTERVIEW)? Yes No	What was the diagnosis?	What is the name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? COMPLETE MEDICAL AUTHORIZATION FORM IF NECESSARY.
__ __ Mo. __ __ Yr. 31-34/ TO __ __ Mo. __ __ Yr. 35-38/	1 2 39/ SKIP TO Q.39, P.118.	_____ _____ _____ 40/	_____ Last Name 41/ _____ First Name OR _____ Facility Name _____ Street Address _____ City __ State

59. (Continued)

H.	I.	J.
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)? IF DIFFERENT DOCTOR IN G, COMPLETE MEDICAL AUTHORIZATION FORM.	During what month and year did you last consult (NAME FROM I)?
__ __ Mo. __ __ Yr. 42-45/	_____ Last Name _____ First Name OR _____ Facility Name _____ Street Address _____ City __ State 46/	__ __ Mo. __ __ Yr. 47-50/

59. (Besides the prescribed medicines you told me about) are you currently taking any (other) prescribed medicines?

Yes.....(ASK A).....1 51/

No...(SKIP TO SECTION 8)....2

A. Please list the name of each medication and the condition for which it was prescribed.

	MEDICATION	CONDITION	
1)	_____	1) _____	52/
2)	_____	2) _____	
3)	_____	3) _____	

SECTION 8: HEALTH HABITS

INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986?

YES..(SKIP TO Q.63, P. 139)..1

NO.....2

The next set of questions refers to smoking habits.

1. Have you ever smoked at least as many as 5 packs of cigarettes, that is, 100 cigarettes, during your entire life?

Yes.....1 53/

No.....(SKIP TO Q.22).....2

---

2. Do you now smoke cigarettes?

Yes.....1 54/

No.....(SKIP TO Q.11).....2

CURRENT CIGARETTE SMOKER SECTION

3. On average, how many cigarettes do you smoke a day?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |__|__| 55-56/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 57-58/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 59-60/

4. For how many years have you been smoking (NUMBER IN Q.3) (cigarettes per day/per month/per year)?

HAND CARD R

Less than 2 years.....01	61-62/
2-5 years.....02	
6-10 years.....03	
11-15 years.....04	
16-20 years.....05	
21-25 years.....06	
26-30 years.....07	
31-35 years.....08	
36-40 years.....09	
More than 40 years.....10	

5. What brand of cigarettes do you usually smoke? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED ASK: Which one do you smoke the most?)

ENTER BRAND _____ OFFICE USE

|_|_|_| 63-65/

No regular brand....(SKIP TO Q.8).....996

6. For how long now have you been smoking this particular brand?

ENTER DAYS:	|_|_|	66-67/
OR WEEKS:	|_|_|	68-69/
OR MONTHS:	|_|_|	70-71/
OR YEARS:	|_|_|	72-73/

7. What type of cigarettes are they? Are they . . . (READ EACH PAIR TOGETHER)

CODE ONE NUMBER

A. Filter tip or.....1 74/

Non-filter tip?.....2

CODE ONE NUMBER

B. Regular size.....1 75/

King size or.....2

100 Millimeter?.....3

8. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.7A AND Q.7B). Now, considering your style of smoking--for example, how long you usually leave the cigarette in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigarette you actually smoke.

HAND CARD S

Section 1.....1	76/
Section 2.....2	
Section 3.....3	
Section 4.....4	

9. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER:	|_|_|	PER DAY	77-78/
(IF NOT EVERY DAY:)	# |_|_|	PER MONTH	79-80/
	OR		BEGIN DECK 52
(IF NOT EVERY DAY:)	# |_|_|	PER YEAR	10-11/

A. When was that?

FROM

|_|_|_|_| 12-15/

Mo Yr

TO

|_|_|_|_| 16-19/

Mo Yr

10. When you smoke cigarettes, how deeply do you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 20/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all.....5
DON'T KNOW.....8

SKIP TO Q.22

FORMER CIGARETTE SMOKER SECTION

11. How long has it been since you smoked cigarettes fairly regularly (RECORD NUMBER)

ENTER DAYS: |_|_| 21-22/
OR WEEKS: |_|_| 23-24/
OR MONTHS: |_|_| 25-26/
OR YEARS: |_|_| 27-28/
NEVER SMOKED REGULARLY.....(SKIP TO Q.22).....1 29/

---

12. On the average, about how many cigarettes a day were you smoking at that time?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |_|_| 30-31/
(IF NOT EVERY DAY:) #|_|_| PER MONTH 32-33/
OR
(IF NOT EVERY DAY:) #|_|_| PER YEAR 34-35/

13. How long had you been smoking (NUMBER IN Q.12) (cigarettes per day/per week/per month)?

HAND CARD R

Less than 2 years.....01 36-37/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
More than 40 years.....10

---

14. You mentioned that you have not smoked regularly for (TIME IN Q.11). Did you ever stay off cigarettes for a longer period of time?

Yes.....1 38/
No.....(SKIP TO Q.16).....2

---

15. How long did you stay off cigarettes at that time?

ENTER DAYS: |_|_| 39-40/
OR WEEKS: |_|_| 41-42/
OR MONTHS: |_|_| 43-44/
OR YEARS: |_|_| 45-46/

---

16. What brand of cigarettes did you usually smoke just before you stopped smoking cigarettes regularly? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED, ASK: Which one did you smoke the most?

ENTER BRAND _____ OFFICE USE |_|_|_|

No regular brand.....(SKIP TO Q.19).....996 47-49/

17. For how long did you smoke this particular brand?

ENTER DAYS: |__|__| 50-51/

OR WEEKS: |__|__| 52-53/

OR MONTHS: |__|__| 54-55/

OR YEARS: |__|__| 56-57/

---

18. What type of cigarettes were they?

CODE ONE

A. Filter tip or.....1 58/

Non-filter tip?.....2

CODE ONE

B. Regular size.....1 59/

King size or.....2

100 Millimeter?.....3

---

19. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.18A AND Q.18B). Now, considering your style of smoking--for example, how long you usually leave the cigarette in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigarette you actually smoked.

HAND CARD S

Section 1.....1 60/

Section 2.....2

Section 3.....3

Section 4.....4

A-65

20. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 61-62/

(IF NOT EVERY DAY:) # |__|__| PER MONTH 63-64/

OR

(IF NOT EVERY DAY:) # |__|__| PER YEAR 65-66/

A. When was that?

FROM

|__|__|__|__| 67-70/

Mo Yr

TO

|__|__|__|__| 71-74/

Mo Yr

---

21. When you smoked cigarettes, how deeply did you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 75/

Only partly into the chest.....2

As far back as the throat 3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all.....5

DON'T KNOW.....8

CURRENT PIPE SMOKER SECTION

22. During your entire life, have you smoked at least as many as 50 pipefuls of tobacco?

Yes.....1 76/

No.....(SKIP TO Q.35).....2

23. Do you now smoke a pipe?

Yes.....1 77/

No.....(SKIP TO Q.28).....2

---

24. About how many average sized pipefuls of tobacco do you usually smoke in a day?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |_|_| 78-79/
BEGIN DECK 53

(IF NOT EVERY DAY:) #|_|_| PER MONTH 10-11/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 12-13/

---

25. For how many years have you been smoking (NUMBER IN Q.24) (pipefuls per day/per month/per year)?

Less than 2 years.....01 14-15/

2-5 years.....02

6-10 years.....03

HAND CARD R

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10

---

26. During the period when you were smoking the most heavily, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |_|_| PER DAY 16-17/

(IF NOT EVERY DAY:) # |_|_| PER MONTH 18-19/

OR

(IF NOT EVERY DAY:) # |_|_| PER YEAR 20-21/

26. (Continued)

A. When was that?

FROM

|_|_|_|_| 22-25/
Mo Yr

TO

|_|_|_|_| 26-29/
Mo Yr

---

27. When you smoke a pipe, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 30/

Only partly into the chest.....2

HAND CARD T

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

(SKIP TO Q.35)

FORMER PIPE SMOKER SECTION

28. How long has it been since you smoked a pipe fairly regularly? (RECORD NUMBER)

ENTER DAYS: |_|_| 31-32/

OR WEEKS: |_|_| 33-34/

OR MONTHS: |_|_| 35-36/

OR YEARS: |_|_| 37-38/

NEVER SMOKED REGULARLY..(SKIP TO Q.35)..1 39/

---

29. On the average, about how many pipefuls of tobacco a day were you smoking at that time?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |_|_| 40-41/

(IF NOT EVERY DAY:) #|_|_| PER MONTH 42-43/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 44-45/

30. For how long did you smoke (NUMBER IN Q.29) (pipefuls of tobacco per day/per week/per month)?

Less than 2 years.....01 46-47/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
40 or more years.....10

HAND CARD R

---

31. You mentioned that you have not smoked regularly for (TIME IN Q.30). Did you ever not smoke a pipe for a longer period of time?

Yes.....1 48/
No.....(SKIP TO Q.33).....2

---

32. How long did you not smoke a pipe at that time?

ENTER DAYS: |_|_| 49-50/
OR WEEKS: |_|_| 51-52/
OR MONTHS: |_|_| 53-54/
OR YEARS: |_|_| 55-56/

---

33. During the period when you were smoking the most heavily on a regular basis, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |_|_| PER DAY 57-58/
(IF NOT EVERY DAY:) #|_|_| PER MONTH 59-60/
OR
(IF NOT EVERY DAY:) #|_|_| PER YEAR 61-62/

A. When was that?

FROM
|_|_|_|_| 63-66/
Mo Yr
TO
|_|_|_|_| 67-70/
Mo Yr

34. When you smoked a pipe, how deeply did you usually inhale? Would you say:

As deeply into the chest as possible.....1 71/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all....5
DON'T KNOW.....8

HAND CARD T

CURRENT CIGAR SMOKER SECTION

35. During your entire life have you smoked at least as many as 50 cigars?

Yes.....1 72/
No....(SKIP TO Q.51).....2

---

36. Do you <u>now</u> smoke cigars?

Yes.....1 73/
No.....(SKIP TO Q.42).....2

---

37. On average, about how many cigars a day do you now smoke?

ENTER NUMBER OF CIGARS PER DAY: |_|_| 74-75/
(IF NOT EVERY DAY:) #|_|_| PER MONTH 76-77/
OR
(IF NOT EVERY DAY:) #|_|_| PER YEAR 78-79/

38. For how many years have you been smoking (# in Q.37) cigars per day/per month/per year)?

Less than 2 years.....01 10-11/

2-5 years.....02

6-10 years.....03

HAND CARD R

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10

---

39. During the period when you were smoking the most heavily on a regular basis, about how many cigars did you usually smoke in a day.

ENTER NUMBER: |__|__| PER DAY 12-13/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 14-15/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 16-17/

A. When was that?

FROM

|__|__|__|__|

Mo Yr 18-21/

TO

|__|__|__|__|

Mo Yr 22-25/

40. When you smoke cigars, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 26/

Only partly into the chest.....2

HAND CARD T

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

---

41. What type of cigars do you usually smoke?

CODE ONE

Filter tip or.....1 27/

Non-filter tip?.....2

A. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.41). Now considering your style of smoking--for example, how long you usually leave the cigar in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigar you actually smoke.

Section 1.....1 28/

HAND CARD U

Section 2.....2

Section 3.....3

Section 4.....4

SKIP TO Q.51

FORMER CIGAR SMOKER SECTION

42. How long has it been since you smoked cigars fairly regularly?

ENTER DAYS: |__|__| 29-30/

OR WEEKS: |__|__| 31-32/

OR MONTHS |__|__| 33-34/

OR YEARS |__|__| 35-36/

NEVER SMOKED REGULARLY.....(SKIP TO Q.51)....1 37/

43. On the average, about how many cigars a day were you smoking at that time?

ENTER NUMBER OF CIGARS PER DAY: |_|_| 38-39/

(IF NOT EVERY DAY:) #|_|_| PER MONTH 40-41/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 42-43/

---

44. For how long did you smoke (NUMBER PER DAY IN Q.43) cigars per day?

HAND CARD R

Less than 2 years.....01 44-45/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
More than 40 years.....10

---

45. You mentioned that you have not smoked regularly for (TIME IN Q.42). Did you ever stay off cigars for a longer period of time?

Yes.....1 46/
No.....(SKIP TO Q.47).....2

---

46. How long did you stay off cigars at that time?

ENTER DAYS: |_|_| 47-48/
OR WEEKS: |_|_| 49-50/
OR MONTHS: |_|_| 51-52/
OR YEARS: |_|_| 53-54/

47. What type of cigars did you usually smoke just before you stopped smoking cigars regularly?

CODE ONE

Filter tip or.....1 55/
Non-filter tip?.....2

---

48. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.47). Now, considering your style of smoking—for example, how long you usually leave the cigar in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigar you actually smoke.

HAND CARD U

Section 1.....1 56/
Section 2.....2
Section 3.....3
Section 4.....4

---

49. During the period when you were smoking the most on a regular basis, about how many cigars did you usually smoke in a day?

ENTER NUMBER: |_|_| PER DAY 57-58/

(IF NOT EVERY DAY:) #|_|_| PER MONTH 59-60/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 61-62/

A. When was that?

FROM

|_|_|_|_| 63-66/
Mo Yr

TO

|_|_|_|_| 67-70/
Mo Yr

50. When you smoked a cigar, how deeply did you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 71/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all....5
DON'T KNOW.....8

---

51. INTERVIEWER: IS THE R CURRENTLY LIVING WITH A SPOUSE OR PARTNER? (IS ANY "NO" CODED IN SECTION 5: Qs 2, P.25; Q.6C, P.31; or Q.8c, P.34?).

YES.....1 72/
NO.....(SKIP TO Q.53).....2

---

52. Does your (spouse/partner) smoke regularly any of the following?

	YES	NO	DON'T KNOW	
Cigarettes	1	2	8	73/
Cigars	1	2	8	74/
Pipe	1	2	8	75/

---

53. Approximately how much smoke is there in the air in your home?

A lot.....1 76/
A little.....2
None.....(SKIP TO Q.56).....3

54. Approximately how many hours a week are you exposed to this smoke in your home?

HAND CARD V

10 hours or less.....1 77/
11 to 15 hours.....2
16 to 20 hours.....3
21 to 25 hours.....4
26 or more hours.....5

---

55. For how many years have you been exposed to smoke in this way? (CHECK ONLY ONE)

HAND CARD W

Less than 1 year.....01 78-79/
1 to 4 years.....02
5 to 10 years.....03
11 to 15 years.....04
16 to 20 years.....05
21 to 30 years.....06
More than 30 years.....07
Don't Know.....98

BEGIN DECK 55

---

56. INTERVIEWER: DOES R WORK? (IS "YES" CODED AT SEC 2, Q.4, P.5 OR "CURRENT JOB" CODED AT SEC 3, Q.1F P.8?)

Yes.....1 10/
No.....(SKIP TO Q.62).....2

A. Approximately how much smoke is there in the air in the transportation you take to and from work (For example, your car, the train, the bus, etc.)?

A lot.....1 11/
A little.....2
None....(SKIP TO Q.59).....3

57. Approximately how many hours a week are you exposed to this smoke?

10 hours or less.....1 12/

HAND CARD V

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

58. For how many years have you been exposed to this smoke?

Less than 1 year.....01 13-14/

1 to 4 years.....02

5 to 10 years.....03

HAND CARD W

11 to 15 years.....04

16 to 20 years.....05

21 to 30 years.....06

More than 30 years.....07

Don't Know.....98

59. Approximately how much smoke is there in the air where you work?

A lot.....1 15/

A little.....2

None.....(SKIP TO Q.62)....3

60. Approximately how many hours a week are you exposed to this smoke?

10 hours or less.....1 16/

11 to 15 hours.....2

HAND CARD V

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

61. For how many years have you been exposed to this smoke at work?

Less than 1 year.....01 17-18/

1 to 4 years.....02

5 to 10 years.....03

HAND CARD W

11 to 15 years.....04

16 to 20 years.....05

21 to 30 years.....06

More than 30 years.....07

62. There are some questions that are asked in survey research that are difficult to ask directly because many people think they are too personal. While it is understandable that people feel this way, there is a real need for the information for the population as a whole. We now have a way that makes it possible for people to give information, without telling anyone about their own situation. Let me show you how this works; we will use the next question I have here as an example. HAND R CARD X. As you see, there are two questions on the card. One deals with the "real" question that the research is concerned with, the other is completely unrelated. Both questions can be answered "yes" or "no." One of the two questions is selected by chance and you answer it. (I'll show you how that works in a minute). I do not know which question you are answering. When all the questionnaires have been tallied, the researchers can tell how many people have smoked marijuana, but they have no way of knowing whether it was you or any other person in particular who has smoked marijuana.

HAND CARD X

HAND R COIN

It is very simple, as you will see. You will flip the coin. The question you will answer is selected by chance. In no way can a truthful answer prove harmful to you. There is no identifying information that can link you to your answers.

Please take the coin that you have been handed and flip it now. Don't tell me which side came up. If the coin shows heads, please answer only question 1. If the coin shows tails, please answer only question 2. I won't look to see if the coin comes up heads or tails; and you don't tell me which question you are answering. Just tell me if your answer is "yes" or "no."

Yes.....1 19/

No.....2

Don't Know.....8

62. (Continued)

A. Now let's do that again, using the next question. HAND R CARD Y. Flip the coin again. If the coin turns up heads, please answer only question number 1. If the coin comes up tails, please answer only question number 2. Don't tell me the question. Is your answer "yes" or "no"?

HAND CARD Y

Yes.....1 20/
No.....2
Don't Know.....8

SKIP TO Q.64, P.153

SMOKING INTERVAL QUESTIONS

63. The next set of questions refers to smoking habits.

63-1. Have you ever smoked at least as many as 5 packs of cigarettes, that is, 100 cigarettes, during your entire life?

Yes.....1 53/
No..(SKIP TO Q.63-14,P.143).2

63-2. Do you now smoke cigarettes?

Yes.....1 54/
No....(SKIP TO Q.63-8).....2

CURRENT CIGARETTE SMOKER SECTION

63-3. On average, how many cigarettes do you smoke a day?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |__|__| 55-56/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 57-58/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 59-60/

63-4. For how many years have you been smoking (NUMBER IN Q.63-3) (cigarettes per day/per month/per year)?

HAND CARD R

Less than 2 years.....01 61-62/
2-5 years.....02
6-10 years.....02
11-15 years.....03
16-20 years.....04
21-25 years.....05
26-30 years.....06
31-35 years.....08
36-40 years.....09
More than 40 years.....10 63-73/R

63-5. What type of cigarettes are they? Are they . . . (READ EACH PAIR TOGETHER)

CODE ONE NUMBER

A. Filter tip or.....1 74/

Non-filter tip?.....2

CODE ONE NUMBER

B. Regular size.....1 75/

King size or.....2

100 Millimeter?.....3 76/R

63-6. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 77-78/

(IF NOT EVERY DAY:) # |__|__| PER MONTH 79-80/

OR BEGIN DECK 52

(IF NOT EVERY DAY:) # |__|__| PER YEAR 10-11/

A. When was that?

FROM

|__|__|__|__| 12-15/

Mo Yr

TO

|__|__|__|__| 16-19/

Mo Yr

63-7. When you smoke cigarettes, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 20/

Only partly into the chest.....2

HAND CARD T

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

SKIP TO Q.63-14, P.143

FORMER CIGARETTE SMOKER SECTION

63-8. How long has it been since you smoked cigarettes fairly regularly (RECORD NUMBER)

ENTER DAYS: |__|__| 21-22/

OR WEEKS: |__|__| 23-24/

OR MONTHS: |__|__| 25-26/

OR YEARS: |__|__| 27-28/

NEVER SMOKED REGULARLY.....(SKIP TO Q.63-14).....1 29/

63-9. On the average, about how many cigarettes a day were you smoking at that time?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |__|__| 30-31/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 32-33/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 34-35/

63-10. How long had you been smoking (NUMBER IN Q.63-9) (cigarettes per day/per week/per month)?

HAND CARD R

Less than 2 years.....01 36-37/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10 38-57/R

63-11. What type of cigarettes were they?

CODE ONE NUMBER

A. Filter tip or.....1 58/

Non-filter tip?.....2

CODE ONE NUMBER

B. Regular size.....1 59/

King size or.....2

100 Millimeter?.....3 60/R

63-12. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 61-62/

(IF NOT EVERY DAY:) # |__|__| PER MONTH 63-64/

OR

(IF NOT EVERY DAY:) # |__|__| PER YEAR 65-66/

A. When was that?

FROM

|__|__|__|__| 67-70/

Mo Yr

TO

|__|__|__|__| 71-74/

Mo Yr

63-13. When you smoked cigarettes, how deeply did you usually inhale? Would you say:

As deeply into the chest as possible.....1 75/

Only partly into the chest.....2

HAND CARD I

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

CURRENT PIPE SMOKER SECTION

63-14. During your entire life, have you smoked at least as many as 50 pipefuls of tobacco?

Yes.....1 76/

No.(SKIP TO Q.63-25, P.146)..2

63-15. Do you now smoke a pipe?

Yes.....1 77/

No.(SKIP TO Q.63-20, P.144)..2

63-16. About how many average sized pipefuls of tobacco do you usually smoke in a day?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |__|__| 78-79/

BEGIN DECK 53

(IF NOT EVERY DAY:) #|__|__| PER MONTH 10-11/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 12-13/

63-17. For how many years have you been smoking (NUMBER IN Q.63-16) (pipefuls per day/per month/per year)?

HAND CARD R

Less than 2 years.....01 14-15/

2-5 years.....02

6-10 years.....02

11-15 years.....03

16-20 years.....04

21-25 years.....05

26-30 years.....06

31-35 years.....08

36-40 years.....09

More than 40 years.....10

63-18. During the period when you were smoking the most heavily, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 16-17/

(IF NOT EVERY DAY:) # |__|__| PER MONTH 18-19/

OR

(IF NOT EVERY DAY:) # |__|__| PER YEAR 20-21/

A. When was that?

FROM

|__|__|__|__| 22-25/

Mo Yr

TO

|__|__|__|__| 26-29/

Mo Yr

63-19. When you smoke a pipe, how deeply do you usually inhale? Would you say:

As deeply into the chest as possible.....1 30/

Only partly into the chest.....2

HAND CARD T

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....0

(SKIP TO Q.63-25, P.146)

FORMER PIPE SMOKER SECTION

63-20. How long has it been since you smoked a pipe fairly regularly? (RECORD NUMBER)

ENTER DAYS: |__|__| 31-32/

OR WEEKS: |__|__| 33-34/

OR MONTHS: |__|__| 35-36/

OR YEARS: |__|__| 37-38/

NEVER SMOKED REGULARLY.....(SKIP TO Q.63-25).....1 39/

63-21. On the average, about how many pipefuls of tobacco a day were you smoking at that time?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |__|__| 40-41/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 42-43/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 44-45/

63-22. For how long did you smoke (NUMBER IN Q.63-21) (pipefuls of tobacco per day/per week/per month)?

HAND CARD R

Less than 2 years.....01 46-47/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

40 or more years.....10 48-56/R

63-23. During the period when you were smoking the most heavily on a regular basis, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 57-58/

(IF NOT EVERY DAY:) #|__|__| PER MONTH 59-60/

OR

(IF NOT EVERY DAY:) #|__|__| PER YEAR 61-62/

A. When was that?

FROM

|__|__|__|__| 63-66/

Mo Yr

TO

|__|__|__|__| 67-70/

Mo Yr

63-24. When you smoked a pipe, how deeply did you usually inhale? Would you say:

	As deeply into the chest as possible.....1	71/
	Only partly into the chest.....2	
HAND CARD T	As far back as the throat.....3	
	Well back into the mouth, or.....4	
	Just puff and don't really draw it in at all....5	
	DON'T KNOW.....8	

CURRENT CIGAR SMOKER SECTION

63-25. During your entire life have you smoked at least as many as 50 cigars?

	Yes.....1	72/
	No.....(SKIP TO Q.63-38).....2	

63-26. Do you <u>now</u> smoke cigars?

	Yes.....1	73/
	No.....(SKIP TO Q.63-32).....2	

63-27. On average, about how many cigars a day do you now smoke?

ENTER NUMBER OF CIGARS PER DAY: ___	74-75/
(IF NOT EVERY DAY:) 0___ PER MONTH	76-77/
OR	
(IF NOT EVERY DAY:) 0___ PER YEAR	78-79/

63-28. For how many years have you been smoking (# in Q.63-27) cigars per day/per month/per year)?

	Less than 2 years.....01	10-11/
	2-5 years.....02	
	6-10 years.....03	
HAND CARD R	11-15 years.....04	
	16-20 years.....05	
	21-25 years.....06	
	26-30 years.....07	
	31-35 years.....08	
	36-40 years.....09	
	More than 40 years.....10	

63-29. During the period when you were smoking the most heavily on a regular basis, about how many cigars did you usually smoke in a day.

ENTER NUMBER ___ PER DAY	12-13/
(IF NOT EVERY DAY:) 0___ PER MONTH	14-15/
OR	
(IF NOT EVERY DAY:) 0___ PER YEAR	16-17/

A. When was that?

FROM

____ 18-21/

Mo Yr

TO

____ 22-25/

Mo Yr

63-30. When you smoke cigars, how deeply do you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 26/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

63-31. What type of cigars do you usually smoke?

CODE ONE NUMBER

Filter tip or.....1 27/

Non-filter tip?.....2

28/R

FORMER CIGAR SMOKER SECTION

63-32. How long has it been since you smoked cigars fairly regularly?

ENTER DAYS: |_|_| 29-30/

OR WEEKS: |_|_| 31-32/

OR MONTHS |_|_| 33-34/

OR YEARS |_|_| 35-36/

NEVER SMOKED REGULARLY.....(SKIP TO Q.63-38).....1 37/

63-33. On the average, about how many cigars a day were you smoking at that time?

ENTER NUMBER OF CIGARS PER DAY: |_|_| 38-39/

(IF NOT EVERY DAY:) #|_|_| PER MONTH 40-41/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 42-43/

63-34. For how long did you smoke (NUMBER PER DAY IN Q.63-33) cigars per day?

HAND CARD R

Less than 2 years.....01 44-45/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10 46-54/R

63-35. What type of cigars did you usually smoke just before you stopped smoking cigars regularly?

CODE ONE NUMBER

Filter tip or.....1 55/

Non-filter tip?.....2 56/R

63-36. During the period when you were smoking the most on a regular basis, about how many cigars did you usually smoke in a day?

ENTER NUMBER: |_|_| PER DAY 57-58/

(IF NOT EVERY DAY:) #|_|_| PER MONTH 59-60/

OR

(IF NOT EVERY DAY:) #|_|_| PER YEAR 61-62/

A. When was that?

FROM

|_|_|_|_| 63-66/

Mo Yr

TO

|_|_|_|_| 67-70/

Mo Yr

63-37. When you smoked a cigar, how deeply did you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 71/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all.....5

DON'T KNOW.....8

ASK EVERYONE

63-38. INTERVIEWER: DOES R CURRENTLY HAVE A SPOUSE OR PARTNER? (IS ANY "NO" CODED IN SECTION 5: Qs.2, P.25; Q.6c, P.31; or Q.8c, P.34).

YES.....1 72/

NO....(SKIP TO Q.63-40).....2

63-39. Does your (spouse/partner) smoke regularly any of the following? Does she/he smoke. . . . ?

	YES	NO	DON'T KNOW	
Cigarettes	1	2	8	73/
Cigars	1	2	8	74/
Pipe	1	2	8	75/

63-40. Approximately how much smoke is there in the air in your home?

A lot.....1 76/

A little.....2

None...(SKIP TO Q.63-42)....3

63-41. Approximately how many hours a week are you exposed to this smoke in your home?

HAND CARD V

10 hours or less.....1 77/

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

63-42. INTERVIEWER: DOES R WORK? (IS "YES" CODED AT SEC 2, Q.4, P.5 OR "CURRENT JOB" CODED AT SEC 3, Q.1F, P.8?)

BEGIN DECK 55

Yes.....1 10/

No.....(SKIP TO Q.64).....2

A. Approximately how much smoke is there in the air in the transportation you take to and from work for example, your car, the train, the bus, etc.?

A lot.....1 11/

A little.....2

None...(SKIP TO Q.63-44)....3

63-43. Approximately how many hours a week are you exposed to this smoke?

HAND CARD V

10 hours or less.....1 12/

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

13-14/R

63-44. Approximately how much smoke is there in the air where you work?

A lot.....1 15/

A little.....2

None.....(SKIP TO Q.64)....3

63-45. Approximately how many hours a week are you exposed to this smoke?

10 hours or less.....1 16/

11 to 15 hours.....2

HAND CARD ▼

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

END OF SMOKING INTERVAL QUESTIONS

ASK ALL RESPONDENTS

64. Have you been arrested for a felony since (DATE OF LAST INTERVIEW)?

Yes.....1 21/

No.....(SKIP TO Q.65).....2

A. Have you ever been convicted of a felony since (DATE OF LAST INTERVIEW)?

Yes.....1 22/

No.....(SKIP TO Q.65).....2

B. How many felonies have you been convicted of?

ENTER NUMBER: |__|__| 23-24/

C. What month and year were you convicted of (this/your first) felony?

|__|__|__|__| 25-28/

Mo Yr

D. On what charge were you convicted?

_____ 29-30/

_____

_____

E. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A SECOND FELONY? (IS # IN Q.64B EQUAL TO 2 OR MORE?)

Yes.....1 31/

No..(SKIP TO Q.65, P.155)...2

F. What month and year were you convicted of this second felony?

|__|__|__|__| 32-35/

Mo Yr

G. On what charge were you convicted?

_____ 36-37/

_____

_____

64. (Continued)

H. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A THIRD FELONY? (IS # IN Q.64B EQUAL TO 3 OR MORE?)

Yes....(GO TO NEW QUEX).....1 38/

No.....2

Next, I'd like some information about drinking alcoholic beverages.

65. Have you had any alcoholic beverages, including beer, wine, or liquor, since (DATE OF LAST INTERVIEW)?

Yes.....1 39/

No.....(SKIP TO P.163).....2

---

66. Since (DATE OF LAST INTERVIEW) have you had a drink of beer?

Yes.....1 40/

No.....(SKIP TO Q.72, P.157).....2

---

67. How long has it been since your last drink of beer?

HAND CARD Z

Today.....01 41-42/

1-7 days ago.....02

8-14 days ago.....03

15-30 days ago.....04

1 month ago.....05

2-3 months ago.....06

4-6 months ago.....07

7-12 months ago.....08

More than 1 year ago.....09

---

68. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many cans or bottles of beer would you drink on a typical day when you drank beer?

ENTER NUMBER OF CANS OR BOTTLES: |__|__| 43-44/

69. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink beer? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

More often than once a day	01
Every day	02
5 or 6 days a week	03
3 or 4 days a week	04
1 or 2 days a week	05
Less often than once a week	06
IF CANNOT DECIDE:Don't know	98

45-46/

---

70. How large were the cans or bottles that you usually drank?

HAND CARD BB

Standard 12 oz. cans or bottles	1
16 oz. (half quart) cans or bottles	2
32 oz. (full quart) cans or bottles	3
Less than 12 oz. cans or bottles	4
More than 32 oz. cans or bottles	5
Don't drink cans or bottles of beer	6

47/

---

71. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more cans of beer in a single day, that means 3 quarts or more?

HAND CARD CC

Every day or nearly every day	01
3-4 times a week	02
Once or twice a week	03
1-3 times a month	04
7-11 times a year	05
3-6 times a year	06
Once or twice a year	07
Never	08

48-49/

72. Since (DATE OF LAST INTERVIEW) have you had a drink of wine?

Yes	1
No....(SKIP TO Q.77)	2

50/

---

73. How long has it been since your last drink of wine?

HAND CARD 2

Today	01
1-7 days ago	02
8-14 days ago	03
15-30 days ago	04
1 month ago	05
2-3 months ago	06
4-6 months ago	07
7-12 months ago	08
More than 1 year ago	09

51-52/

---

74. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many glasses/bottles of wine would you drink on a typical day when you drank wine?

3 or more bottles	1
2 bottles	2
About 1 bottle (7 - 8 wine glasses)	3
5 - 6 wine glasses (3 water glasses)	4
3 - 4 wine glasses (2 water glasses)	5
1 - 2 wine glasses (1 water glass)	6

53/

54/R

75. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink wine? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

	More often than once a day.....1	55/
	Every day.....2	
	5 or 6 days a week.....3	
	3 or 4 days a week.....4	
	1 or 2 days a week.....5	
	Less often than once a week.....6	
IF CANNOT DECIDE:	Don't know.....8	

---

76. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more glasses of wine in a single day (more than a fifth)?

HAND CARD CC

Every day or nearly every day.....01	56-57/
3-4 times a week.....02	
Once or twice a week.....03	
1-3 times a month.....04	
7-11 times a year.....05	
3-6 times a year.....06	
Once or twice a year.....07	
Never.....08	

---

77. Since (DATE OF LAST INTERVIEW) have you had a drink containing liquor, such as whiskey, vodka, gin, brandy, etc.?

Yes.....1	58/
No..(SKIP TO Q.83, P.160)...2	

78. How long has it been since your last drink of hard liquor?

HAND CARD Z

Today.....01	59-60/
1-7 days ago.....02	
8-14 days ago.....03	
15-30 days ago.....04	
1 month ago.....05	
2-3 months ago.....06	
4-6 months ago.....07	
7-12 months ago.....08	
More than 1 year ago.....09	

---

79. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many drinks of hard liquor would you drink on a typical day in which you drank hard liquor? 1 BOTTLE = 17 DRINKS

ENTER NUMBER OF DRINKS: |__|__| 61-62/

---

80. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink hard liquor? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

	More often than once a day.....1	63/
	Every day.....2	
	5 or 6 days a week.....3	
	3 or 4 days a week.....4	
	1 or 2 days a week.....5	
	Less often than once a week.....6	
IF CANNOT DECIDE:	Don't know.....8	

81. About how many ounces of hard liquor are there in the drinks that you usually drink?

HAND CARD DD

One ounce (one shot).....1 64/
1.5 ounces (one jigger).....2
2 ounces (2 shots).....3
3 ounces (2 jiggers or 3 shots).....4
4 ounces (4 shots).....5
5 or more ounces (3 or more jiggers)..6
Don't know.....8

---

82. During the last 12 months that you drank since (DATE OF LAST INTERIVEW), how often did you have 8 or more drinks of hard liquor in a single day, that is a half pint or more?

HAND CARD CC

Every day or nearly every day.....01 65-66/
3-4 times a week.....02
Once or twice a week.....03
1-3 times a month.....04
7-11 times a year.....05
3-6 times a year.....06
Once or twice a year.....07
Never.....08

---

83. Have you had a drink of beer, wine or hard liquor in the last 12 months?

Yes.....1 67/
No.....(SKIP TO P.163).....2

84. About how often during the past 12 months did you drink enough to feel high -- (that is, happier or more carefree than usual, maybe a little flushed or dizzy,) but not drunk, for more than 24 hours in a row?

HAND CARD EE

5 or more times.....01 68-69/
4 times.....02
3 times.....03
2 times.....04
Once.....05
Never in the past year, but sometime before that.....06
Never in my life.....07

---

85. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year. . .

		Yes	No	
A.	Have you felt aggressive or angry while drinking?	1	2	70/
B.	Have you gotten into a heated argument while drinking?	1	2	71/
C.	Have you gotten into a fight while drinking?	1	2	72/
D.	Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?	1	2	73/
E.	Were you afraid you might be an alcoholic or that you might become one?	1	2	74/
F.	Once you started drinking, was it difficult for you to stop before you became completely intoxicated?	1	2	75/
G.	Have you awakened the next day not being able to remember things you had done while drinking?	1	2	76/
H.	Have you often taken a drink the first thing when you got up in the morning?	1	2	77/
I.	Have your hands shaken a lot the morning after drinking?	1	2	78/
J.	Have you sometimes gotten drunk when drinking by yourself?	1	2	79/
K.	Have you sometimes kept on drinking after promising yourself not to?	1	2	80/

BEGIN DECK 56

86. INTERVIEWER: HAS R WORKED THE PAST YEAR?

YES...(ASK A THROUGH E).....1 10/

NO...(SKIP TO Q.87).....2

During the past year:

		Yes	No	
A.	Have you stayed away from work because of a hangover?.	1	2	11/
B.	Have you gotten drunk when on the job?.....	1	2	12/
C.	Have you lost a job, or nearly lost one, because of drinking?.....	1	2	13/
D.	Has drinking led to your quitting a job?.....	1	2	14/
E.	Has drinking hurt your chances for promotion or raises or a better job?.....	1	2	15/

87. When you were growing up, do you think your father drank occasionally, drank frequently, had a drinking problem, or didn't he drink?

Drank occasionally.....1 16/

Drank frequently.....2

Had a drinking problem.....3

Didn't drink.....4

DON'T KNOW.....8

88. When you were growing up, do you think your mother drank occasionally, drank frequently, had a drinking problem, or didn't she drink?

Drank occasionally.....1 17/

Drank frequently.....2

Had a drinking problem.....3

Didn't drink.....4

DON'T KNOW.....8

Lifetime Drinking History

Now I am going to ask you questions about your drinking history. I'd like to start with the year that you first began drinking regularly (i.e. at least once a month), and work forward to the present. Please give me information as accurately as you can about what type of beverage you were drinking, how much, and how often.

A-H 1. First Stage

A H 1.1 To begin I'm going to ask you about your drinking pattern during the first year that you began to have at least one drink per month. How old were you when you began regular drinking? (RECORD THE AGE ON THE ANSWER SHEET)

Type

A H 1.2 What types of beverages would you usually consume in an average month? About what percentage of your drinking would be . . .? (RECORD THE RELATIVE PERCENTAGES OF BEER, LIQUOR OR WINE. THIS SECTION SHOULD ADD UP TO 100%)

Quantity

A H 1.3 When you drank how much did you usually drink?

One drink (approximately) = 12 oz. Beer
= 1.5 oz. Liquor (40% alchol)
= 5 oz. Wine
= 3 oz. Fortified Wine (e.g. Sherry)
= 17 ml. Absolute alcohol
= 13.6 g. Absolute alcohol

(RECORD THE AVERAGE NUMBER OF DRINKS PER DRINKING DAY)

A H 1.4 What is the most or maximum number of drinks you would have in any one day?

(RECORD THE MAXIMUM NUMBER OF DRINKS. NOTE, THIS IS THE MAXIMUM NUMBER THAT THE PERSON ACTUALLY WOULD DRINK, NOT AN ESTIMATE OF HIS POTENTIAL CAPACITY)

Frequency

A H 1.5 How many days per month would you generally drink at this level, that is, the level and or average number of drinks? (RECORD THE NUMBER OF DAYS UNDER THE FREQUENCY HEADING)

Style

A H 1.6 How would you rate your usual style of drinking in an average month? Was it . . .? (CHECK APPROPRIATE CATEGORY FROM)

Blank	=	Abstinent
1	=	Occasional (less than 15 days)
2	=	Weekends mainly
3	=	Binge (at least 3 days heavy drinking)
4	=	Frequent (15 or more per month)

Life Events

A H 1.7 Did any important event or events occur during this period that altered you usual drinking habits? (EXAMPLES ARE LOSS OF SPOUSE, UNEMPLOYMENT, PRISON TERM, HOSPITALIZATION. RECORD THESE EVENTS BY CIRCLING THE APPROPRIATE CODE NUMBER. IF NO IMPORTANT EVENT OCCURRED THAT INFLUENCED THE PERSON'S DRINKING BEHAVIOR, THEN LEAVE THIS SECTION BLANK)

A H 1.8 What was your perception of this event? Would you say that it had a postive (desirable equal to "+"),negative (undesirable equal to "-") or neutral (no) effect on your life? (IF THE PERSON SAID IT WAS NEUTRAL, THEN LEAVE BLANK)

Content

A H 1.9 What percentage of the time would you drink alone, and what percentage of the time with at least one other person? (RECORD THE APPROPRIATE VALUES BESIDE ALONE AND WITH OTHERS. THIS SECTION SHOULD ADD UP TO 100%)

Time

A H 1.10 During what time of the day would you do most of your drinking? Could you give me the percentage of time during the evening, afternoon and morning? (RECORD THE APPROPRIATE VALUES BESIDE MORNING, AFTERNOON AND EVENING. THIS SECTION SHOULD ADD TO 100%)

A H 2. **Subsequent Phases**

A H 2.1 We have just discussed your drinking habits at the point when you first began to drink regularly. Now I want you to think of when your drinking behavior was different in a significant way from this time. This could be the next 6 months or perhaps 2 or 5 years. Can you think of any events in your life that changed and may have altered your drinking habits (increased/decreased) at any time in your life? Events such as attending high school, college, enlisting, Vietnam, deaths in family, change of jobs. (ESTABLISH WHEN THE PERSON'S DRINKING BEHAVIOR FIRST CHANGED IN A SIGNIFICANT WAY FROM THAT RECORDED UNDER FIRST STAGE. SINCE THIS DRINKING HISTORY IS AIMED AT MAJOR TRENDS, SOME JUDGEMENT WILL BE NECESSARY IN DIFFERENTIATING IMPORTANT FROM MINOR CHANGES IN DRINKING PATTERNS. FILL IN THE AGE RANGE WHEN THE BEHAVIOR CHANGED UNDER SECOND STAGE, AND REPEAT THE QUESTIONS FOR FREQUENCY, QUANTITY, TYPE, STYLE, LIFE EVENTS, CONTEXT, AND TIME)

A H 2.2 PROBE FURTHER INTO THE PERSON'S HISTORY TO NOTE CHANGES IN DRINKING BEHAVIOR. MAKE SURE THAT ALL THE YEARS ARE COVERED FROM THE YEAR WHEN THE INDIVIDUAL FIRST STARTED DRINKING ON A REGULAR BASIS (AT LEAST ONCE A MONTH) TO HIS PRESENT AGE. AFTER CONDUCTING THE INTERVIEW, CARE SHOULD BE TAKEN TO ENSURE THAT ALL SECTIONS ARE COMPLETE AND THAT THE AGE RANGE RUNS IN A CHRONOLOGICAL SEQUENCE WITH NO OVERLAP OR AGE GAPS.

EXAMPLE: Participant started drinking at 16. He drank very little for 4 years. At 20, he drank a lot more and more liquor than beer. He did this for 10 years. At age 30, he quit drinking. He is 42 years old. The age range would be:

First Stage:	From 16 to 20
Second:	From 20 to 30
Third:	From 30 to present, 42 years old.

ANSWER SHEET

LIFETIME DRINKING HISTORY

WEIGHT ___ LB ___ OZ (24-29/, 27-29/, 29/) ___ FT ___ IN (30-31/)

DATE ___ DAY ___ MONTH ___ YEAR (10-23/)

OF PHASES ___ (32-33/) WEIGHT ___ KG (34-36/) HEIGHT ___ CM (37-39/)

	1.1	1.2	1.3/1.4	1.5	1.6	1.7/1.8	1.9	1.10
	AGE RANGE Younger to Older	TYPE $	QUANTITY Drinks/ Occasion	FREQUENCY Days/Month	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT $	TIME $
FIRST STAGE	BEGIN DECK 57 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	1.3 Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$
SECOND	BEGIN DECK 58 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$
THIRD	BEGIN DECK 59 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$

1mo = .1 6mo = .4 9mo = .6
2mo = .2 7mo = .5 10mo = .8
3mo = .3 8mo = .6 11mo = .9
4mo = .3 8mo = .7 12mo = 1.0

1 Drink (approx.) = 12 oz. beer
1-1/2 oz. liquor
5 oz. wine
3 oz. fortified wine
13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks
1 bottle (25 oz) = 17 Drinks

Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

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ANSWER SHEET (Continued)

LIFETIME DRINKING HISTORY

	1.1	1.2	1.3/1.4	1.5	1.6	1.7/1.8	1.9	1.10
	AGE RANGE Younger to Older	TYPE $	QUANTITY Drinks/ Occasion	FREQUENCY Days/Month	STYLE (Circle One)	LIFE EVENTS OR CHANGES Positive (+) or Negative (-)	CONTEXT $	TIME $
FOURTH	BEGIN DECK 60 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	1.3 Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$
FIFTH	BEGIN DECK 61 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$
SIXTH	BEGIN DECK 62 From ___ (10-11/) To ___ (14-15/)	Beer ___ (16-20/) Liquor ___ (21-23/) Wine ___ (24-26/) T = 100$	Average ___ (27-28/) Maximum ___ (29-30/)	___ (31-32/)	1. Occasional 2. Weekend 3. Binge 4. Frequent (33/)	___ 1 Family ___ 7 Financial ___ 2 Work ___ 8 Peer Group ___ 3 School ___ 9 Drug Use ___ 4 Medical ___ 10 Treatment ___ 5 Residence ___ 11 Death ___ 6 Legal-Jail ___ 12 Emotional (34-39/) (40-45/)	Alone ___ (46-48/) With Others ___ (49-51/) T = 100$	Morning ___ (52-54/) Afternoon ___ (55-57/) Evening ___ (58-60/) T = 100$

1mo = .1 6mo = .4 9mo = .6
2mo = .2 7mo = .5 10mo = .8
3mo = .3 8mo = .6 11mo = .9
4mo = .3 8mo = .7 12mo = 1.0

1 Drink (approx.) = 12 oz. beer
1-1/2 oz. liquor
5 oz. wine
3 oz. fortified wine
13.6 g absolute alcohol

Liquor: 1 mickey (12 oz) = 8 Drinks
1 bottle (25 oz) = 17 Drinks

Wine: 1 bottle (25 oz) = 5 Drinks
1 bottle fortified = 8 Drinks

-167-

BEGIN DECK 63

Now I am going to ask you some questions about using alcohol.

89. Has there ever been a period of two weeks when every day you were drinking 7 or more beers, 7 or more drinks of hard liquor or 7 or more glasses of wine?

Yes.....(ASK A).....1 10/

No....(SKIP TO Q.90).....2

A. How long has it been since you drank that much or do you still?
CODE MOST RECENT TIME POSSIBLE

Still or within last 2 weeks.....1 11/

Within last month.....2

Within last 6 months.....3

Within last year.....4

More than 1 year ago.....5

---

90. Has there ever been a couple of months or more when at least one evening a week, you drank 7 drinks, or 7 bottles of beer or 7 glasses of wine?

Yes.....(ASK A).....1 12/

No.....(SKIP TO Q.91).....2

A. How long has it been since you drank 7 or more drinks at least once a week, or do you still?
CODE MOST RECENT TIME POSSIBLE

Still or within last 2 weeks.....1 13/

Within last month.....2

Within last 6 months.....3

Within last year.....4

More than 1 year ago.....5

B. IF MORE THAN 1 YEAR AGO: How old were you then?

AGE ___ ___ 14-15/

ANSWER SHEET (Confidential)

LIFETIME DRINKING HISTORY

DECKS 63-64

	SEVENTH	EIGHTH	
1-1	AGE RANGE Younger To Older BEGIN DECK 63 From ___ 10-11/ To ___ 14-15/	BEGIN DECK 64 From ___ 10-11/ To ___ 14-15/	
1-2	TYPE $ Beer 16-20/ Liquor 21-23/ Wine 24-26/ T = 100%	Beer 16-20/ Liquor 21-23/ Wine 24-26/ T = 100%	
1-3/1-4	QUANTITY Drinks/ Occasion 1.3 Average 27-29/ Maximum 30-32/	Average 27-29/ Maximum 30-32/	
1-5	FREQUENCY Days/Month ___ 31-33/	___ 31-33/	
1-6	STYLE (Circle One) 1. Occasional 2. Weekend 3. Binge 4. Frequent 34/	1. Occasional 2. Weekend 3. Binge 4. Frequent 34/	
1-7/1-8	LIFE EVENTS OR CHANGES Positive (+) or Negative (-) ___ 1 Family ___ 2 Work ___ 3 School ___ 4 Medical ___ 5 Residence ___ 6 Legal-Cell 34-35/ ___ 7 Financial ___ 8 Peer Group ___ 9 Drug Use ___ 10 Treatment ___ 11 Death ___ 12 Recreational 36-37/	___ 1 Family ___ 2 Work ___ 3 School ___ 4 Medical ___ 5 Residence ___ 6 Legal-Cell 34-35/ ___ 7 Financial ___ 8 Peer Group ___ 9 Drug Use ___ 10 Treatment ___ 11 Death ___ 12 Recreational 36-37/	
1-9	CONTENT $ Alone 38-40/ With Others 41-43/ T = 100%	Alone 38-40/ With Others 41-43/ T = 100%	
1-10	TIME $ Morning 53-54/ Afternoon 55-57/ Evening 58-60/ T = 100%	Morning 53-54/ Afternoon 55-57/ Evening 58-60/ T = 100%	

1 Drink Equivalent = 12 Oz. Beer
1-1/2 Oz. Liquor
5 Oz. Wine
3 Oz. Fortified Wine
13.6 G Absolute Alcohol

Liquor: 1 Highball (12 oz) = 0 Drinks
1 Bottle (25 oz) = 17 Drinks

Wine: 1 Bottle (25 oz) = 5 Drinks
1 Bottle Fortified = 8 Drinks

91. Have you ever told a doctor about a problem you had with drinking?

Yes.....1 16/
No.....2

92. Have friends, your doctor, your clergyman, or any other professional ever said you were drinking too much for your own good?

Yes.....1 17/
No.....2

93. Have you ever wanted to stop drinking but couldn't?

Yes.....1 18/
No.....2

94. Some people promise themselves not to drink before 5 o'clock or never to drink alone, in order to control their drinking. Have you ever done anything like that?

Yes.....1 19/
No.....2

95. Did you ever need a drink just after you had gotten up (that is, before breakfast)?

Yes.....1 20/
No.....2

96. Have you ever had job or school troubles because of drinking -- like missing too much work or drinking on the job or at school?

Yes.....1 21/
No.....2

97. Did you ever lose a job or get kicked out of school on account of drinking?

Yes.....1 22/
No.....2

98. Have you ever gotten into trouble driving because of drinking -- like having an accident or being arrested for drunk driving?

Yes.....1 23/
No.....2

99. Have you ever been arrested or held at the police station because of drinking or for disturbing the peace while drinking?

Yes.....1 24/
No.....2

100. Have you ever gotten into physical fights while drinking?

Yes.....1 25/
No.....2

101. Have you ever gone on binges or benders, where you kept drinking for a couple of days or more without sobering up?

Yes.....(ASK A and B).....1 26/
No.....(SKIP TO Q.102).....2

A. Did you neglect some of your usual responsibilities then?

Yes.....1 27/
No.....2

B. How many times have you gone on binges or benders that lasted at least a couple of days?

|_|_| 28-29/
# of benders

INTERVIEWER: IF R SAYS 96 OR MORE, CODE 96 AND GO TO Q.102
IF R SAYS "DON'T KNOW" ASK Q.C

C. Was it just once or more often than that?

Just once.....(RECORD 01 ABOVE)
More than once.....(RECORD 95 ABOVE)
Still Don't Know.....(RECORD 98 ABOVE)

102. Have you ever had blackouts while drinking, that is, where you drank enough so that you couldn't remember the next day what you had said or done?

Yes.....1 30/
No.....2

---

103. Have you ever had "the shakes" after stopping or cutting down on drinking (for example, your hands shake so that your coffee rattles in the saucer or you have trouble lighting a cigarette)?

Yes.....(GO TO Q.104).....1 31/
No.....(ASK A).....2

A. Have you ever had fits or seizures after stopping or cutting down on drinking?

YES.....(GO TO Q.104).....1 32/
NO.....(ASK B).....2

B. Have you ever had the DT's (hallucinations and fever) when you quit drinking?

Yes.....(GO TO Q.104).....1 33/
No.....(ASK C).....2

C. Have your ever seen or heard things that weren't really there after cutting down on drinking?

Yes.....1 34/
No.....2

---

104. There are several health problems that can result from long stretches of pretty heavy drinking. Did drinking ever cause you to have . . . ? CODE ALL THAT APPLY.

A. liver disease or yellow jaundice.....1 35/
B. vomiting blood or other stomach troubles.....2 36/
C. trouble with tingling in the limbs.....3 37/
D. memory troubles when you haven't been drinking (not blackouts).....4 38/
E. inflammation of your pancreas or pancreatitis.....5 39/

---

105. Have you ever continued to drink when you knew you had a serious physical illness that might be made worse by drinking?

Yes.....1 40/
No.....2

106. Has there ever been a period in your life when you could not do your ordinary daily work well unless you had something to drink?

Yes.....1 41/
No.....2

Now I am going to ask you about possible sleep problems.

107a. Would you please look at this card and tell me if you have any of these sleep problems now. Other than on this trip, do you routinely have sleep problems such as . . . (READ A-L)?

b. IF YES TO ANY SLEEP PROBLEMS, ASK FOR EACH: How long have you had this problem? (CONVERT INTO MONTHS)

		a. CURRENT PROBLEM	b. HOW LONG MONTHS	c. PAST PROBLEM	
HAND CARD FF	A. Trouble falling asleep	1	___	1	42-46/
	B. Waking up during the night	2	___	2	47-51/
	C. Waking up too early and can't go back to sleep	3	___	3	52-56/
	D. Waking up unrefreshed	4	___	4	57-61/
	E. Involuntarily falling asleep during the day	5	___	5	62-66/
	F. Great or disabling fatigue during the day	6	___	6	67-71/
	G. Frightening dreams	7	___	7	72-76/
				BEGIN DECK 66	
	H. Talking in your sleep	8	___	8	10-14/
	I. Sleepwalking	9	___	9	15-19/
	J. Abnormal movement/activity during the night	10	___	10	20-24/
	K. Sleep problems requiring medication	11	___	11	25-29/
	L. Snore loudly in all sleeping positions	12	___	12	30-34/
	M. IF NO CURRENT SLEEP PROBLEMS, CODE "1".....1				35/

c. IF NO TO ANY OF THESE PROBLEMS, ASK: Would you please look at this card and tell me if you have had any of these sleep problems in the past? CODE ALL THAT APPLY

IF NO PAST SLEEP PROBLEMS, CODE "1".....1 36/

IF R HAS/HAD ANY OF THE SLEEP PROBLEMS LISTED IN Q.107, ASK QS. 108-110. IF NOT, SKIP TO Q.111, P.174.

108. Did you consult a physician or other health care professional about (READ EACH SLEEP PROBLEM GIVEN IN Q.107)?

HAND CARD FF

		YES	NO	
A.	Trouble falling asleep	1	2	37/
B.	Waking up during the night	1	2	38/
C.	Waking up too early and can't go back to sleep	1	2	39/
D.	Waking up unrefreshed	1	2	40/
E.	Involuntarily falling asleep during the day	1	2	41/
F.	Great or disabling fatigue during the day	1	2	42/
G.	Frightening dreams	1	2	43/
H.	Talking in your sleep	1	2	44/
I.	Sleepwalking	1	2	45/
J.	Abnormal movement/activity during the night	1	2	46/
K.	Sleep problems requiring medication	1	2	47/
L.	Snore loudly in all sleeping positions	1	2	48/

109. Did you take medication to relieve (READ EACH SLEEP PROBLEM GIVEN IN Q.107)?

		YES	NO	
A.	Trouble falling asleep	1	2	49/
B.	Waking up during the night	1	2	50/
C.	Waking up too early and can't go back to sleep	1	2	51/
D.	Waking up unrefreshed	1	2	52/
E.	Involuntarily falling asleep during the day	1	2	53/
F.	Great or disabling fatigue during the day	1	2	54/
G.	Frightening dreams	1	2	55/
H.	Talking in your sleep	1	2	56/
I.	Sleepwalking	1	2	57/
J.	Abnormal movement/activity during the night	1	2	58/
K.	Sleep problems requiring medication	1	2	59/
L.	Snore loudly in all sleeping positions	1	2	60/

110. Did (READ EACH SLEEP PROBLEM GIVEN IN Q.107, P.172) interfere with your life?

		YES	NO	
A.	Trouble falling asleep	1	2	61/
B.	Waking up during the night	1	2	62/
C.	Waking up too early and can't go back to sleep	1	2	63/
D.	Waking up unrefreshed	1	2	64/
E.	Involuntarily falling asleep during the day	1	2	65/
F.	Great or disabling fatigue during the day	1	2	66/
G.	Frightening dreams	1	2	67/
H.	Talking in your sleep	1	2	68/
I.	Sleepwalking	1	2	69/
J.	Abnormal movement/activity during the night	1	2	70/
K.	Sleep problems requiring medication	1	2	71/
L.	Snore loudly in all sleeping positions	1	2	72/

111. On the average, how many hours do you sleep per night?

|__|__| HOURS 73-74/

BEGIN DECK 67

SECTION 9: RECREATION, LEISURE, AND PHYSICAL ACTIVITIES

Now we would like you to answer some questions about your leisure time activities.

10-17/R

1. Have you ever participated three or more times in (READ EACH ITEM)?

	Yes	No	
Scuba diving	1	2	18/
Auto, boat, or motorcycle racing	1	2	19/
Skydiving	1	2	20/
Mountain climbing	1	2	21/
Hang gliding	1	2	22/
Plane racing or plane acrobatics, not including flight training or any assignments for the Armed Forces	1	2	23/
Surf board riding	1	2	24/
Sailing long distance in small sailing craft	1	2	25/
Skiing fast down a high mountain slope	1	2	26/
			27/R

SECTION 10: TOXIC SUBSTANCES

DECK 67

1. Have any of the recreation, leisure, and/or physical activities you've participated in since (DATE OF LAST INTERVIEW) brought you in contact with any of the following substances . . .

FOR EACH SUBSTANCE CODED YES, ASK A THROUGH D.

	YES	NO		A: Since (DATE OF LAST INTERVIEW), in what month and year did your recreation, leisure and/or physical activities first bring you in contact with (SUBSTANCE)?		B: Since (DATE OF LAST INTERVIEW), for how many years did you continue come in contact with (SUBSTANCE)?	
asbestos?	1	2	28/	MONTH - YEAR	29-32/	years	33-3
industrial chemicals?	1	2	35/	MONTH - YEAR	36-39/	years	40-4
insecticides or pesticides	1	2	42/	MONTH - YEAR	43-46/	years	47-4
degreasing chemicals?	1	2	49/	MONTH - YEAR	50-53/	years	54-5
defoliants or herbicides	1	2	56/	MONTH - YEAR	57-60/	years	61-6
X-ray or nuclear radiation	1	2	63/	MONTH - YEAR	64-67/	years	68-6

1. (Continued)

C Since (DATE OF LAST INTERVIEW), how many days per year did you come in contact with (SUBSTANCE)?	D On the days you came in contact with (SUBSTANCE) how often did you use protective clothing or gear or wash to remove (SUBSTANCE)--all of the time, some of the time, or never?	E Which of the following did you use? HAND CARD E — CODE ALL THAT APPLY.
	73/	air filter.....1 74/ goggles.....2 75/ face shield.....3 76/ special clothing.....4 77/ washing facilities.....5 78/ Self contained or supplied air breathing apparatus...6 79/ None.....0 80/
___ DAYS 70-72/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	
BEGIN DECK 68	13/	air filter.....1 14/ goggles.....2 15/ face shield.....3 16/ special clothing.....4 17/ washing facilities.....5 18/ Self contained or supplied air breathing apparatus...6 19/ None.....0 20/
___ DAYS 10-12/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	
	24/	air filter.....1 25/ goggles.....2 26/ face shield.....3 27/ special clothing.....4 28/ washing facilities.....5 29/ Self contained or supplied air breathing apparatus...6 30/ None.....0 31/
___ DAYS 21-23/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	
	35/	air filter.....1 36/ goggles.....2 37/ face shield.....3 38/ special clothing.....4 39/ washing facilities.....5 40/ Self contained or supplied air breathing apparatus...6 41/ None.....0 42/
___ DAYS 32-34/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	
	46/	air filter.....1 47/ goggles.....2 48/ face shield.....3 49/ special clothing.....4 50/ washing facilities.....5 51/ Self contained or supplied air breathing apparatus...6 52/ None.....0 53/
___ DAYS 43-45/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	
	57/	air filter.....1 58/ goggles.....2 59/ face shield.....3 60/ special clothing.....4 61/ washing facilities.....5 62/ Self contained or supplied air breathing apparatus...6 63/ None.....0 64/
___ DAYS 54-56/	All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	

SECTION 11: INCOME

Now I have some questions about your income.

1. Please tell me which letter on this card best represents the total household income in 1986 before taxes or other deductions for all people in your household, not including roomers. This amount should include wages, net income from business, interest, dividends, pensions, and any other money income. Tell me the letter that comes closest.

65/R

HAND CARD GG

A.	$5,000 - $9,999.....01	66-67/
B.	$10,000 - $14,999.....02	
C.	$15,000 - $19,999.....03	
D.	$20,000 - $24,999.....04	
E.	$25,000 - $29,999.....05	
F.	$30,000 - $34,999.....06	
G.	$35,000 - $39,999.....07	
H.	$40,000 - $44,999.....08	
I.	$45,000 - $49,999.....09	
J.	$50,000 - $54,999.....10	
K.	$55,000 - $59,999.....11	
L.	$60,000 - $64,999.....12	
M.	$65,000 - $69,999.....13	
N.	$70,000 - $74,999.....14	
O.	$75,000 - $79,999.....15	
P.	$80,000 - $84,999.....16	
Q.	$85,000 - $89,999.....17	
R.	$90,000 - $94,999.....18	
S.	$95,000 - $99,999.....19	
T.	$100,000 or more.....20	

2. Did you earn any income from any job during 1986? Do not include income from retirement plans or pensions.

Yes.....(ASK A).....1 68/

No.....(SKIP TO Q.3).....2

A. In which of these groups did your earnings from jobs in 1986 fall -- that is, before taxes or other deductions? Tell me the letter that come closest.

A. $5,000 - $9,999.....01 69-70/

B. $10,000 - $14,999.....02

C. $15,000 - $19,999.....03

D. $20,000 - $24,999.....04

E. $25,000 - $29,999.....05

F. $30,000 - $34,999.....06

G. $35,000 - $39,999.....07

H. $40,000 - $44,999.....08

HAND CARD GG

I. $45,000 - $49,999.....09

J. $50,000 - $54,999.....10

K. $55,000 - $59,999.....11

L. $60,000 - $64,999.....12

M. $65,000 - $69,999.....13

N. $70,000 - $74,999.....14

O. $75,000 - $79,999.....15

P. $80,000 - $84,999.....16

Q. $85,000 - $89,999.....17

R. $90,000 - $94,999.....18

S. $95,000 - $99,999.....19

T. $100,000 or more.....20

---

3. INTERVIEWER:

71-74/

RECORD TIME ENDED

AM
PM

Instructions for using the Health Care Providers Forms

The Health Care Providers form is to be completed for each of the participant's children that has cancer, a disability, or a birth defect. For each child, fill out a form for each birth defect or disability.

1. **Indicate whether the participant's child has a learning disability, physical or motor impairment, mental impairment, cancer, or a birth defect by circling the appropriate number. If a child has more than one cancer, defect, or disability, fill out a Health Care Providers form for each health condition.**

2. **Column 1 refers to the physician(s) and medical facility that first diagnosed the child's condition. Record the facility name (i.e. name of university or hospital), building name, address, and the full names of up to two doctors who made the initial diagnosis.**

3. **In Column 2, write what the diagnosis is/was. Please provide a complete and accurate description of the child's condition.**

4. **In Column 2, record the date the doctor(s) first diagnosed the child's condition. Record the date that the child last visited a doctor about this condition.**

5. **Column 3 refers to the physician(s) and medical facility the child last visited about his/her health condition.**

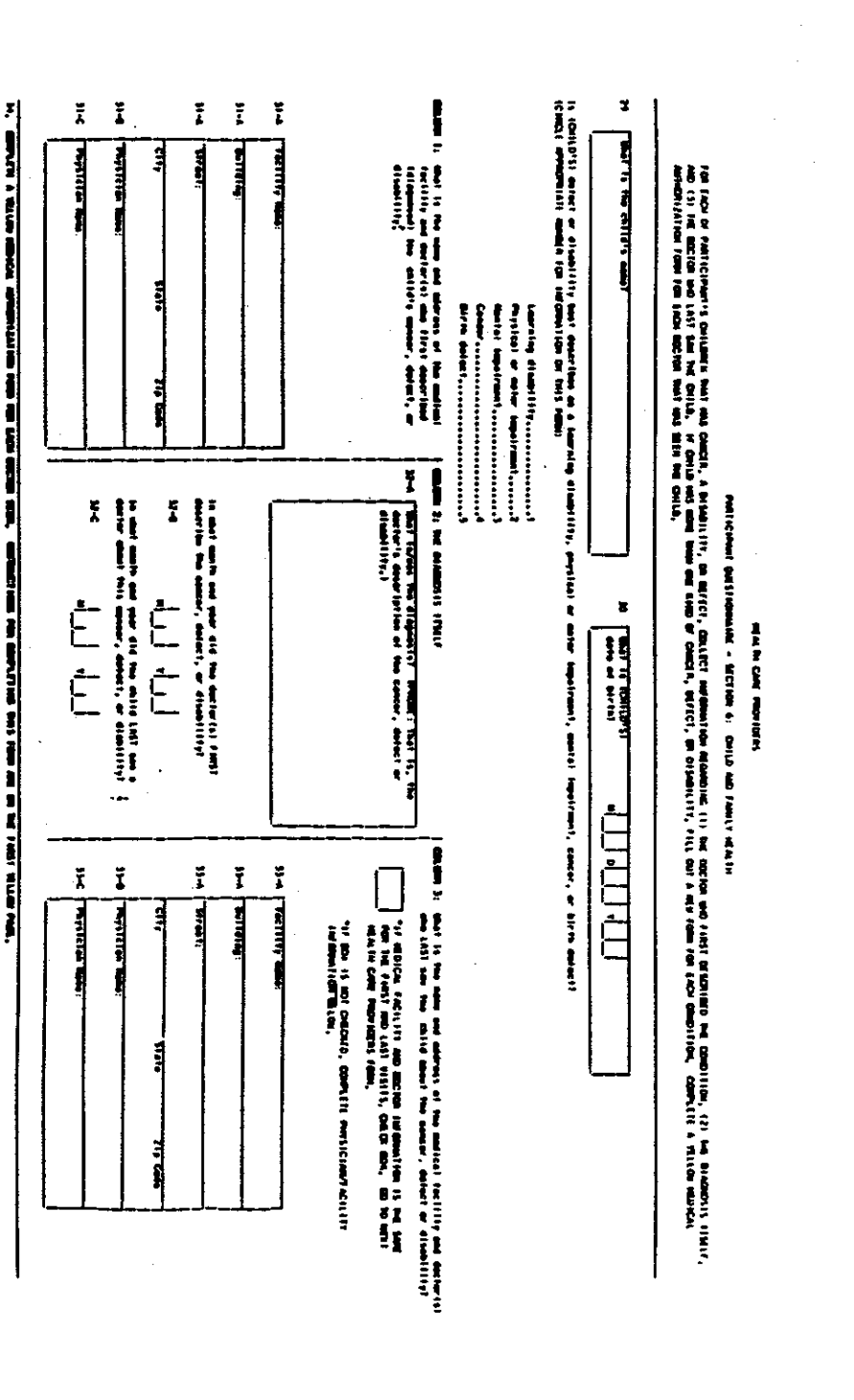
   A. **If the physician(s) visited most recently by the participant's child is/are the same as the physician(s) that made the initial diagnosis, then check the box in Column 3. Complete an Authorization Form. Go to next Health Care Providers form.**

   B. **If the physician(s) visited most recently by the participant's child is/are not the same as for the initial diagnosis, do not check the box. Record facility name, building name, address, and the full names of up to two doctors who last saw the child. Complete an Authorization Form. Go to next Health Care Providers form.**

6. **Complete a Health Care Providers form for each cancer, birth defect, or disability that each of the participant's child(ren) has/have.**

7. **If the physician(s) and/or medical facility are the same in Columns 1 and 3, to reduce the amount of writing you have to do, please write SAME AS 45-A, if appropriate.**

AFTER COMPLETING HEALTH CARE PROVIDER FORMS, FILL OUT THE MEDICAL AUTHORIZATION FORMS AS NEEDED.



Participant
Medical Authorization
Form Instructions

How to Use the Medical Authorization Forms

It is very important that the participant signs all requested Medical Authorization Forms. By signing the Authorization Form, the participant grants Air Force Health Study physicians and researchers permission to review past medical records.

When should an Authorization Form be filled out?

*Complete an Authorization Form for each doctor that has seen the participant or his/her child(ren).

*If both participant and child(ren) have seen the same doctor, fill out a separate Authorization Form for each of them.

*If the participant or child(ren) have seen the same doctor for more than one health condition, fill out one Authorization Form for each patient, listing all the conditions.

1. Patient's Name: Print the name of the person whose medical records are being authorized for review.

2. Social security number: of the person whose medical records are being authorized for review. If person has no social security number, then leave blank.

3. Name of Doctor, Name of Facility, and Address of Facility: that saw the patient.

4. Condition: Space is provided for four conditions (diagnoses).

5. Date of Medical Care: Write in the date when the doctor listed last saw participant or child for this condition.

6. Witness: Signature and date of signature of an adult person other than participant who can attest to the fact that participant has completed and signed this form for the release of medical information.

7. Signature: By signing on this line, the participant authorizes Air Force Health Study physicians and researchers to review past medical records for understanding possible health effects of service in Southeast Asia during the Vietnam conflict. Medical records cannot be reviewed without an authorizing signature.

8. Case ID: Write the 6-digit case ID number of the Vietnam veteran associated with the patient, from the cover of the questionnaire.

AFTER COMPLETING AUTHORIZATION FORMS, CONTINUE FILLING OUT QUESTIONNAIRE.

DEPARTMENT OF THE AIR FORCE
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AIR FORCE BASE, TEXAS 78235

Participant Medical
Authorization Form

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient's Name:_____

Social Security Number:_____-____-_____

Name of Doctor:_____

Name of Facility:_____

Address of Facility:_____

_____

_____

Condition:_____ Date of Medical Care:_____

Condition:_____ Date of Medical Care:_____

Condition:_____ Date of Medical Care:_____

Condition:_____ Date of Medical Care:_____

The United States Air Force, under the direction of the White House, is currently conducting a study of Air Force personnel exposed to the complex environment of Southeast Asia. Part of this study examines the past medical history of Vietnam veterans and their families.

As a participant in this study, medical information is needed to validate data which was provided during a personal interview, self-administered questionnaire, and/or physical examination. The data will be maintained in compliance with the Privacy Act of 1974. No individually recognizable data will be released. Only statistical aggregate data will be released to the U.S. Congress and to the U.S. Public.

You are hereby authorized and requested to release the complete clinical record to:

USAFSAM/EKEO
Brooks AFB TX 78235
Attn: Mr. Vince Elequin

The authorization is null and void 120 days after the date signed below without expressed revocation, although it may be revoked by the undersigned at any time except to the extent that action has been taken in reliance thereon.

Witness:_____ Date Signed:_____

Signature:_____ Date Signed:_____

Case ID#:|__|__|__|__|__|__|

AFTER COMPLETING AUTHORIZATION FORMS, CONTINUE FILLING OUT QUESTIONNAIRE

INTERVIEWER REMARKS

INTERVIEWER: Please complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview:

(Section 1. p.1 through Section 11) ___ MINUTES 75-77/

BEGIN DECK 69

2. Date of the interview:

___ MONTH ___ DAY ___ YEAR 10-15/

3. Race of Respondent:

White.....1 16/

Black.....2

Other.....3

4. In general, what was the respondent's attitude toward the interview?

Friendly and interested.....1 17/

Cooperative but not particularly interested.....2

Impatient and restless.....3

Hostile.....4

5. In general, was the respondent's understanding of the questions....

Good?.....1 18/

Fair?.....2

Poor?.....3

6. List the questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

NONE.....0 19/

SECTION		QUESTION	
A.____	20-21/	____	22-26/
B.____	27-28/	____	29-33/
C.____	34-35/	____	36-40/

Describe Problem:____ 41/

7. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN

NONE.....0 42/

SECTION		QUESTION	
A.____	43-44/	____	45-49/
B.____	50-51/	____	52-56/
C.____	57-58/	____	59-63/

Describe Problem:____ 64/

8. Please record your interviewer ID #: ____ 65-70/

9. Please sign your name:____

BEGIN DECK 70

10. PRINT THE RESPONDENT'S FULL NAME:

____ FIRST MIDDLE 10-39

____ LAST 40-59

APPENDIX B*

Physical Examination Methodology

*Original forms were color coded; limited photocopy quality.

AIR FORCE HEALTH STUDY
Examiner's Handbook

1987