PDBP Behavioral History

* Required fields

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

*Date of Visit: ____________________________  *GUID: ____________________________

Subject ID: ____________________________

Smoking History

1) Has the subject ever used tobacco?

☐ Yes  ☐ No  ☐ Unknown

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

☐ Yes  ☐ No  ☐ Unknown

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

☐ Yes  ☐ No  ☐ Unknown

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

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

☐ Yes  ☐ No  ☐ Unknown

5b) Age stopped tobacco use: ___ ___ years

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

☐ Filtered cigarettes  ☐ Non-filtered cigarettes  ☐ Low tar cigarettes

☐ Cigar  ☐ Pipes  ☐ Chewing tobacco

☐ Other, specify ______________

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

☐ Less than one cigarette per day  ☐ 16 to 25 cigarettes per day (about 1 pack)

☐ 1 cigarette per day  ☐ 26 to 35 cigarettes per day (about 1 ½ packs)
2 to 5 cigarettes per day  More than 35 cigarettes per day (about 2 packs or more)
6 to 15 cigarettes per day (about ½ pack)  Unknown

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

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

12 oz. of beer (about 5% alcohol)  =  8.9 oz. of malt liquor (about 7% alcohol)  =  5 oz. of wine (about 12% alcohol)  =  1.5 oz. of hard liquor (about 40% alcohol)

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

7) How many alcoholic drinks do you have on a typical day when you are drinking?
1 or 2  3 or 4  5 or 6  7, 8, or 9  10 or more  Unknown

8) How often do you have six or more drinks on one occasion?
Never  Less than monthly  Monthly  Weekly  Daily or almost daily  Unknown
9) Have the subject ever been hospitalized for an alcohol-related problem? (e.g., esophageal varices, delirium tremens (DTs), cirrhosis, etc.)

☐ Yes  ☐ No  ☐ Unknown

**Drug History**

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

☐ Yes  ☐ No  ☐ Unknown

2) **IF YES, specify illicit drug type(s) used:** (Choose all that apply)
(Other drugs may include Methadone, Elavil, steroids, Thorazine, or Haldol.)

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

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

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

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

☐ Marijuana, hash, THC, or grass

☐ Cocaine or crack

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

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

☐ Heroin

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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