

Clinic Packet

THE SMOKING CONNECTION STUDY (SCS)

Site #	__	__														
Interviewer ID	__	__	__													
Participant ID	__	__	__	-	__	__	__	__	-	__	__	__	-	__	__	__
Date of Visit I	__	__	/	__	__	/	__	__								
Visit II Required?	__	Yes	__	No												
Date of Visit II	__	__	/	__	__	/	__	__								
Family Completed?	__	Yes	__	No												

SMOKING CONNECTION STUDY

PARTICIPANT INFORMATION FORM

Today's Date: _____

Social Security #: _____

Please Circle: Mr. Mrs. Ms. Sex: Male Female

Name: _____
(First) (Middle Initial) (Last)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home# _____ Work# _____

Date of Birth: Month: _____ Day: _____ Year: _____

Race: African-American _____ Caucasian _____ Other _____

Occupation: _____ Years of School: _____

Employer: _____

Marital Status (circle one):

Single Married Widowed Separated Divorced

Father's Full Name: _____ Birthday: _____

Mother's Maiden Name: _____ Birthday: _____

Have you ever been in one of our studies before? No _____ Yes _____

If so, which study? _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____

Relationship to You: _____

Address: _____

Telephone: Home# _____ Work# _____

NICOTINE DEPENDENCE QUESTIONNAIRE (NDQ)
(MODIFIED FAGERSTROM TOLERANCE QUESTIONNAIRE)

Please make one selection for each question. (*Interviewer Note: Read questions and choices.*)

1. How many cigarettes a day do you usually smoke? _____
 - 1 to 10 0 points
 - 11 to 20 1 point
 - 21 to 30 2 points
 - 31 or more 3 points

2. How soon after you wake up do you smoke your first cigarette?
 - Within less than 5 minutes 3 points
 - Within 6 – 30 minutes 2 points
 - Within 31 – 60 minutes 1 point
 - After 60 minutes 0 points

3. Do you smoke more during the first two hours of the day than during the rest of the day?
 - No 0 points
 - Yes 1 point

4. Which cigarette would you most hate to give up?
 - The first cigarette in the morning 1 point
 - Any other cigarette than the first one 0 points

5. Do you find it difficult to refrain from smoking in places where it is forbidden, such as public buildings, on airplanes or at work?
 - No 0 points
 - Yes 1 point

6. Do you still smoke even when you are so ill that you are in bed most of the day?
 - No 0 points
 - Yes 1 point

TOTAL: _____

ID# _____

SMOKING CONNECTION STUDY

SUPPLEMENTAL QUESTIONNAIRE

MENTAL HEALTH

Now I am going to ask you some questions about your emotions, nerves and mental health.

1. Have you ever been in treatment for an emotional problem or your nerves?
Yes No
1a. What kind of treatment? **Outpatient Inpatient**
1b. Where did you get treatment? _____
2. Have you ever been given a mental health diagnosis such as Major Depressive Disorder, Bipolar Disorder (manic depression), Schizoaffective Disorder or Schizophrenia?
Yes No
2a. If yes, which one? _____
3. Have you ever taken medications for emotional problems? Yes No
3a. Names of medications (check drug exclusion list): _____

4. Have you ever attempted suicide? Yes No
5. Do you have a case manager? Yes No
5a. Where? _____
6. Do you receive Social Security, disability or SSI? Yes No
6a. For what? _____

SUBSTANCES

1. Have you ever used marijuana, cocaine ("crack") or any drugs, or abused prescription drugs?
Yes* No
Examples: Amphetamine ("speed"), heroine, LSD, uppers, downers, hallucinogens, etc.
2. Have you ever attended Narcotics Anonymous, Cocaine Anonymous meetings or received treatment to help you stop using drugs?
Yes* No
3. Have you ever been to an Alcoholics Anonymous meeting or received treatment to help you stop drinking?
Yes* No

*If Yes to Substance Questions 1 or 2, give DAST **AND** Drug Use 3-Months and 12-Months Follow-Back Calendars.

*If Yes to Substance Question #3, give Alcohol 3-Months and 12-Months Follow-Back Calendars.

Drug Abuse Screening Test (DAST)

Script: Now I would like to ask you some more questions about your use of drugs. By drugs, I mean any street drugs or a prescription medication that you took more than prescribed, or a prescription medicine that was not prescribed for you. Remember, when we are talking about drugs, please do not include drugs that you took only as prescribed.

C.35 *Have you used drugs other than those required for medical reasons?*

Yes.....01
No.....02
DK.....98
RF.....99

C.36 *Have you abused prescription drugs?*

Yes.....01
No.....02
DK.....98
RF.....99

C.37 *Do you abuse more than one drug at a time?*

Yes.....01
No.....02
DK.....98
RF.....99

C.38 *Can you get through the week without using drugs (other than those required for medical reasons)?*

Yes.....01
No.....02
DK.....98
RF.....99

C.39 *Are you always able to stop using drugs when you want to?*

Yes.....01
No.....02
DK.....98
RF.....99

C.40 Have you had "blackouts" or "flashbacks" as a result of drug use?

Yes.....01
No.....02
DK.....98
RF.....99

C.41 Do you ever feel bad about your drug abuse?

Yes.....01
No.....02
DK.....98
RF.....99

**C.42 Does your spouse or parents ever complain about your involvement with drugs?
(This would also include a boyfriend or girlfriend you live with.) (IF SAYS NO
SPOUSE OR LIVING PARENTS CODE"NO".)**

Yes.....01
No.....02
DK.....98
RF.....99

**C.43 Has drug abuse ever created problem between you and your spouse? (This would
also include a boyfriend or girlfriend you live with.) (IF SAYS NEVER HAD SPOUSE
CODE"NO".)**

Yes.....01
No.....02
DK.....98
RF.....99

C.44 Have you ever lost friends because of your use of drugs?

Yes.....01
No.....02
DK.....98
RF.....99

C.45 Have you ever neglected your family or missed work because of your use of drugs? (IF NEVER WORKED AND NO FAMILY, CODE "NO".)

Yes.....01
No.....02
DK..... 98
RF.....99

C.46 Have you ever been in trouble at work because of drug abuse? (IF NEVER WORKED, CODE "NO".)

Yes.....01
No.....02
DK..... 98
RF.....99

C.47 Have you ever lost a job because of drug abuse? (IF NEVER WORKED, CODE "NO".)

Yes.....01
No.....02
DK.....98
RF..... 99

C.48 Have you gotten into fights when under the influence of drugs? (By fights, I mean physical fights.)

Yes.....01
No.....02
DK..... 98
RF.....99

C.49 Have you engaged in illegal activities in order to obtain drugs?

Yes.....01
No.....02
DK..... 98
RF.....99

C.50 Have you ever been arrested for possession of illegal drugs?

Yes.....01
No.....02
DK..... 98
RF.....99

C.51 *Have you ever experienced withdrawal symptoms as a result of heavy drug intake? (That is, after you stopped taking drugs for a few hours or overnight, did you ever have problems such as felt nauseous, depressed, your hand shook or sweated a lot, were restless or had trouble sleeping?)*

Yes.....01
No.....02
DK..... 98
RF.....99

C.52 *Have you had medical problems as a result of your drug abuse such as memory loss, hepatitis, convulsions, &/or bleeding?*

Yes.....01
No.....02
DK..... 98
RF.....99

C.53 *Have you ever gone to anyone for help for a drug problem?*

Yes.....01
No.....02
DK..... 98
RF.....99

C.54 *Have you ever been involved in a treatment program specifically related to drug use?*

Yes.....01
No.....02
DK..... 98
RF.....99

Total DAST Score: _____

(Scoring: 1 point added for each box response)

Alcohol 3-Month and 12-Month Follow-Back Calendars

(UT CJD, 1998 & Buckholz et al., 1994, 1995; Hesselbrock et al., 1999)

NOTE: Complete this section of the instrument only if indicated by the Supplemental Questionnaire.

"What is the largest number of drinks you have ever had in a 24-hour period?"* _____

Continue Script: Now I'd like to ask about any alcohol you drank in the 3 calendar months before this interview today on (Date: ___/___/___) and one year ago (12 calendar months before the interview date). This would be the months of (current month, past month, and month before that).

Show the respondent a calendar. Point out the current interview month, the prior calendar month and the calendar month before that. Starting with the month interviewed in this study and moving backward in time, ask the same set of questions for each month. Then point out the calendar month 1 year ago and ask the same set of questions for that month.

1 a. Before this interview (date), what kind of alcohol did you drink during the current month? (Circle response in appropriate column on Alcohol Use Chart below. Prompt for other Types of Alcohol: *How about malt liquor? How about wine? How about hard liquor?*)

2a. (Go back to first Type of Alcohol used for Current Calendar Month.)
Before this interview today (Date), on a day when you were drinking in (Month), how much (Type of Alcohol) did you drink?

- When discussing Hard Liquor, Probe whether one drink means a mixed drink or straight alcohol. One Mixed Drink and/or one Shot equal one ounce.
- If Straight Alcohol, Record number of ounces in the glass.
- If Single Amount, not range given, Record in boxes on right. Circle Unit of Measure.
- If participant gives Range such as 5-6 bottles per day, Record range. Prompt to see if Low as well as High of range is given. For example, Ask: *Before this interview today (Date), on the day that you drank the least/most) in (Month), did you drink (less/more) than (Low/High End of Range) that day?*

Repeat 2a for Each Type of Alcohol used during the month, then go on to ask 3a.

3a. Before this interview today (Date), how many days during (Month) did you drink alcohol? (if unsure, Ask: *You can just give your best idea. About how many days, would you say?*) Record Days in appropriate spaces in Alcohol Use Chart below.

A. Alcohol Use Chart (Current Month of Interview)			
Type:	<u>Beer/Malt Liquor</u>	<u>Wine</u>	<u>Hard Liquor</u>
1 a. Used?	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99
2a. How much?	□□□-□□□	□□□-□□□	□□□-□□□
	Bottles* 01 Glasses 02 Pints 03 Quarts 04	Glasses 01 Pints 02 Liters 03 Gallons 04	Ounces 01 Fifths 02 Pints 03 Liters 04
3a. Days, any alcohol during this month, before today?	___		

*If bottles or cans, Ask size. If 12 oz. Cans, Circle bottles. If >12 oz., Circle pints or quarts appropriately.

ALCOHOL LAST CALENDAR MONTH

1b. What kind of alcohol did you drink during (Last Month)? (Circle response in appropriate column on Alcohol Use Chart below. *Prompt for other Types of Alcohol: How about beer or malt liquor? How about wine? How about hard liquor?*)

2b. (Go back to first Type of Alcohol used for this Calendar Month.)

On a day when you were drinking in (Last Month), how much (Type of Alcohol) did you drink?

- When discussing Hard Liquor, *Probe whether one drink means a mixed drink or straight alcohol. One Mixed Drink and/or one Shot equal one ounce.*
- If Straight Alcohol, Record number of ounces in the glass.
- If Single Amount, not range given, Record in boxes on right. Circle Unit of Measure.
- If participant gives Range such as 5-6 bottles per day, Record range. Prompt to see if Low as well as High of range is given. For example, Ask: *What about on the day that you drank the (least/most) in (Last Month), did you drink (less/more) than (Low/High End of Range) on that day?*

Repeat 2b for Each Type of Alcohol used during the month, then go on to ask 3b.

3b. How many days during (Last Month) did you drink any alcohol? (*If unsure, Ask: You can just give your best idea. About how many days, would you say?*) Record Days in appropriate spaces in Alcohol Use Chart below.

B. Alcohol Use Chart (Last Calendar Month)			
Type:	<u>Beer/Malt Liquor</u>	<u>Wine</u>	<u>Hard Liquor</u>
1b. Used?	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99
2b. How much?	<div style="text-align: center;">□□□-□□□</div> <div style="display: flex; justify-content: space-around; font-size: small;"> Bottles* 01 Glasses 02 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Pints 03 Quarts 04 </div>	<div style="text-align: center;">□□□-□□□</div> <div style="display: flex; justify-content: space-around; font-size: small;"> Glasses 01 Pints 02 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Liters 03 Gallons 04 </div>	<div style="text-align: center;">□□□-□□□</div> <div style="display: flex; justify-content: space-around; font-size: small;"> Ounces 01 Fifths 02 </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Pints 03 Liters 04 </div>
3b. Days, any alcohol during last month? ___ ___			

*If bottles or cans, *Ask size. If 12 oz. Cans, Circle bottles. If >12 oz., Circle pints or quarts appropriately.*

ALCOHOL 2 CALENDAR MONTHS AGO

- 1c. What kind of alcohol did you drink during (2 Months Ago)? (Circle response in appropriate column on Alcohol Use Chart below. *Prompt for other Types of Alcohol: How about beer or malt liquor? How about wine? How about hard liquor?*)
- 2c. (Go back to first Type of Alcohol used for this Calendar Month.)
On a day when you were drinking in (2 Calendar Months Ago), how much (Type of Alcohol) did you drink?

- When discussing Hard Liquor, Probe whether one drink means a mixed drink or straight alcohol. One Mixed Drink and/or one Shot equal one ounce.
- If Straight Alcohol, Record number of ounces in the glass.
- If Single Amount, not range given, Record in boxes on right. Circle Unit of Measure.
- If participant gives Range such as 5-6 bottles per day, Record range. Prompt to see if Low as well as High of range is given. For example, Ask: *What about on the day that you drank the least/most) in (2 Months Ago), did you drink (less/more) than (Low/High End of Range) that day?*

Repeat 2c for Each Type of Alcohol used during the month *before last*, then go on to ask 3c.

- 3c. How many days during (2 Months Ago) did you drink any alcohol? (*if unsure, Ask: You can just give your best idea. About how many days, would you say?*) Record Days in appropriate spaces in Alcohol Use Chart below.

C. Alcohol Use Chart (2 Calendar Months Ago)					
Type:	<u>Beer/Malt Liquor</u>	<u>Wine</u>	<u>Hard Liquor</u>		
1c. Used?	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99	Yes.....01 No.....02 DK/RF...98/99		
2c. How much?	□□□-□□□ Bottles* 01 Glasses 02 Pints 03 Quarts 04	□□□-□□□ Glasses 01 Pints 02 Liters 03 Gallons 04	□□□-□□□ Ounces 01 Fifths 02 Pints 03 Liters 04		
3c. Days, any alcohol during (Month 2 months ago)? ___ ___					

*If bottles or cans, *Ask Size*. If 12 oz. Cans, *Circle bottles*. If >12 oz., *Circle pints or quarts* appropriately.

ALCOHOL 12 CALENDAR MONTHS AGO

- 1d. What kind of alcohol did you drink during (12 Months Ago)? (Circle response in appropriate column on Alcohol Use Chart below. *Prompt for other Types of Alcohol: How about beer or malt liquor? How about wine? How about hard liquor?*)
- 2d. (Go back to first Type of Alcohol used for this Calendar Month.)
On a day when you were drinking in (12 Calendar Months Ago), how much (Type of Alcohol) did you drink?

- When discussing Hard Liquor, Probe whether one drink means a mixed drink or straight alcohol. One Mixed Drink and/or one Shot equal one ounce.
- If Straight Alcohol, Record number of ounces in the glass.
- If Single Amount, not range given, Record in boxes on right. Circle Unit of Measure.
- If participant gives Range such as 5-6 bottles per day, Record range. Prompt to see if Low as well as High of range is given. For example, Ask: *What about on the day that you drank the least/most) in (2 Months Ago), did you drink (less/more) than (Low/High End of Range) that day?*

Repeat 2d for Each Type of Alcohol used during the month 12 months ago, then ask 3d.

- 3d. How many days during (12 Months Ago) did you drink any alcohol? (*If unsure, Ask: You can just give your best idea. About how many days, would you say?)* Record Days in appropriate spaces in Alcohol Use Chart below.

D. Alcohol Use Chart (12 Calendar Months Ago)						
Type:	<u>Beer/Malt Liquor</u>		<u>Wine</u>		<u>Hard Liquor</u>	
1d. Used?	Yes.....01		Yes.....01		Yes.....01	
	No.....02		No.....02		No.....02	
	DK/RF...98/99		DK/RF...98/99		DK/RF...98/99	
2d. How much?	□□□-□□□		□□□-□□□		□□□-□□□	
	Bottles* 01	Glasses 02	Glasses 01	Pints 02	Ounces 01	Fifths 02
	Pints 03	Quarts 04	Liters 03	Gallons 04	Pints 03	Liters 04
3d. Days, any alcohol during (Month 1 year ago)?	___					

*If bottles or cans, Ask Size. If 12oz. Cans, Circle bottles. If >12oz., Circle pints or quarts appropriately.

After Alcohol Charts completed, Ask 4d.

- 4d. At what age did you first drink alcohol?

___ Years old

Drug Use 3 Month and 12 Month Follow-Back

NOTE: Complete this section of the instrument only if indicated by the Supplemental Questionnaire.

Script: The next questions will be about your use of drugs. By drugs, I mean any street drugs or a prescription medication that you took more than was prescribed, or a prescription medicine that was not prescribed for you. Remember, when we are talking about drugs, please do not include drugs that you took only as prescribed.

Now I'd like to ask you about any drugs you used in the 3 Calendar Months before this interview today (Date), and the month 1 year ago. These are the same months we just talked about for alcohol.

(Starting with the current Interview Month and moving backward, ask the following same set of questions for each month.)

5a. Before this interview today (Date), what kinds of drugs did you use during the current month of (Month)? Circle responses in Drug Use Chart below.

Prompt for other drug types: How about Cocaine or Crack? How about Sedatives? Repeat other prompts until you get the response: No Others.

6a. Before this interview today (Date), how many days during the current month of (Month) did you use any of these drugs?

(If unsure, Ask: You can just give me your best idea. About how many days, would you say?) Record days in appropriate spaces at bottom of Drug Use Chart below.

DRUG USE CHART (CURRENT INTERVIEW MONTH)				
Kind	5a. Used?			
	Yes	No	DK	RF
A. Marijuana/Hashish	01	02	98	99
B. Cocaine/Crack	01	02	98	99
C. Sedatives	01	02	98	99
D. Stimulants	01	02	98	99
E. Opiates	01	02	98	99
F. Psychedelics	01	02	98	99
G. Inhalants	01	02	98	99
H. Other: Specify _____	01	02	98	99
6a. Days during the current month (any of these drugs)? ___ ___				

DRUG USE LAST CALENDAR MONTH

5b. What kinds of drugs did you use during last month (Month)? Circle responses in Drug Use Chart below.

Prompt for other drug types: How about Cocaine or Crack? How about Sedatives? Repeat other prompts until you get the response: No Others.

6b. How many days during last month (Month) did you use any of these drugs?

(If unsure, Ask: You can just give me your best idea. About how many days, would you say?) Record days in appropriate spaces at bottom of Drug Use Chart below.

DRUG USE CHART (LAST CALENDAR MONTH)				
<u>Kind</u>	<u>5b. Used?</u>			
	Yes	No	DK	RF
A. Marijuana/Hashish	01	02	98	99
B. Cocaine/Crack	01	02	98	99
C. Sedatives	01	02	98	99
D. Stimulants	01	02	98	99
E. Opiates	01	02	98	99
F. Psychedelics	01	02	98	99
G. Inhalants	01	02	98	99
H. Other: Specify _____	01	02	98	99
6b. Days during last calendar month (any of these drugs)? ___ ___				

DRUG USE 2 CALENDAR MONTHS AGO

5c. What kinds of drugs did you use during (2 Months Ago)? Circle responses in Drug Use Chart below.

Prompt for other drug types: How about Cocaine or Crack? How about Sedatives? Repeat other prompts until you get the response: No Others.

6c. How many days during (2 Months Ago) did you use any of these drugs?

(If unsure, Ask: You can just give me your best idea. About how many days, would you say?)
Record days in appropriate spaces at bottom of Drug Use Chart below.

DRUG USE CHART (2 CALENDAR MONTHS AGO)				
Kind	5c. Used?			
	Yes	No	DK	RF
A. Marijuana/Hashish	01	02	98	99
B. Cocaine/Crack	01	02	98	99
C. Sedatives	01	02	98	99
D. Stimulants	01	02	98	99
E. Opiates	01	02	98	99
F. Psychedelics	01	02	98	99
G. Inhalants	01	02	98	99
H. Other: Specify _____	01	02	98	99

6c. Days (any of these drugs) during (Month Before Last)? ____ ____

DRUG USE 12 CALENDAR MONTHS AGO

5d. What kinds of drugs did you use during (12 Months Ago)? Circle responses in Drug Use Chart below.

Prompt for other drug types: How about Cocaine or Crack? How about Sedatives? Repeat other prompts until you get the response: No Others.

6d. How many days during (12 Months Ago) did you use any of these drugs?

(If unsure, Ask: You can just give me your best idea. About how many days, would you say?) Record days in appropriate spaces at bottom of Drug Use Chart below.

DRUG USE CHART (12 CALENDAR MONTHS AGO)				
Kind	5d. Used?			
	Yes	No	DK	RF
A. Marijuana/Hashish	01	02	98	99
B. Cocaine/Crack	01	02	98	99
C. Sedatives	01	02	98	99
D. Stimulants	01	02	98	99
E. Opiates	01	02	98	99
F. Psychedelics	01	02	98	99
G. Inhalants	01	02	98	99
H. Other: Specify _____	01	02	98	99

6d. Days (any of these drugs) during (Month 1 year ago)? ____ ____
--

After Drug Charts completed, Ask 7d.

7d. At what age did you first use street drugs or take prescription medication more than it was prescribed or prescription medicine not prescribed for you?

____ ____ Years old

SMOKING CONNECTION STUDY

MODIFIED SCID

◇ DEMOGRAPHY

A.1. Time Interview Began: _____ : _____ AM/PM

A.2. **FIELD CODE:**

1 Affected sibling (has nicotine dependence and is a member of the Proband/sib pair)

2 Parent of Affected Sibling (is a parent of a nicotine-dependent sib pair)

3 Child of Affected Sibling (not possible in this study)

4 Other Relative, specify: _____ (may use for unaffected siblings)

A.3. **FIELD CODE OR ASK:** What is your date of birth? / ____ / ____
(Month/Day/Year)

A.4. **ASK INDEX SIBLING ONLY (THE PERSON WHO INITIALLY CONTACTED THE STUDY)**
How did you hear about this study? **PROBES:** Did you read about it? Did you see an ad on TV? When was that? _____

A.5. In which countries did your ancestors live **before coming to the US?**
(If unsure, please select 24.)

EXAMPLE: If all your maternal relatives came from England and your paternal grandmother came from Italy and grandfather came from France, you'd say 7, 8 and 13 for England France and Italy.
(FIELD CODE; LIST UP TO FOUR.)

Country/Region 1 _____

Country/Region 2 _____

Country/Region 3 _____

Country/Region 4 _____

0 = Africa, sub-Saharan
1 = Africa, western Africa
2 = American Indian
3 = Asia (Japan, China, etc.)

4 = Austria
5 = Belgium
6 = Czechoslovakia
7 = England, Wales
8 = France
9 = Germany

10 = Holland
11 = Hungary
12 = Ireland

13 = Italy
14 = Mexico

15 = Near East (Egypt, Syria, etc.)

16 = Other European (Greece, Bulgaria, etc.)

17 = Other Hispanic (Puerto Rico, Cuba, etc.)

18 = Poland

19 = Russia (and other former U.S.S.R.)

20 = Scandinavia (Denmark, Norway, Sweden, etc.)

21 = Scotland

22 = Arabia

23 = Other (Specify)

24 = Not sure

◇ **CAFFEINE**

First, I'd like to ask about your use of caffeine.

1.25 *How often do you drink caffeinated beverages such as coffee, tea or soft drinks with caffeine? Would you say ...*

- 1 EVERY DAY
- 2 SEVERAL DAYS PER WEEK
- 3 ONCE A WEEK
- 4 1-3 TIMES PER MONTH
- 5 LESS THAN ONCE A MONTH
- 6 NEVER (GO TO 1.27)

1.26 *During the past year, when you drank caffeinated beverages, how many cups of coffee or tea or glasses of caffeinated soda did you usually have in a day?*

_____ #SERVINGS

1.27 *Has there ever been a time when you drank caffeinated beverages more often than you have during the past year?*

- 1 YES
- 5 NO (GO TO TOBACCO, 1.31)

1.28 *How old were you when you drank caffeinated beverages the most?*

_____ YEARS OLD

1.29 *During that year, how often did you drink caffeinated beverages? Would you say...*

- 1 EVERY DAY
- 2 SEVERAL DAYS PER WEEK
- 3 ONCE A WEEK
- 4 1-3 TIMES PER MONTH
- 5 LESS THAN ONCE A MONTH

1.30 *During that year, when you drank caffeinated beverages the most, how many cups of coffee or tea or glasses of caffeinated soda did you usually have in a day?*

_____ #SERVINGS

◇ **TOBACCO**

Now I would like to ask some questions about your use of tobacco.

1.31 *Have you ever smoked cigarettes, cigars or pipe tobacco, or used chewing tobacco or snuff?*

- 1 YES
- 5 NO **Probe: Not even once? (IF NO, GO TO M.1, PAGE 25)**

1.32 *Have you ever smoked or used tobacco regularly for at least a month?*

- 1 YES **(GO TO 1.32a)**
- 5 NO **(GO TO 1.32b)**

1.32a *How old were you when you began to use tobacco regularly?*

_____ YEARS **(GO TO 1.33)**

1.32b *What is the greatest number of cigarettes, cigars, pipes, dips of snuff or chaws of chewing tobacco that you have ever had during a week? **CODE ALL THAT APPLY***

_____ CIGARETTES _____ DIPS
_____ CIGARS _____ CHAWS
_____ PIPES **(GO TO M.1, Page 25)**

1.33 *When you used tobacco regularly, did you use cigarettes, cigars, pipes, chewing tobacco or snuff?*

- 1 CIGARETTES ONLY **(GO TO 1.33a)**
- 2 CIGARETTES + CIGAR/PIPE/CHEW OR SNUFF **(GO TO 1.33b)**
- 3 CIGAR/PIPE/CHEWING TOBACCO OR SNUFF ONLY **(GO TO 1.33c)**

1.33a *When you were smoking, on average how many cigarettes would you smoke per day?*

_____ #CIGARETTES **(GO TO 1.34)**

1.33b *When you smoked cigarettes, on average how many cigarettes would you smoke per day?*

_____ #CIGARETTES **(GO TO 1.33d)**

1.33c *When you (smoked/used tobacco) on average how much would you (smoke/use) per day? **(CODE ALL THAT APPLY; IF USED DIFFERENT FORMS AT DIFFERENT TIMES, CODE FOR TIME OF MOST TYPICAL USE):***

_____ CIGARS _____ PIPES
_____ DIPS _____ CHAWS **(GO TO 1.34, next page)**

1.33d *When you smoked pipes/smoked cigars/chewed tobacco on average how much would you smoke/use per day? **CODE ALL THAT APPLY; IF USED DIFFERENT FORMS AT DIFFERENT TIMES, CODE FOR TIME OF MOST TYPICAL USE:***

_____ CIGARS _____ PIPES
_____ DIPS _____ CHAWS

Note: Questions 1.33a-e are referring to the age at which the participant first began to smoke regularly, the same age as answered to question 1.32a.

1.33e Was your use of (pipes/cigars/snuff/chewing tobacco) at the same time or a different time from your use of cigarettes?

- 1 SAME
- 2 DIFFERENT

1.34 Do you currently (smoke/use tobacco) regularly?

- 1 YES (GO TO 1.35)
- 5 NO (GO TO 1.35a)

1.35 During the last year, on average, how many (cigarettes/cigars/pipes/dips/chaws) would you have per day? **CODE ALL THAT APPLY**

- _____ CIGARETTES
- _____ CIGARS
- _____ PIPES
- _____ DIPS
- _____ CHAWS

1.35a How old were you when you last (smoked/used tobacco) regularly?

_____ YEARS

1.36 I would now like to ask you some questions about your (smoking/tobacco use) during the time in your life when you were using tobacco the most heavily. How old would you have been at that time? (IF OVER A PERIOD OF TIME, RECORD AGE AT WHICH BEGAN TO SMOKE/USE HEAVILY)

_____ YEARS

1.37 During the time when you (smoked/used tobacco) most heavily, on average, how many (cigarettes/cigars/pipes/dips/chaws) would you have per day? **CODE ALL THAT APPLY**

- _____ CIGARETTES
- _____ CIGARS
- _____ PIPES
- _____ DIPS
- _____ CHAWS

1.38 During the time when you (smoked/used tobacco) most heavily, how soon after you awoke did you (smoke/use tobacco)?

_____ MINUTES or _____ HOURS

1.39 During this time when you (smoked/used tobacco) most heavily, how often would you check to make sure that you had (cigarettes/cigars/tobacco) around to (smoke/use)? Would you say...

- 1 OFTEN
- 3 SOMETIMES
- 5 RARELY
- 7 NEVER

1.40 During this time when you (smoked/used tobacco) most heavily, if you didn't (smoke/use tobacco) for a period of time, how strong would your craving get for another (cigarette/cigar/pipe/dip/chaw)? Would you say ...

- b. VERY STRONG
- c. STRONG
- d. MODERATE
- 4 HARDLY ANY

1.41 *During this time when you (smoked/used tobacco) most heavily, how difficult did you find it to refrain from (smoking/using it) in places where it was forbidden? Would you say...*

- 1 VERY DIFFICULT
- 3 SOMEWHAT DIFFICULT
- 5 A LITTLE DIFFICULT
- 7 NOT DIFFICULT AT ALL

1.42 *During this time when you (smoked/used tobacco) most heavily, would you (smoke/use tobacco) when you were so ill that you were in bed most of the day?*

- 1 YES
- 5 NO

1.43 *During this time, when you (smoked/used tobacco) most heavily, would you (smoke/use tobacco) more during the morning than the rest of the day?*

- 1 YES
- 5 NO

1.44 *During this time when you (smoked/used tobacco) most heavily, which (cigarette/cigar/pipe/dip/chaw) of the day would be the most satisfying? Would it be the first?*

- 1 FIRST
- 5 OTHER
- 7 NOT SURE

1.45 ****CHECKPOINT: DID PARTICIPANT SMOKE CIGARETTES, CIGARS OR PIPES DURING PERIOD OF HEAVIEST USE?**

- 1 CIGARETTES ONLY OR CIGARETTES + OTHER (GO TO 1.46)
- 2 CIGARS, PIPES OR COMBINATIONS (GO TO 1.46a)
- 3 CHEWING TOBACCO OR SNUFF ONLY (GO TO 1.48)

1.46 *During the time when you smoked most heavily, how often did you inhale? Would you say...*

- 1 ALWAYS
- 3 SOMETIMES
- 5 NEVER (GO TO 1.47)

1.46a *During this time when you smoked most heavily, how often did you inhale? Would you say...*

- 1 ALWAYS
- 2 SOMETIMES
- 3 NEVER (GO TO 1.48)

1.47 *During this time when you smoked most heavily, did you smoke a brand that was low, medium or high in nicotine?*

- 1 LOW NICOTINE
- 3 MEDIUM NICOTINE
- 5 HIGH NICOTINE
- 9 DON'T KNOW

1.48 **CHECKPOINT: DOES PARTICIPANT CURRENTLY SMOKE OR USE TOBACCO?

- 1 YES (GO TO 1.49)
- 5 NO (GO TO 1.50)

1.49 Have you ever seriously attempted to stop (smoking/using tobacco)?

- 1 YES
- 2 NO (GO TO 1.53c)

1.50 How many times in your life have you seriously tried to stop (smoking/using tobacco)?

_____ TIMES

1.51 How depressed did you get when you tried to quit (smoking)? Would you say...

- 1 VERY
- 2 SOMEWHAT
- 5 A LITTLE
- 7 HARDLY AT ALL

1.52 How nervous, jittery or irritable did you get when you tried to quit (smoking)?

- 1 VERY
- 2 SOMEWHAT
- 5 A LITTLE
- 7 HARDLY AT ALL

1.53 Have you ever gone to a professional to help you stop (smoking/using tobacco)?

- 1 YES (GO TO 1.53a)
- 5 NO (GO TO 1.53b)

1.53a Whom did you see? **CODE ALL THAT APPLY**

- 1 REGULAR M.D.
- 2 MENTAL HEALTH PROFESSIONAL
- 3 STOP SMOKING CLINIC/WORKSHOP
- 4 HYPNOTIST
- 5 OTHER (SPECIFY):

1.53b Have you ever used nicotine chewing gum or patches to help you stop (smoking/using tobacco)?

- 1 YES
- 5 NO

1.53c **IF CURRENT SMOKER:** Altogether, over your entire life, how long have you (smoked/used tobacco) regularly?

IF EX-SMOKER: Altogether, over your entire life, how long have you (smoked/used tobacco) regularly?

_____ MONTHS or _____ YEARS

COMPLICATIONS OF NICOTINE USE

1.54 *I'd next like to ask about some physical problems that are sometimes associated with tobacco use. Have you ever had ... (PROBES: DID YOU SEE A DOCTOR FOR THIS? WHAT DID THE DOCTOR SAY?)*

	<i>No known problem</i>	<i>Suspected but not confirmed</i>	<i>Problem confirmed medically</i>
<i>1.54a</i> <i>Coronary artery disease or a heart attack</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>1.54b</i> <i>Chronic bronchitis or emphysema</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>1.54c</i> <i>Any cancer</i>	<i>1</i>	<i>2</i>	<i>3</i>
<i>1.54d</i> <i>Stomach ulcer</i>	<i>1</i>	<i>2</i>	<i>3</i>

◇ **MAJOR DEPRESSIVE DISORDER**

Now, I would like to ask you some questions about some experiences you may have had at any point in your life. Since these questions cover a long time period, please take your time to think back over your entire life before answering. Accurate responses are very important for this study.

M.1 Looking back over your entire life, have you ever had a time when you were feeling depressed or down **for at least 7 days in a row**?

- 1 YES (GO TO M.1a) *
- 5 NO – What about a time lasting **at least 7 days** when you were ... (GO TO M.2)

M.1a I'd now like to ask you some questions about the time in your life when these feelings were at their worst. However, we would prefer to talk about times when they were not the result of your being sick, taking medicines or grieving over the death of someone close to you. **Can you remember a time when these feelings of being depressed or down were at their worst, but they were not a result of illness, medication or grief?**

RECORD CONTEXT: _____

IMPORTANT: (IF ONLY EPISODES RELATED TO ILLNESS, MEDICINES OR GRIEVING, EXPLORE. IF YOU JUDGE TO BE NON-PATHOLOGICAL, THEN CHANGE SCORING OF M.1 TO "NO", DOCUMENT AND PROCEED.) (If unsure whether pathological, seek psychiatric consultation for assistance.)

At that time (when things were at their worst) were you...(GO TO M.2)

M.2 ...uninterested in things or unable to enjoy the things you used to?

- 1 YES (GO TO M.2b) *
- 5 NO (GO TO M.2a)

M.2a **CHECKPOINT:

- 1 YES TO M.1 (GO TO M.3)
- 5 NO TO M.1 (GO TO SECTION O, go to page 29)

M.2b **CHECKPOINT:

- 1 YES TO M.1 (GO TO M.3)
- 5 NO TO M.1: I'd now like to ask you some questions about the time in your life when this loss of interest or pleasure was at its worst. However, we would prefer to talk about times when these feelings were not the result of your being sick, taking medicines or grieving over the death of someone close to you. Can you remember a time when these feelings of loss of interest or pleasure were at their worst but they were not a result of illness, medication or grief?

RECORD CONTEXT: _____

(IF ONLY EPISODES RELATED TO ILLNESS, MEDICINES OR GRIEVING, EXPLORE. IF YOU JUDGE TO BE NON-PATHOLOGICAL, THEN CHANGE SCORING OF M.2 TO "NO", DOCUMENT AND PROCEED.)

M.3 During this time (when things were at their worst) did your weight change? (PROBES: How much? Did you gain or lose weight? Were you dieting?) **FIELD CODE:**

- 1 LOST 3 OR MORE POUNDS*
- 2 LOST LESS THAN 3 POUNDS*
- 3 NO WEIGHT CHANGE OR ONLY WHEN DIETING
- 4 BOTH GAINED AND LOST 3 OR MORE POUNDS*
- 5 GAINED LESS THAN 3 POUNDS*
- 6 GAINED 3 OR MORE POUNDS*

M.4 During that time (when things were at their worst) did your appetite change? (PROBES: Did you have to force yourself to eat? Did you eat more or less than usual?) **FIELD CODE:**

- 1 SIGNIFICANT DECREASE IN APPETITE*
- 2 NO CHANGE IN APPETITE
- 3 SIGNIFICANT INCREASE IN APPETITE*
- 5 BOTH SIGNIFICANT DECREASE AND INCREASE IN APPETITE*

M.5 During that time (when things were at their worst) how were you sleeping? (PROBES: Trouble falling asleep, trouble staying asleep, sleeping too much? Was it nearly every night?) **FIELD CODE:**

- 1 INSOMNIA*
- 2 NO SLEEP DIFFICULTY
- 3 HYPERSOMNIA*
- 4 BOTH SIGNIFICANT INSOMNIA AND HYPERSOMNIA*

M.6 During that time (when things were at their worst) were you so fidgety or restless that you had trouble sitting still? How about the opposite, talking or moving more slowly than is normal for you? (PROBE: If I had seen you, would I have noticed it?) **FIELD CODE:**

- 1 PSYCHOMOTOR RETARDATION*
- 2 NO PSYCHOMOTOR CHANGE
- 3 PSYCHOMOTOR AGITATION*
- 4 BOTH RETARDATION AND AGITATION*

M.7 During that time (when things were at their worst) what was your energy like? (PROBE: Were you tired or fatigued most of the time?) **FIELD CODE:**

- 1 FATIGUE, LOSS OF ENERGY*
- 5 NO FATIGUE

M.8 During that time (when things were at their worst) did you feel worthless or guilty about things? (DON'T RATE IF ONLY SELF-REPROACH FOR BEING SICK) **FIELD CODE:**

- 1 FEELING GUILTY/WORTHLESS*
- 5 NO FEELINGS OF GUILT/WORTHLESSNESS

M.9 During that time (when things were at their worst) did you have trouble thinking or concentrating? (PROBE: Was it hard making decisions about everyday things?) **FIELD CODE:**

- 1 DIFFICULTY THINKING/CONCENTRATING*
- 5 NO DIFFICULTY THINKING/CONCENTRATING

M.10 During that time (when things were at their worst) were you thinking a lot about death or about hurting yourself? **FIELD CODE:**

- 1 RECURRENT THOUGHTS ABOUT DEATH/SUICIDE*
- 5 NO RECURRENT THOUGHTS ABOUT DEATH/SUICIDE

M.11 **CHECKPOINT: COUNTING M.1 THROUGH M.10...

- 1 2 OR FEWER SYMPTOMS (*) PRESENT (GO TO SECTION O, PAGE 29)
- 2 3 OR MORE SYMPTOMS (*) PRESENT

M.12 How old were you when you had your first episode of depression – that is, when you felt sad or not interested in things for at least a week and had several of the other symptoms you described in (WORST EPISODE)?

_____ YEARS OLD

M.13 How many such episodes of depression have you had in your life?

_____ EPISODES

M.14 How long was the longest episode? (If < 7 days, does NOT fit criteria for MDD.)

_____ DAYS or _____ WEEKS

M.15 During the worst period, did these feelings interfere with your daily tasks (keeping house for a housewife, school for a student, work for a worker, etc.)? **FIELD CODE:**

- 1 SEVERE
- 3 MODERATE
- 5 NO IMPAIRMENT

M.15a During (this time/the worst of these times), how distressed were you by these feelings?

- 1 VERY DISTRESSED
- 2 MODERATELY DISTRESSED
- 3 SOMEWHAT DISTRESSED
- 4 NOT AT ALL DISTRESSED

M.15b For the episode we have been talking about, did something happen to make you feel that way, or did the feelings just come on you "out of the blue"?

- 1 SOMETHING HAPPENED (GO TO M.15c)
- 5 OUT OF THE BLUE (GO TO M.16)

M.15c What happened? _____

M.16 During (this time/any of these times) did you seek professional help for the way you were feeling?

- 1 YES (GO TO M.16a)
- 2 NO (GO TO SECTION O, PAGE 29)

M.16a With whom? Anyone else? (MARK ALL THAT APPLY) FIELD CODE:

- 1 **PRIEST/MINISTER**
- 2 **DOCTOR**
- 3 **PSYCHIATRIST**
- 4 **OTHER MENTAL HEALTH PROFESSIONAL**
- 5 **OTHER (DESCRIBE) _____**
- 6 **HOSPITALIZATION**

(Proband Screenee Eligibility: Must have 2 or fewer symptoms* present)

◇ **ALCOHOL**

0.36 *Now, could you tell me what your drinking habits are like? (PROBES: if says never/rarely drinks: Was there a time when you drank more than you do now? What were your drinking habits like when you were drinking the most?) FIELD CODE:*

- 1 DRINKING PROBLEM (GO TO 0.39)
- 3 NEVER/RARELY DRINKS (Modified SCID COMPLETED. Go to next instrument.)
- 5 OTHER (CONTINUE, WITH 0.37)

0.37 *Has there ever been a period in your life when you drank too much? (DO NOT COUNT SINGLE EVENTS)*

- 1 YES (GO TO 0.39)
- 2 NO (CONTINUE WITH 0.38)

0.38 *Has there ever been a period in your life when someone else objected to your drinking? (DO NOT COUNT SINGLE EVENTS) PROBE: Did they feel you had a drinking problem?*

- 1 YES (GO TO 0.39)
- 5 NO (Modified SCID COMPLETED. Go to next instrument.)

DEFINING WORST EPISODE

0.39 *Now I am going to ask you several questions about that time. (DK = Don't Know)*

	Yes	No	DK
a. <i>Did you ever spend a lot of time thinking about drinking or making sure alcohol was available?</i>	1	2	3
b. <i>Did you often find that when you started drinking you ended up drinking much more than you thought you would? (IF NO: What about drinking for a longer period than you thought you would?)</i>	1	2	3
c. <i>Did you find that you needed to drink a lot more in order to get the same effect as you did when you first started drinking? (IF NO: What about finding that when you drank the same amount, it had much less effect than before?)</i>	1	2	3
d. <i>Did you ever have the shakes when you cut down or stopped drinking (that is, your hands shook so much that other people would have been able to notice it)?</i>	1	2	3
e. <i>After not drinking for a few hours or more, did you often drink to keep from getting the shakes or getting sick?</i>	1	2	3

- | | Yes | No | DK |
|---|------------|-----------|-----------|
| f. Did you try to cut down or stop drinking and found that you were not able to? (IF NO: Did you want to stop or cut down?) | 1 | 2 | 3 |
| g. Did you have a time when you were drunk or hung over when you were doing something important, like being at school or work or taking care of children? | 1 | 2 | 3 |
| h. Did you drink so often that you started to drink instead of working or spending time with hobbies, family or friends? | 1 | 2 | 3 |
| i. Did you keep drinking even though you knew you had a physical problem or illness that was made worse by alcohol? (IF NO: What about continuing to drink when you knew it was increasing problems you were having with other people such as family, friends or co-workers?) | 1 | 2 | 3 |

O.39jCHECKPOINT: COUNTING O.39a-i**

- | | |
|---|---|
| 1 | 2 OR FEWER SYMPTOMS PRESENT (Modified SCID Completed. Go to next instrument.) |
| 2 | 3 OR MORE SYMPTOMS PRESENT (GO TO O.40) |

O.40 How old were you when you first had any of (LIST POSITIVE ALCOHOL DEPENDENCE SYMPTOMS)?

_____ YEARS

O.41 What was the longest period of time you had any of these problems?

_____ WEEKS or _____ YEARS

Note: If years, instead of weeks, note response in margin and convert to weeks after interview ended.

Alcohol Intake

- | | <u>No</u> | <u>Yes</u> | |
|---|-----------|------------|----------------------------|
| 1. Do you currently drink alcohol? | 0 | 1 | ➔ If YES, go to Question 3 |
| 2. If you do not <i>currently</i> drink alcohol, did you drink alcohol in the last month? | 0 | 1 | ➔ If NO, go to Question 8 |
| 3. Did you have your last drink in the last 24 hours? | 0 | 1 | |

4. How much of the following alcoholic beverages do you drink?

a. Beer

Number of 12 oz. cans or 12 oz. bottles per 7-day week:

b. Wine

Number of 6 oz. glasses of wine per 7-day week:

c. Liquor

Number of cocktails, highballs, straight drinks per 7-day week:

d. In a typical day when you drink, how many alcoholic drinks do you have?

- | | Daily | 3-6 days a week | 1-2 days a week | Less than once a week |
|------------------------------------|-------|-----------------|-----------------|-----------------------|
| 5. How often do you drink alcohol? | 1 | 2 | 3 | 4 |

6. When you drink alcohol, how does it affect your smoking?

(*CIRCLE ONE NUMBER*) ➔

- 0 ... I am a nonsmoker
- 1 ... My smoking greatly decreases
- 2 ... My smoking somewhat decreases
- 3 ... My smoking remains the same
- 4 ... My smoking somewhat increases
- 5 ... My smoking greatly increases

7. How old were you when you began to drink on a regular basis (that is, at least once a month for six months or more)?

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 8. Have you ever had a drinking problem? | 1 | 0 |
| 9. Have you ever had a drink first thing in the morning (“eye opener”) to steady your nerves or to get rid of a hangover? | 1 | 0 |

Use of Tobacco Products and Recreational Drugs

1. Have you ever smoked **cigars**?

2 ... Yes, recently smoked cigars

1 ... Yes, but NOT recently

0 ... No, never smoked cigars

If YES,

Brand

--

Cigars/Day

--

Age Started

2. Have you ever smoked a **pipe**?

2 ... Yes, recently smoked a pipe

1 ... Yes, but NOT recently

0 ... No, never smoked a pipe

If YES,

Brand

--

Bowls/Day

--

Age Started

3. Have you ever used **smokeless tobacco**?
(e.g., chewing tobacco or snuff)

2 ... Yes, recently used smokeless tobacco

1 ... Yes, but NOT recently

0 ... No, never used smokeless tobacco

If YES,

Brand

--

Cans/month

--

Age Started

4. Have you ever used **marijuana**?

2 ... Yes, recently used marijuana

1 ... Yes, but NOT recently

0 ... No, never used marijuana

If YES,



--

of times/month

--

Age Started

5. Have you ever used **cocaine**?

2 ... Yes, recently used cocaine

1 ... Yes, but NOT recently

0 ... No, never used cocaine

If YES,



--

of times/month

--

Age Started

Personal Smoking History

- Yes No
1. Have you ever smoked even a single cigarette? 1 0 ➔ Go to Page 45
2. What is your current smoking Status? (*CIRCLE ONE NUMBER*)
- 1 ... I am currently a regular smoker ➔ Go to Question 4
 - 2 ... I am currently an occasional smoker ➔ Go to Page 45
 - 3 ... I am a former regular smoker ➔ Go to Question 3
 - 4 ... I am a former occasional smoker ➔ Go to Page 45
 - 5 ... I have never smoked on a regular basis ➔ Go to Page 45
3. If you are a *former regular smoker*, please answer the following question:
How long has it been since you last smoked? Years Months
4. How old were you when you started consistently smoking cigarettes?
5. How many years have you smoked (did you smoke)? Years
6. On the average, about how much do you (did you) actually smoke of each cigarette?
- 1 ... Less than 1/2
 - 2 ... About 1/2
 - 3 ... Most or all of it
7. How deeply do you (did you) inhale the smoke?
- 1 ... Very little
 - 2 ... Somewhat
 - 3 ... A moderate amount
 - 4 ... Quite deeply
8. On the average, how many cigarettes per day have you smoked in the past 3 months?

Early Smoking Experiences

If you have ever smoked cigarettes on a regular basis, please answer the following questions. If you have *never* smoked on a regular basis, skip to page 45.

Thinking back to the time when you first began experimenting with cigarettes, please answer the following questions as best you can remember.

1. How old were you when you first tried a cigarette?

2. Where did you first smoke?

(*CIRCLE ONE NUMBER*)

1 ... Home

2 ... School

3 ... On the job

4 ... Don't remember

5 ... Other: _____

3. With whom did you first smoke?

(*CIRCLE ONE NUMBER*)

1 ... Friends/peers

2 ... Family

3 ... Alone

4 ... Don't remember

5 ... Other: _____

How would you rate the following from smoking your first few cigarettes?	None	Slight	Moderate	Intense	Don't Remember
4. Pleasant sensation	0	1	2	3	4
5. Unpleasant sensations	0	1	2	3	4
6. How much nausea you experienced	0	1	2	3	4
7. How much relaxation you experienced	0	1	2	3	4
8. How much dizziness you experienced	0	1	2	3	4
9. How much of a pleasurable rush or buzz you experienced	0	1	2	3	4
10. How much coughing you experienced	0	1	2	3	4
11. How much difficulty inhaling you experienced	0	1	2	3	4

Daily Smoking Experiences

Please answer the following questions for the period when you smoked the **most** cigarettes and for the **past year** by circling the appropriate number in each column.

		Period of Most Cigarettes Smoked	Cigarettes Smoked in Past Year
1. Where do (did) you usually smoke your first cigarette of the day? (<i>CIRCLE ONE NUMBER</i>)	Home	1	1
	School	2	2
	On the job	3	3
	Don't remember	4	4
	Other	5	5
2. With whom do (did) you smoke your first cigarette of the day? (<i>CIRCLE ONE NUMBER</i>)	Friends/peers	1	1
	Family	2	2
	Alone	3	3
	Other	4	4
3. How soon after you wake up do (did) you usually smoke your first cigarette of the day? (<i>ENTER EXACT NUMBER OF MINUTES</i>)		<input type="text"/>	<input type="text"/>
4. Which cigarette of the day would (did) you most hate to give up?	First one in morning	1	1
	Any other	2	2
5. Do (did) you smoke more frequently in the first hours after waking than during the rest of the day?	Yes	1	1
	No	0	0
6. Do (did) you find it difficult to refrain from smoking in places where it is forbidden (for example, in a church, library, movies, etc.)?	Yes	1	1
	No	0	0
7. Do (did) you smoke when you are so ill that you are in bed most of the day?	Yes	1	1
	No	0	0
8. How many cigarettes per day do (did) you smoke?		<input type="text"/>	<input type="text"/>
9. Do (did) you inhale? (<i>PLEASE CIRCLE ONE NUMBER</i>)	Always	1	1
	Sometimes	2	2
	Never	3	3

		Period of Most Cigarettes Smoked	Cigarettes Smoked in Past Year
10. What brand of cigarette do (did) you smoke? (WRITE IN BRAND NAME)	➔	Brand	Brand
11. What strength? (CIRCLE ONE NUMBER)	Regular	1	1
	Medium	2	2
	Light	3	3
	Ultra light	4	4
	Other	5	5
12. What flavor is your cigarette? (CIRCLE ONE NUMBER)	Menthol	1	1
	Non-menthol	2	2
13. What size is your cigarette? (CIRCLE ONE NUMBER)	Regular	1	1
	King	2	2
	100's	3	3
	120's	4	4
	Wide	5	5
	Other	6	6
14. Is your cigarette filtered?	Yes	1	1
	No	0	0

Please answer the following questions for the period when you smoked the **most** cigarettes.

How would you rate the following from smoking your first cigarette of a typical day during the time when you smoked the most cigarettes?	None	Slight	Moderate	Intense
15. Pleasant sensation	0	1	2	3
16. Unpleasant sensations	0	1	2	3
17. How much nausea you experienced	0	1	2	3
18. How much relaxation you experienced	0	1	2	3
19. How much dizziness you experienced	0	1	2	3
20. How much of a pleasurable rush or buzz you experienced	0	1	2	3
21. How much coughing you experienced	0	1	2	3
22. How much difficulty inhaling you experienced	0	1	2	3

Please answer the following questions concerning sensations experienced with the first cigarette of the day **in the past year**. If you have not smoked in the past year, skip to **Page 40**.

How would you rate the following from smoking your first cigarette of a typical day during the past year?

	None	Slight	Moderate	Intense
23. Pleasant sensation	0	1	2	3
24. Unpleasant sensations	0	1	2	3
25. How much nausea you experienced	0	1	2	3
26. How much relaxation you experienced	0	1	2	3
27. How much dizziness you experienced	0	1	2	3
28. How much of a pleasurable rush or buzz you experienced	0	1	2	3
29. How much coughing you experienced	0	1	2	3
30. How much difficulty inhaling you experienced	0	1	2	3

Reasons for Smoking: Current and Former Smokers

If you are a *current* smoker, please answer the following questions based on your usual smoking patterns. If you are a *former* smoker, please answer the questions for the period when you smoked cigarettes.

	Not at all	A little	Quite a bit	Very much so
1. I smoke in order to keep myself from slowing down.	0	1	2	3
2. Handling a cigarette is part of the enjoyment of smoking it.	0	1	2	3
3. I smoke for the pleasure of having something to put in my mouth.	0	1	2	3
4. I want to smoke most when I am comfortable and relaxed.	0	1	2	3
5. Part of the enjoyment of smoking is watching the smoke as I blow it out.	0	1	2	3
6. I smoke more when I am worried about something.	0	1	2	3
7. I smoke to keep from gaining weight.	0	1	2	3
8. I like smoking while I am busy and working hard.	0	1	2	3
9. I smoke for the pleasure of offering and accepting cigarettes from other people.	0	1	2	3
10. When I have run out of cigarettes, I find it almost unbearable until I can get them.	0	1	2	3
11. I smoke automatically without even being aware of it.	0	1	2	3
12. I feel I look more mature and sophisticated when smoking.	0	1	2	3
13. Smoking helps to keep me going when I'm tired.	0	1	2	3
14. I smoke cigarettes to stimulate me, to perk me up.	0	1	2	3
15. Smoking helps me control my appetite.	0	1	2	3
16. Part of the enjoyment of smoking comes from the steps I take to light up.	0	1	2	3
17. One reason I smoke is because it tastes so good.	0	1	2	3

	Not at all	A little	Quite a bit	Very much so
18. After meals is the time I most enjoy smoking.	0	1	2	3
19. Smoking helps me to think and concentrate.	0	1	2	3
20. I am very much aware of the fact when I am not smoking.	0	1	2	3
21. It is easier to talk and get to know other people when smoking.	0	1	2	3
22. I don't get so hungry when I smoke.	0	1	2	3
23. I smoke cigarettes to give me a "lift."	0	1	2	3
24. I light up a cigarette without realizing that I still have one burning in the ashtray.	0	1	2	3
25. Smoking cheers me up.	0	1	2	3
26. I like a cigarette best when I am having a quiet rest.	0	1	2	3
27. While smoking I feel more confident with other people.	0	1	2	3
28. I get a definite lift and feel more alert when smoking.	0	1	2	3
29. Without a cigarette I don't know what to do with my hands.	0	1	2	3
30. I've found a cigarette in my mouth without recalling putting it there.	0	1	2	3
31. I only really enjoy smoking with a drink.	0	1	2	3
32. I smoke much more when I am with other people.	0	1	2	3
33. I smoke because I like the smell so much.	0	1	2	3
34. I usually only smoke when I can really sit back and enjoy it.	0	1	2	3
35. I light up a cigarette when I feel angry about something.	0	1	2	3
36. I find it a pleasure drawing the smoke into my lungs.	0	1	2	3
37. I get a real gnawing hunger to smoke when I haven't smoked for a while.	0	1	2	3
38. I find myself smoking without remembering lighting up.	0	1	2	3
39. Smoking calms me down when I feel tense.	0	1	2	3
40. I smoke more when I am rushed and have lots to do.	0	1	2	3
41. I feel more attractive to the opposite sex when smoking.	0	1	2	3

Smoking Patterns: Current and Former Smokers (Nicotine Reinforcement)

If you are a **current** smoker, please answer the following questions based on your usual smoking patterns. If you are a **former** smoker, please answer the following questions for the period when you smoked cigarettes.

Part I		Never	Some- times	Often	Always
1	I crave a cigarette to provide pleasure.	0	1	2	3
2	I crave a cigarette to provide relief from withdrawal.	0	1	2	3
3	I like the taste of cigarettes.	0	1	2	3
4	I smoke because it is pleasurable.	0	1	2	3
5	I smoke because smoking feels good.	0	1	2	3
6	I smoke to get a sense of euphoria or pleasure.	0	1	2	3

Part II		Not at all	Mild	Mode- -rate	Severe
7	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced trouble falling asleep to the following extent:	0	1	2	3
8	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced anxiety to the following extent:	0	1	2	3
9	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced depressed mood to the following extent:	0	1	2	3
10	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced irritability, frustration, and/or anger to the following extent:	0	1	2	3
11	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced difficulty concentrating to the following extent:	0	1	2	3
12	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced increased appetite and/or weight gain to the following extent:	0	1	2	3
13	At times when I have been unable to smoke due to restrictions on smoking or because I was trying to quit, I experienced restlessness to the following extent:	0	1	2	3

- Scoring key:**
- 1). Positive reinforcement score = sum of 5 item scores (#1, #3, #4, #5, #6)
 - 2). Positive reinforcement score = sum of 8 item scores (#2, #7, #8, #9, #10, #11, #12, #13)

Your Experiences with Cigarette Smoking: Current and Former Smokers (Nicotine Dependence Syndrome Scale)

Please read each statement carefully and then circle the number that best describes your experiences with cigarettes. *If you no longer smoke cigarettes, please answer the questions based on when you last smoked cigarettes at least once a week.*

	Not True at All	Somewhat True	Moderately True	Very True	Extremely True
1. My smoking pattern is very irregular throughout the day. It is not unusual for me to smoke many cigarettes in an hour, then not have another until hours later	1	2	3	4	5
2. My smoking is not much affected by others. I smoke about the same amount whether I'm relaxing or working, happy or sad, alone or with others, etc.	1	2	3	4	5
3. Even if traveling a long distance, I'd rather not travel by airplane because I wouldn't be allowed to smoke	1	2	3	4	5
4. Not even a torrential rainstorm could stop me—if I were out of cigarettes, I would be immediately on my way to the store to get some more	1	2	3	4	5
5. Sometimes, without realizing it, I go for several hours or more without smoking	1	2	3	4	5
6. Sometimes I decline offers to visit with my non-smoking friends because I know I'll feel uncomfortable if I smoke	1	2	3	4	5
7. I tend to avoid restaurants that don't allow smoking, even if I would otherwise enjoy the food	1	2	3	4	5
8. I smoke consistently and regularly throughout the day	1	2	3	4	5
9. I smoke at different rates in different situations	1	2	3	4	5
10. Compared to when I first started smoking, I need to smoke a lot more now in order to get what I want out of it	1	2	3	4	5
11. Compared to when I first started smoking, I can smoke much, much more now before I start to feel nauseated or ill	1	2	3	4	5

	Not True at All	Somewhat True	Moderately True	Very True	Extremely True
12. Where regulations require that I go outdoors to smoke, it's worth it to be able to smoke a cigarette	1	2	3	4	5
13. I rarely go very long without smoking	1	2	3	4	5
14. If I wake up during the night, I feel I need a cigarette	1	2	3	4	5
15. I can function much better in the morning after I've had a cigarette	1	2	3	4	5
16. After not smoking for a while, I need to smoke in order to keep myself from experiencing any discomfort	1	2	3	4	5
17. It's hard to estimate how many cigarettes I smoke per day because the number often changes	1	2	3	4	5
18. I feel a sense of control over my smoking. I can "take it or leave it" at any time	1	2	3	4	5
19. Sometimes even when I tell myself I'm not going to have a cigarette, I find myself smoking	1	2	3	4	5
20. The number of cigarettes I smoke per day is often influenced by other factors—how I'm feeling, what I'm doing, etc.	1	2	3	4	5
21. When I'm really craving a cigarette, it feels like I'm in the grip of some unknown force that I cannot control	1	2	3	4	5
22. I smoke just about the same number of cigarettes from day to day	1	2	3	4	5
23. Since the time that I became a regular smoker, the amount I smoke has either stayed the same or has decreased somewhat	1	2	3	4	5
24. Whenever I go without a smoke for a few hours, I experience craving	1	2	3	4	5
25. My cigarette smoking is fairly regular throughout the day	1	2	3	4	5
26. After not smoking for a while, I need to smoke to relieve feelings of restlessness and irritability	1	2	3	4	5

	Not True at All	Somewhat True	Moderately True	Very True	Extremely True
27. I smoke about the same amount on weekends as on weekdays	1	2	3	4	5
28. Whenever I quit or cut down on smoking, it is an unpleasant experience	1	2	3	4	5
29. I don't ever crave cigarettes	1	2	3	4	5
30. I can smoke more than I used to before it affects me	1	2	3	4	5
31. The last time I quit (for 24 hours or more), when I went back to smoking it took a LONG time for me to build up to my old level of smoking	1	2	3	4	5
32. If you couldn't get a hold of any cigarettes for a whole day, how much would you be willing to pay for a single cigarette by the next morning?	\$ _____.____ (enter amount in dollars and cents)				
33. When I smoke a cigarette I get less of an effect (good or bad) than when I first started	1	2	3	4	5
34. I think I'm addicted to smoking	1	2	3	4	5

Personal Quitting History

	<u>Yes</u>	<u>No</u>
1. Have you ever quit smoking for more than one year? If YES, how many times have you quit for more than one year: <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	1	0
2. Have you ever quit smoking for more than one month but less than one year? If YES, how many times have you quit for more than one month? <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	1	0
3. Have you ever quit smoking for more than a week but less than one month? If YES how many times have you quit for more than a week? <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	1	0
4. If you have ever quit for more than a week, please indicate whether or not each of the following reasons for starting to smoke again applied to you.		
a. Problems in your personal life	1	0
b. Pressure from family or friends to start again	1	0
c. Pressure on your job	1	0
d. Withdrawal symptoms	1	0
e. Desire for cigarettes remained high	1	0
f. Learning that your health was not affected by smoking	1	0
g. Actual weight gain	1	0
h. Concern about gaining weight	1	0
i. Smoking without remembering your resolution to quit	1	0
j. Quitting smoking was disrupting your life	1	0
k. Found you enjoyed smoking too much and that nothing else was a good substitute	1	0
l. Boredom	1	0
m. Other (please specify): _____	1	0

Wisconsin Inventory of Smoking Dependence Motives (WISDM)

Below are a series of statements about cigarette smoking. Please rate your level of agreement for each using the following scale

	1	2	3	4	5	6	7
	(Not True of Me At All)						(Extremely True of Me)
1. I enjoy the taste of cigarettes most of the time.	1	2	3	4	5	6	7
2. Smoking keeps me from gaining weight.	1	2	3	4	5	6	7
3. Smoking makes a good mood better.	1	2	3	4	5	6	7
4. If I always smoke in a certain place it is hard to be there and not smoke.	1	2	3	4	5	6	7
5. I often smoke without thinking about it.	1	2	3	4	5	6	7
6. Cigarettes control me.	1	2	3	4	5	6	7
7. Smoking a cigarette improves my mood.	1	2	3	4	5	6	7
8. Smoking makes me feel content.	1	2	3	4	5	6	7
9. I usually want to smoke right after I wake up.	1	2	3	4	5	6	7
10. Very few things give me pleasure each day like cigarettes.	1	2	3	4	5	6	7
11. It's hard to ignore an urge to smoke.	1	2	3	4	5	6	7
12. The flavor of a cigarette is pleasing.	1	2	3	4	5	6	7
13. I smoke when I really need to concentrate.	1	2	3	4	5	6	7
14. I can only go a couple hours between cigarettes.	1	2	3	4	5	6	7
15. I frequently smoke to keep my mind focussed.	1	2	3	4	5	6	7
16. I rely upon smoking to control my hunger and eating.	1	2	3	4	5	6	7
17. My life is full of reminders to smoke.	1	2	3	4	5	6	7
18. Smoking helps me feel better in seconds.	1	2	3	4	5	6	7
19. I smoke without deciding to.	1	2	3	4	5	6	7
20. Cigarettes keep me company, like a close friend.	1	2	3	4	5	6	7
21. Few things would be able to replace smoking in my life.	1	2	3	4	5	6	7
22. I'm around smokers much of the time.	1	2	3	4	5	6	7
23. There are particular sights and smells that trigger strong urges to smoke.	1	2	3	4	5	6	7
24. Smoking helps me stay focussed.	1	2	3	4	5	6	7
25. Smoking helps me deal with stress.	1	2	3	4	5	6	7
26. I frequently light cigarettes without thinking about it.	1	2	3	4	5	6	7
27. Most of my daily cigarettes taste good.	1	2	3	4	5	6	7
28. Sometimes I feel like cigarettes rule my life.	1	2	3	4	5	6	7
29. I frequently crave cigarettes.	1	2	3	4	5	6	7
30. Most of the people I spend time with are smokers.	1	2	3	4	5	6	7
31. Weight control is a major reason that I smoke.	1	2	3	4	5	6	7
32. I usually feel much better after a cigarette.	1	2	3	4	5	6	7
33. Some of the cigarettes I smoke taste great.	1	2	3	4	5	6	7
34. I'm really hooked on cigarettes.	1	2	3	4	5	6	7

35. Smoking is the fastest way to reward myself.	1	2	3	4	5	6	7
36. Sometimes I feel like cigarettes are my best friends.	1	2	3	4	5	6	7
37. My urges to smoke keep getting stronger if I don't smoke.	1	2	3	4	5	6	7
38. I would continue smoking, even if it meant I could spend less time on my hobbies and other interests.	1	2	3	4	5	6	7
39. My concentration is improved after smoking a cigarette.	1	2	3	4	5	6	7
40. Seeing someone smoke makes me really want a cigarette.	1	2	3	4	5	6	7
41. I find myself reaching for cigarettes without thinking about it.	1	2	3	4	5	6	7
42. I crave cigarettes at certain times of day.	1	2	3	4	5	6	7
43. I would feel alone without my cigarettes.	1	2	3	4	5	6	7
44. A lot of my friends or family smoke.	1	2	3	4	5	6	7
45. Smoking brings me a lot of pleasure.	1	2	3	4	5	6	7
46. Cigarettes are about the only things that can give me a lift when I need it.	1	2	3	4	5	6	7
47. Other smokers would consider me a heavy smoker.	1	2	3	4	5	6	7
48. I feel a strong bond with my cigarettes.	1	2	3	4	5	6	7
49. It would take a pretty serious medical problem to make me quit smoking.	1	2	3	4	5	6	7
50. When I haven't been able to smoke for a few hours, the craving gets intolerable.	1	2	3	4	5	6	7
51. When I do certain things I know I'm going to smoke.	1	2	3	4	5	6	7
52. Most of my friends and acquaintances smoke.	1	2	3	4	5	6	7
53. I love the feel of inhaling the smoke into my mouth.	1	2	3	4	5	6	7
54. I smoke within the first 30 minutes of awakening in the morning.	1	2	3	4	5	6	7
55. Sometimes I'm not aware that I'm smoking.	1	2	3	4	5	6	7
56. I'm worried that if I quit smoking I'll gain weight.	1	2	3	4	5	6	7
57. Smoking helps me think better.	1	2	3	4	5	6	7
58. Smoking really helps me feel better if I've been feeling down.	1	2	3	4	5	6	7
59. Some things are very hard to do without smoking.	1	2	3	4	5	6	7
60. Smoking makes me feel good.	1	2	3	4	5	6	7
61. Smoking keeps me from overeating.	1	2	3	4	5	6	7
62. My smoking is out of control.	1	2	3	4	5	6	7
63. I consider myself a heavy smoker.	1	2	3	4	5	6	7
64. Even when I feel good, smoking helps me feel better.	1	2	3	4	5	6	7
65. I reach for cigarettes when I feel irritable.	1	2	3	4	5	6	7
66. I enjoy the sensations of a long, slow exhalation of smoke.	1	2	3	4	5	6	7
67. Giving up cigarettes would be like losing a good friend.	1	2	3	4	5	6	7
68. Smoking is the easiest way to give myself a lift.	1	2	3	4	5	6	7

Personality Characteristics (Modified NEO)

Please read each statement carefully and then circle the number that best represents your opinion of yourself according to the answer choices below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am not a worrier	1	2	3	4	5
2. I like to have a lot of people around me	1	2	3	4	5
3. I don't like to waste my time daydreaming	1	2	3	4	5
4. I try to be courteous to everyone I meet	1	2	3	4	5
5. I keep my belongings clean and neat	1	2	3	4	5
6. I often feel inferior to others	1	2	3	4	5
7. I laugh easily	1	2	3	4	5
8. Once I find the right way to do something, I stick to it	1	2	3	4	5
9. I often get into arguments with my family and co-workers	1	2	3	4	5
10. I'm pretty good about packing myself so as to get things done on time	1	2	3	4	5
11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces	1	2	3	4	5
12. I don't consider myself especially "light-hearted"	1	2	3	4	5
13. I am intrigued by the patterns I find in art and nature	1	2	3	4	5
14. Some people think I'm selfish and egotistical	1	2	3	4	5
15. I am not a very methodical person	1	2	3	4	5
16. I rarely feel lonely or blue	1	2	3	4	5
17. I really enjoy talking to people	1	2	3	4	5
18. I believe letting students hear controversial speakers can only confuse and mislead them	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. I would rather cooperate with others than compete with them	1	2	3	4	5
20. I try to perform all the tasks assigned to me conscientiously	1	2	3	4	5
21. I often feel tense and jittery	1	2	3	4	5
22. I like to be where the action is	1	2	3	4	5
23. Poetry has little or no effect on me	1	2	3	4	5
24. I tend to be cynical and skeptical of others' intentions	1	2	3	4	5
25. I have a clear set of goals and work toward them in an orderly fashion	1	2	3	4	5
26. Sometimes I feel completely worthless	1	2	3	4	5
27. I usually prefer to do things alone	1	2	3	4	5
28. I often try new and foreign foods	1	2	3	4	5
29. I believe that most people will take advantage of you if you let them	1	2	3	4	5
30. I waste a lot of time before settling down to work	1	2	3	4	5
31. I rarely feel fearful or anxious	1	2	3	4	5
32. I often feel as if I'm bursting with energy	1	2	3	4	5
33. I seldom notice the moods or feelings that different environments produce	1	2	3	4	5
34. Most people I know like me	1	2	3	4	5
35. I work hard to accomplish my goals	1	2	3	4	5
36. I often get angry at the way people treat me	1	2	3	4	5
37. I am a cheerful, high-spirited person	1	2	3	4	5
38. I believe we should look to our religious authorities for decisions on moral issues	1	2	3	4	5
39. Some people think of me as cold and calculating	1	2	3	4	5
40. When I make a commitment, I can always be counted on to follow through	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
41. Too often, when things go wrong, I get discouraged and feel like giving up	1	2	3	4	5
42. I am not a cheerful optimist	1	2	3	4	5
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement	1	2	3	4	5
44. I'm hard-headed and tough-minded in my attitudes	1	2	3	4	5
45. Sometimes I'm not as dependable or reliable as I should be	1	2	3	4	5
46. I am seldom sad or depressed	1	2	3	4	5
47. My life is fast-paced	1	2	3	4	5
48. I have little interest in speculating on the nature of universe or the human condition	1	2	3	4	5
49. I generally try to be thoughtful and considerate	1	2	3	4	5
50. I am a productive person who always gets the job done	1	2	3	4	5
51. I often feel helpless and want someone else to solve my problems	1	2	3	4	5
52. I am a very active person	1	2	3	4	5
53. I have a lot of intellectual curiosity	1	2	3	4	5
54. If I don't like people, I let them know it	1	2	3	4	5
55. I never seem to be able to get organized	1	2	3	4	5
56. At times I have been so ashamed I just want to hide	1	2	3	4	5
57. I would rather go my own way than be a leader of others	1	2	3	4	5
58. I often enjoy playing with theories or abstract ideas	1	2	3	4	5
59. If necessary, I am willing to manipulate people to get what I want	1	2	3	4	5
60. I strive for excellence in everything I do	1	2	3	4	5

SMOKING CONNECTION STUDY
PARTICIPANT CHECKLIST

INITIAL & DATE		COMMENTS	
	• <i>Participant Information Form</i>		
	• <i>Medical History Form</i>		
	• <i>Informed consents given</i>		
	• <i>Consent copies provided</i>		
	• <i>Modified Fagerstrom (NDQ)</i>	Score=	
	• <i>Supplemental Questionnaire</i>		
	<i>*DAST</i>	Score=	
	<i>*3-12 Month Calendars</i>		
	• <i>Modified SCID</i>	ETOH Score=	
	<i>**Consult?</i>	MDD Score=	
	• <i>NGC Supplement Questionnaire</i>		
	• <i>Personality Characteristics</i>		
	• <i>Family Info Confirmed</i> <i>Group</i> <i>Type:</i>	<i>A</i>	<i>B</i> <i>C</i> <i>D</i>
	• <i>Visit I Compensation/Receipt</i>	Amt=	
	PARTICIPANT TYPE/STUDY STATUS:	ELIGIBLE PROBAND	ELIGIBLE FAMILY MEMBER
	<i>(INDICATE REASON)</i>	NE-	
	<i>(INDICATE REASON)</i>	NI-	
	(TENTATIVE) VISIT II DATE/TIME: <i>(IF PROBAND)</i>		
	• <i>Family Members</i>	Phone #'s	
	1)		
	2)		
	3)		
	• <i>Lab</i>		
	• <i>Visit II Compensation/Receipt</i>	Amt=	
	• <i>Interview Data Entered</i>		
	• <i>Lab Sample Delivered</i>		

**If indicated by Supplemental Questionnaire &/or Modified SCID responses*

***If Indicated by Modified SCID responses*