

Section A: Personal and Family Background

- A1. [CIRCLE THE GENDER OF THE PARTICIPANT:]
- MALE.....1
FEMALE.....2

First, I'm going to ask you a few questions about your background.

- A2. What is your date of birth?
[WRITE DATE ON FRONT FLAP. CONFIRM
AGE AND WRITE ON FRONT FLAP.]

- A3. Were you born in the United States?
- YES[A3b]1
NO[A3a]2
REFUSED[A4]7

[IF NO:]

A3a. In what country were you born?

COUNTRY

[IF YES:]

A3b. What state were you born in?

STATE

A3c. Which town or county?

TOWN/CITY

COUNTY, IF RURAL

A4. Are you Hispanic or Latino?

YES.....1
NO2
REFUSED7
DON'T KNOW8

A5. Which of these best describes your race?
I will read you a list and you may select more than one. [READ CHOICES.]

African American/Black..... 1
American Indian or
Native American..... 1
Asian..... 1
Native Hawaiian or other
Pacific Islander 1
White 1
Other 1
SPECIFY:

REFUSED7
DON'T KNOW8

A6. How much did you weigh 5 years ago?

LBS

A7. How much do you weigh now?

LBS

A8. How tall are you?

FT
INCHES

Section B: Smoking History

Next I have some questions about cigarettes and other tobacco products. We ask for a lot of detail in this section because the information is very important to the study.

Section B: Smoking History

B1. Have you ever smoked at least 100 cigarettes in your lifetime? [CIRCLE 1, 2, OR 8 BELOW.] **[IF YES:]** With your help, I will complete this calendar of your smoking habits.

[IF YES:]

B2. Let me confirm that your age now is _____.

B3. What age did you first smoke cigarettes regularly? [CIRCLE START AGE IN SMOKING AGES ROW.]

B4. Sometimes people quit smoking and start again. Did you ever stop for at least 6 months and start again? [CIRCLE 1, 2, OR 8.]
[IF NO, GO TO B8.]

[IF YES:]

B5. At what age did you stop the first (second/third/etc.) time? [CIRCLE AGES SMOKED.]

B6. At what age did you start again? [CIRCLE START AGE.]

B7. Did you ever stop and start again? [CIRCLE 1, 2, OR 8.] [REPEAT 5, 6, AND 7 UNTIL 'NO,' THEN SKIP TO B10.]

B8. Are you still smoking? [IF YES, CIRCLE 1 AND CIRCLE AGES THROUGH CURRENT AGE THEN GO TO B12; ELSE CIRCLE 2 OR 8.]

[IF NO:]

B9. At what age did you stop? [CIRCLE AGES THROUGH STOP YEAR.]

B10. Was there a reason why you stopped smoking (the first/second/third/etc. time)? [CIRCLE 1, 2, OR 8.]

[IF YES:]

B11. What was the reason? [RECORD REASON(S) IN BOX UNDER AGE(S) STOPPED.]

B1. Smoked?	Y	N	DK																																	
	1	2	8																																	
[IF YES:]	[CIRCLE AGE]																																			
B2. Age now:	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B3. Age first smoked:	[CIRCLE START AGE IN SMOKING ROW]																																			
B4. Start/stop?	Y	N	DK																																	
	1	2	8																																	
[IF YES:]																																				
B5. Age stop:																																				
B6. Age start again:																																				
B7. Start/stop again?	Y	N	DK																																	
	1	2	8	[IF YES, REPEAT B5, B6, AND B7.]																																
B8. Still smoke?	Y	N	DK																																	
	1	2	8																																	
[IF NO:]	[CIRCLE SMOKING AGE(S)]																																			
B9. Age last stopped:	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B10. Reason?	Y	N	DK																																	
	1	2	8																																	
[IF YES:]	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38																																			
B11. Reason: [CODE FROM LIST]	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B12& B13. Portion of year: [CODE F OR P]	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B14. # of cigs: [# FOR EACH]	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B15. Per D = day W = week M = month T = in total	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B16. Inhale? [CODE Y/N FOR EACH]	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		
B17. Filtered/unfiltered? [CODE F/U FOR EACH]	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38		

[IF EVER SMOKED:]

B18a. What brand of cigarettes did you smoke the most?

B18b. [TYPE OR OTHER DESCRIPTIONS FOR BRAND:]

					[IF YES:]		[IF > 1 YEAR:]	
B19. Have you <u>ever</u> smoked any of the following tobacco products on a regular basis, i.e., at least once a day for as long as 6 months?					B20. How old were you when you first started smoking (TOBACCO PRODUCT)? [DK = 98]	B21. How old were you when you last smoked (TOBACCO PRODUCT)? [DK = 98]	B22. During that time, how many total years did you smoke (TOBACCO PRODUCT)? [<1 YR = 00, DK = 98]	B23. On average, how many (pipefuls/cigars) (did/do) you smoke per day? [<1/DAY = 00, DK = 98]
Y N DK					AGE	AGE	# YEARS	# PER DAY
a.	Pipe	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.	Cigar	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

					[IF YES:]		[IF > 1 YEAR:]	
B24. Have you ever used any of the following tobacco products on a regular basis, i.e., at least once a day for as long as 6 months?					B25. How old were you when you first started using (TOBACCO PRODUCT)? [DK = 98]	B26. How old were you the last time you used (TOBACCO PRODUCT)? [DK = 98]	B27. During that time, how many total years did you use (TOBACCO PRODUCT)? [<1 YR = 00, DK = 98]	B28. On average, how many hours per day (did/do) you have (TOBACCO PRODUCT) in your mouth? [<1/DAY = 00, DK = 98]
Y N DK					AGE	AGE	# YEARS	# HOURS
a.	Chewing tobacco	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b.	Snuff	1	2	8	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Section C: Dietary

C1. During the past year, have you taken any vitamins or supplements?

Yes, fairly regularly.....1
 Yes, but not regularly2
 No[C5]3

[IF YES:]

C2. Did you take...	C3. How often did you take [VITAMIN]?								C4. How long have you been taking [VITAMIN] this often?				
Multiple Vitamins	None (01)	1-3 per wk (02)	4-6 per wk (03)	1 per day (04)	2 per day (05)	3 per day (06)	4 per day (07)	5+ per day (08)	Less than 1 yr (1)	1-2 yrs (2)	3-5 yrs (3)	6-9 yrs (4)	10+ yrs (5)
a. One-a-day type													
b. Stress-tabs type													
c. Therapeutic, Theragran type													
Other Vitamins	None (01)	1-3 per wk (02)	4-6 per wk (03)	1 per day (04)	2 per day (05)	3 per day (06)	4 per day (07)	5+ per day (08)	Less than 1 yr (1)	1-2 yrs (2)	3-5 yrs (3)	6-9 yrs (4)	10+ yrs (5)
d. Vitamin A													
e. Vitamin C													
f. Vitamin E													
g. BetaCarotene													
Other Vitamins	None (01)	1-3 per wk (02)	4-6 per wk (03)	1 per day (04)	2 per day (05)	3 per day (06)	4 per day (07)	5+ per day (08)	Less than 1 yr (1)	1-2 yrs (2)	3-5 yrs (3)	6-9 yrs (4)	10+ yrs (5)
h. Other #1													
[IF YES:] Specify:	_____												
i. Other #2													
[IF YES:] Specify:	_____												

C5. During the past year, how often did you eat...	Never or <1 per mo (01)	1 per mo (02)	2-3 per mo (03)	1 per wk (04)	2 per wk (05)	3-4 per wk (06)	5-6 per wk (07)	Daily (08)
a. leafy greens (lettuce, cabbage, collards, spinach, etc.)?								
b. vegetables (beans, corn, peas, potatoes, etc.)?								
c. fruits or fruit juices?								
d. cold cereals? [IF YES:] Which cereal did you eat mostly? _____								

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Section D: Alcohol and Coffee Consumption

Now I am going to ask you about alcoholic beverages. One drink is defined as a 12 ounce glass of beer, 4 ounces of wine or a shot of hard liquor.

D1. In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

YES1
NO[D8].....2
DON'T KNOW8

D2. In your thirties, on average, how many drinks did you have per day (week, month, or year)?

	<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				PER	
	# DRINKS		DAY.....1			
			WEEK.....2			
			MONTH.....3			
			YEAR4			

D3. During the last year, on average, how many alcoholic drinks did you have per day (week, or month)?

	<table border="1" style="border-collapse: collapse; width: 100px; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				PER	
	# DRINKS		DAY.....1			
			WEEK.....2			
			MONTH.....3			
			IN TOTAL..4			

D4. Was there ever a time that you drank significantly more than (D2/D3 RESPONSE)?

YES1
NO[D8].....2
DON'T KNOW8

[IF YES:]
D5. How old were you then?

	<table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	AGE		

D6. How long did that period last?

	<table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	LASTED # YEARS (<1 YR = 00)		

D7. During that period, how many drinks did you have per day (week, month, or year)?

□ □ □

DRINKS

PER

DAY.....1
WEEK.....2
MONTH.....3
YEAR4

D8. In your entire life, have you had at least 12 cups of coffee?

YES1
NO [SECTION E]2
DON'T KNOW8

D9. In your thirties, on average, how many cups of coffee did you have per day (week, month, or year)?

□ □ □

CUPS

PER

DAY.....1
WEEK.....2
MONTH.....3
YEAR4

[IF NONE, CODE '000' AND SKIP TO D11.]

D10. Were those ____ (#) cups of caffeinated or decaffeinated coffee? [RECORD # CUPS OF EACH.]

□ □ □

CUPS CAF

AND

□ □ □

CUPS DECAF

D11. During the last year, on average, how many cups of coffee did you have per day (week, or month)?

□ □ □

CUPS

PER

DAY.....1
WEEK.....2
MONTH.....3
IN TOTAL..4

[IF NONE, CODE '000' AND SKIP TO D13.]

D12. Were those ____ (#) cups of caffeinated or decaffeinated coffee? [RECORD # CUPS OF EACH.]

--	--	--

CUPS CAF

AND

--	--	--

CUPS DECAF

D13. Was there ever a time that you drank significantly more than (D9/D11 RESPONSE)?

YES1
NO [SECTION E]2
DON'T KNOW8

[IF YES:]

D14. How old were you then?

--	--

AGE

D15. How long did that period last?

--	--

LASTED # YEARS
(<1 YR = 00)

D16. During that period, how many cups of coffee did you have per day (week, month, or year)?

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CUPS

PER

DAY1
WEEK2
MONTH3
YEAR4

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Section E: Family History

Now I'm going to ask a few questions about the health of your blood relatives. We will not ask about adoptive or step relatives. First I'll ask about your parents.

E1. Were you adopted? YES1
 NO[E2]2
 DON'T KNOW[E2]8

[IF YES:]

E1a. Sometimes people were adopted but still know some things about their biological parents. Do you have any knowledge of your biological parents? YES1
 NO[E10]2
 DON'T KNOW[E10]8

	E2. In what year was your (mother/father) born? YEAR	E3. Is (s/he) still living? Y N DK	E4. [IF YES:] How old is (s/he) now? [DK=998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?
MOTHER:	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> YEAR	1 2 8	AGE: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> CAUSE OF DEATH: <hr style="width: 80%; margin-left: 0;"/> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> [IF CANCER, PROBE AND WRITE WHAT KIND.]
FATHER:	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> YEAR	1 2 8	AGE: <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> CAUSE OF DEATH: <hr style="width: 80%; margin-left: 0;"/> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; float: right;"></div> [IF CANCER, PROBE AND WRITE WHAT KIND.]

			[IF YES:]						[IF YES:]					
E5.			E6.			E7.			E8.			E9.		
Did your (mother/father) ever smoke cigarettes?			Can you estimate how many years (s/he) smoked?			And (Can you estimate) how many cigarettes per day (s/he) smoked?			Did your (mother/father) ever have cancer?			Did it spread from somewhere else?		
Y	N	DK	Y	N	NS	Y	N	NS	Y	N	DK	Y	N	NS
1	2	8	1	2	3	1	2	3	1	2	8	1	2	3
			↓		↓	↓		↓	↓			↓		↓
									What kind?			[SPECIFY:]		

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Now I'd like to find out about whether you had brothers and sisters. We would like to know about brothers and sisters that had the same parents you had. We will not ask about step, half or adopted siblings.

E10. Do you have any full-blooded brothers or sisters? YES1
 NO[E19]2
 DON'T KNOW[E19]8

[IF YES:]

E10a. How many full brothers do you have, either living or deceased?

--	--

BROTHERS

E10b. How many full sisters do you have, either living or deceased?

--	--

SISTERS

E10c. Were you part of a multiple birth?

YES*1
 NO2

I'm going to ask a few questions about (your/each)(brother/and/sister). Please tell me the first name(s) or initials of (your/each)(brother/and/sister). Let's start with the oldest first.

* [IF RESPONDENT WAS PART OF A MULTIPLE BIRTH, ASK HIM/HER TO INDICATE WHICH SIBLING(S) ARE HIS/HER TWIN, TRIPLET, ETC.]

E11.		E12.	[IF YES TO E10c:] E13.	[IF AGE ≥ 10:] E14.
Is your (oldest/next) sibling a brother or a sister? Is (s/he) still living?		[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	(Is/Was) this (brother/sister) a twin, triplet, etc. to you? [IF YES:] Were you identical or fraternal?	Was (s/he) ever a smoker?
Sibling? B S	Living? Y N		Y N DK	Y N DK
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL..... 1 FRATERNAL..... 2 DK..... 8	1 2 8
01				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL..... 1 FRATERNAL..... 2 DK..... 8	1 2 8
02				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL..... 1 FRATERNAL..... 2 DK..... 8	1 2 8
03				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL..... 1 FRATERNAL..... 2 DK..... 8	1 2 8
04				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL..... 1 FRATERNAL..... 2 DK..... 8	1 2 8
05				

[IF YES:]			[IF YES:]								
E15. Can you estimate how many years (s/he) smoked?			E16. And (Can you estimate) how many cigarettes per day (s/he) smoked?			E17. Did (s/he) ever have any kind of cancer? [IF YES:] What kind?			E18. Did it spread from somewhere else? [IF YES OR NOT SURE:] Where did it start?		
Y	N	NS	Y	N	NS	Y	N	DK	Y	N	NS
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
 # YEARS			 # CIGS/DAY			What kind? _____ <input type="text"/> <input type="text"/> <input type="text"/>			_____ <input type="text"/> <input type="text"/> <input type="text"/>		
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
 # YEARS			 # CIGS/DAY			What kind? _____ <input type="text"/> <input type="text"/> <input type="text"/>			_____ <input type="text"/> <input type="text"/> <input type="text"/>		
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
 # YEARS			 # CIGS/DAY			What kind? _____ <input type="text"/> <input type="text"/> <input type="text"/>			_____ <input type="text"/> <input type="text"/> <input type="text"/>		
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
 # YEARS			 # CIGS/DAY			What kind? _____ <input type="text"/> <input type="text"/> <input type="text"/>			_____ <input type="text"/> <input type="text"/> <input type="text"/>		
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
 # YEARS			 # CIGS/DAY			What kind? _____ <input type="text"/> <input type="text"/> <input type="text"/>			_____ <input type="text"/> <input type="text"/> <input type="text"/>		

E11.		E12.	[IF YES TO E10c:] E13.	[IF AGE ≥ 10:] E14.
Is your (oldest/next) sibling a brother or a sister? Is (s/he) still living?		[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	(Is/Was) this (brother/sister) a twin, triplet, etc. to you? [IF YES:] Were you identical or fraternal?	Was (s/he) ever a smoker?
Sibling? B S	Living? Y N		Y N DK	Y N DK
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL 1 FRATERNAL 2 DK 8	1 2 8
06				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL 1 FRATERNAL 2 DK 8	1 2 8
07				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL 1 FRATERNAL 2 DK 8	1 2 8
08				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL 1 FRATERNAL 2 DK 8	1 2 8
09				
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8 ↓ IDENTICAL 1 FRATERNAL 2 DK 8	1 2 8
10				

[IF YES:]			[IF YES:]								
E15.			E16.			E17.			E18.		
Can you estimate how many years (s/he) smoked?			And (Can you estimate) how many cigarettes per day (s/he) smoked?			Did (s/he) ever have any kind of cancer?			Did it spread from somewhere else?		
[IF YES:] What kind?			[IF YES OR NOT SURE:] Where did it start?								
Y	N	NS	Y	N	NS	Y	N	DK	Y	N	NS
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		

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Now I'm going to ask about your children.

E19. Have you had biological children, that is, children who are not step or adopted children?

YES1
NO [SECTION F]2
DON'T KNOW [SECTION F]8

[IF YES:]

E19a. How many daughters have you had?

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DAUGHTERS

E19b. How many sons have you had?

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SONS

I'm going to ask questions, as I have before, about each child. Let's start with your oldest.

E20.		E21.	[IF AGE ≥ 10:]
Was your (oldest/ next) child a son or a daughter? Is (s/he) still living?		[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	E22. Was (s/he) ever a smoker?
Child?	Living?		Y N DK
S D	Y N		1 2 8
01		AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
02		AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
03		AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
04		AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
05		AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8

[IF YES:]			[IF YES:]								
<p>E23. Can you estimate how many years (s/he) smoked?</p> <p>Y N NS</p> <p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># YEARS</p>			<p>E24. And (Can you estimate) how many cigarettes per day (s/he) smoked?</p> <p>Y N NS</p> <p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># CIGS/DAY</p>			<p>E25. Did (s/he) ever have any kind of cancer?</p> <p>[IF YES:] What kind?</p> <p>Y N DK</p> <p>1 ↓ 2 8</p> <p>What kind?</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>			<p>E26. Did it spread from somewhere else?</p> <p>[IF YES OR NOT SURE:] Where did it start?</p> <p>Y N NS</p> <p>1 ↓ 2 3 ↓</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># YEARS</p>			<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># CIGS/DAY</p>			<p>1 ↓ 2 8</p> <p>What kind?</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>			<p>1 ↓ 2 3 ↓</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># YEARS</p>			<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># CIGS/DAY</p>			<p>1 ↓ 2 8</p> <p>What kind?</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>			<p>1 ↓ 2 3 ↓</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># YEARS</p>			<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># CIGS/DAY</p>			<p>1 ↓ 2 8</p> <p>What kind?</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>			<p>1 ↓ 2 3 ↓</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>		
<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># YEARS</p>			<p>1 ↓ 2 3 ↓</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p># CIGS/DAY</p>			<p>1 ↓ 2 8</p> <p>What kind?</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>			<p>1 ↓ 2 3 ↓</p> <p>_____ <input type="text"/> <input type="text"/> <input type="text"/></p>		

E20.		E21.	[IF AGE ≥ 10:]
Was your (oldest/ next) child a son or a daughter? Is (s/he) still living?		[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	E22. Was (s/he) ever a smoker?
Child? S D	Living? Y N		Y N DK
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
06			
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
07			
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
08			
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
09			
1 2	1 2	AGE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CAUSE OF DEATH: _____ <input type="text"/> <input type="text"/> <input type="text"/>	1 2 8
10			

[IF YES:]			[IF YES:]								
E23.			E24.			E25.			E26.		
Can you estimate how many years (s/he) smoked?			And (Can you estimate) how many cigarettes per day (s/he) smoked?			Did (s/he) ever have any kind of cancer?			Did it spread from somewhere else?		
[IF YES:] What kind?			[IF YES:] What kind?			[IF YES OR NOT SURE:] Where did it start?					
Y	N	NS	Y	N	NS	Y	N	DK	Y	N	NS
1 ↓	2	3 ↓	1 ↓	2	3 ↓	1 ↓	2	8	1 ↓	2	3 ↓
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		
						What kind? _____			_____		

Section F: Medical History

I would now like to ask you about your medical history. Again, if you cannot recall exact answers, please give me your best recollection.

				[IF YES OR NOT SURE, THEN ASK F2 - F4.]				
F1.				F2.	F3.		F4.	
Did a doctor or other health care provider ever tell you that you had [CONDITION]?				How old were you when this condition was first diagnosed?	Were you hospitalized?		Were you given medication or other treatment for this condition? (A treatment might be a special diet or changes in lifestyle.)	
CONDITION	YES	NOT SURE	NO	AGE	Y	N	Y	N
a. heart disease or a heart attack	1	3	2	_ _	1	2	1	2
b. congestive heart failure (or fluid in your lungs)	1	3	2	_ _	1	2	1	2
c. high blood pressure	1	3	2	_ _	1	2	1	2
d. diabetes	1	3	2	_ _	1	2	1	2
e. pneumonia	1	3	2	_ _	1	2	1	2
f. asthma	1	3	2	_ _	1	2	1	2
g. emphysema	1	3	2	_ _	1	2	1	2
h. chronic bronchitis	1	3	2	_ _	1	2	1	2
i. a blood clot in your lung (pulmonary embolism)	1	3	2	_ _	1	2	1	2
j. a tumor that was not cancer (benign tumor)	1	3	2	_ _	1	2	1	2
k. cancer of the pleura (mesothelioma)	1	3	2	_ _	1	2	1	2
l. lung cancer	1	3	2	_ _	1	2	1	2
m. any other kind of cancer [IF YES, SPECIFY:]	1	3	2					
1. _____		_ _		_ _	1	2	1	2
2. _____		_ _		_ _	1	2	1	2

				[IF YES OR NOT SURE, THEN ASK F2 - F4.]					
F1. Did a doctor or other health care provider ever tell you that you had [CONDITION]?				F2. How old were you when this condition was first diagnosed?		F3. Were you hospitalized?		F4. Were you given medication or other treatment for this condition? (A treatment might be a special diet or changes in lifestyle.)	
CONDITION	YES	NOT SURE	NO	AGE		Y	N	Y	N
n. sarcoidosis	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
o. tuberculosis	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
p. non-tubercular mycobacterial infection (a cousin of tuberculosis)	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
q. a fungal infection of the lung (for example, aspergillus)	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
r. pulmonary fibrosis (interstitial lung disease, scarring of the lungs)	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
s. systemic lupus erythematosus (SLE)	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
t. Wegener's disease	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
u. lung abscess	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
v. a collapsed lung (or pneumothorax)	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
w. gunshot to the lung or any other lung trauma	1	3	2	<input type="text"/>	<input type="text"/>	1	2	1	2
x. any other health condition that has been a serious problem for you [IF YES, SPECIFY:]	1	3	2						
1. _____ <input type="text"/>				1. <input type="text"/>	<input type="text"/>	1. 1	2	1. 1	2
2. _____ <input type="text"/>				2. <input type="text"/>	<input type="text"/>	2. 1	2	2. 1	2
3. _____ <input type="text"/>				3. <input type="text"/>	<input type="text"/>	3. 1	2	3. 1	2

F5. Have you ever had lung surgery?

YES1
 NO2
 DON'T KNOW8

F6. Have you ever had radiation therapy?

YES1
NO[F8]2
DON'T KNOW[F8]8

[IF YES:]

F7. What part of your body was radiated?

a. _____

b. _____

c. _____

F8. Have you ever had chemotherapy?

YES1
NO[F10]2
DON'T KNOW[F10]8

[IF YES:]

F9. For what condition did you receive chemotherapy?

a. _____

b. _____

c. _____

F10. Have you ever had a cough productive of sputum most mornings for at least three months of the year?

YES1
NO [SECTION G]2
DON'T KNOW [SECTION G]8

[IF YES:]

F11. During how many years (did/have) you (have/had) this cough?

YEARS
(<1 YR = 00)

Section G: Occupational History

Now I would like to ask you about any work that you may have done either paid or unpaid. Include all part-time and full-time jobs you had for at least two years. If you worked on a farm that sold crops or animals, please include that experience as well.

G1. Have you ever worked at a job for at least 2 years? YES[G3].....1
NO2

[IF NO:]

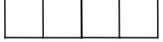
G2. Have you worked in a job training program for at least 2 years? YES1
NO[G10].....2

Let's start with the first job (or job training program) you held for at least 2 years. Also tell me about jobs you might have held seasonally for a few years.

<p style="text-align: center;">G3.</p> <p>What was the job title of the (1st/2nd/etc.) job you held for 2 years or longer?</p>	<p style="text-align: center;">G4.</p> <p>What kind of company or organization (did/do) you work for? [IF CONGLOMERATE:] What did your part of the (co./org.) specialize in, that is, what did they make or do?</p>	<p style="text-align: center;">G5.</p> <p>What were your main activities or duties as a (JOB TITLE)? PROBE: Can you tell me more about that?</p>
<p>01.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □ □</p>
<p>02.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □ □</p>
<p>03.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □ □</p>
<p>04.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □ □</p>
<p>05.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □ □</p>

G6. In what year did you start working at that job?	G7. In what year did that job end?	G8. How many hours per week (did/do) you work?	G9. How many months per year (did/do) you work at this job?												
<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> START YEAR					<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> STOP YEAR					<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> HOURS/WK			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS/YR		
<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> START YEAR					<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> STOP YEAR					<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> HOURS/WK			<table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS/YR		
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<p style="text-align: center;">G3.</p> <p>What was the job title of the (6th/7th/etc.) job you held for 2 years or longer?</p>	<p style="text-align: center;">G4.</p> <p>What kind of company or organization (did/do) you work for? [IF CONGLOMERATE:] What did your part of the (co./org.) specialize in, that is, what did they make or do?</p>	<p style="text-align: center;">G5.</p> <p>What were your main activities or duties as a (JOB TITLE)? PROBE: Can you tell me more about that?</p>
<p>06.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □</p>
<p>07.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □</p>
<p>08.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □</p>
<p>09.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □</p>
<p>10.</p> <p>_____</p> <p>_____</p> <p>JOB TITLE</p>	<p>_____</p> <p>_____</p> <p>INDUSTRY</p> <p style="text-align: right;">□ □ □</p>	<p>_____</p> <p>_____</p> <p>OCCUPATION</p> <p style="text-align: right;">□ □ □</p>

G6. In what year did you start working at that job?	G7. In what year did that job end?	G8. How many hours per week (did/do) you work?	G9. How many months per year (did/do) you work at this job?
<div style="text-align: center;">  START YEAR </div>	<div style="text-align: center;">  STOP YEAR </div>	<div style="text-align: center;">  HOURS/WK </div>	<div style="text-align: center;">  MONTHS/YR </div>
<div style="text-align: center;">  START YEAR </div>	<div style="text-align: center;">  STOP YEAR </div>	<div style="text-align: center;">  HOURS/WK </div>	<div style="text-align: center;">  MONTHS/YR </div>
<div style="text-align: center;">  START YEAR </div>	<div style="text-align: center;">  STOP YEAR </div>	<div style="text-align: center;">  HOURS/WK </div>	<div style="text-align: center;">  MONTHS/YR </div>
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<div style="text-align: center;">  START YEAR </div>	<div style="text-align: center;">  STOP YEAR </div>	<div style="text-align: center;">  HOURS/WK </div>	<div style="text-align: center;">  MONTHS/YR </div>

Just to be sure that we haven't missed any jobs that might have been part of your working experience, I would like to read you a list of some industries. Please tell me if you ever worked whether you got paid or not, in any of these industries, even if you have already told me about specific jobs in that industry, or even if you worked for only a few months.

G10. Did you ever work at any of these jobs.... [IF YES, ASK G11 - G13.]				[IF YES:]			
				G11. At what age were you first employed in (INDUSTRY)?	G12. How many years did you work in (INDUSTRY)? [01 = < 1 YR]	G13. About how many months per year did you work?	
Y	N	DK	AGE	#YEARS	#MOS/YR		
a.	farmworker or farmer?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	textile, clothing or hosiery manufacture?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
c.	insulation manufacturing or installation?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
d.	heating and cooling systems, installation or repair?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
e.	shipyard worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
f.	construction worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
g.	driver of car, truck, bus, or other vehicle? (not for personal use)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
h.	underground miner?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
i.	floor installation?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
j.	sandblasting?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
k.	roofing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
l.	coke oven worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
m.	refinery worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
n.	welder?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
o.	smelter?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

				[IF YES:]			
G10. Did you ever work at any of these jobs.... [IF YES, ASK G11 - G13.]				G11. At what age were you first employed in (INDUSTRY)?	G12. How many years did you work in (INDUSTRY)? [01 = < 1 YR]	G13. About how many months per year did you work?	
Y	N	DK		AGE	#YEARS	#MOS/YR	
p.	foundry worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
q.	plasterer?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
r.	engine mechanic?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
s.	house or building painter?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
t.	rubber industry?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
u.	boiler maker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
v.	leather worker?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
w.	rocket fuel manufacturing?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

Now I would like to read you a list of materials that you may have used on any jobs, in a hobby, or around the house.

				[IF YES:]					
G14. At least once a week, have you used or worked with, or were you exposed to... [IF YES, ASK G15 - G19.]				G15. Were you exposed to (MATERIAL) on a job, or in a hobby or around the house?				G16. What age were you when you were first exposed to (MATERIAL)?	
				JOB	HOBBY/ HOUSE	BOTH	DK	AGE	
Y	N	DK							
a.	engine exhaust?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
b.	asbestos?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
c.	insulation materials?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
d.	paint thinner or stripper?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
e.	petroleum or other organic solvents?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
f.	soot, coal, tar, or coke tar?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
g.	nickel?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
h.	chromate (chromium plating, chrome pigment)?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
i.	vinyl chloride?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
j.	arsenic?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
k.	cadmium?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
l.	fiberglass?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
m.	pesticides?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
n.	cotton dust or any other kind of dust?	1	2	8	1	2	3	8	<input type="text"/> <input type="text"/>
o.	Is there any other substance you were exposed to that you would like to tell us about?	1	2	8					
	SPECIFY: 1. _____				1	2	3	8	<input type="text"/> <input type="text"/>
	2. _____				1	2	3	8	<input type="text"/> <input type="text"/>

Section H: Closing

H1. Considering the kinds of questions we've asked in this interview, is there anything else you think we need to know?

These are all the questions I have for you. Thank you very much for your patience and cooperation.

Please understand that the questions I've asked you about working with chemicals and about different lifestyle habits are standard questions in this type of research study. It is not known whether any of these things can cause any particular medical problems.

Section I: Interviewer Remarks

I-1. Was the subject helped by a proxy? YES1
 NO[I-4]2

[IF YES:]

I-2. Proxy's relationship to subject:

I-3. To what extent did the proxy contribute information?

Low.....1
 Medium2
 High.....3

I-4. The overall quality of responses was:

High quality[I-7]1
 Generally reliable[I-7]2
 Questionable[I-5]3
 Unsatisfactory[I-5]4
 Other5

SPECIFY:

[IF CODE 3, 4, OR 5 ABOVE:]

I-5. The main reason for questionable or unsatisfactory quality of information was because the respondent:

Did not know enough information regarding the topic01
 Did not want to be more specific.....02
 Sounded bored or uninterested.....03
 Sounded upset, depressed or angry04
 Had poor hearing or speech.....05
 Was confused or distracted by frequent interruptions.....06
 Was inhibited by others around him or her07
 Was embarrassed by the subject matter.....08
 Was emotionally unstable09
 Was physically ill10
 Other.....11

SPECIFY:

I-6. The respondent had trouble with the following sections:	<u>Y</u>	<u>N</u>	<u>DK</u>
A. Personal and Family Background.....	1	2	8
B. Smoking History.....	1	2	8
C. Dietary	1	2	8
D. Alcohol and Coffee Consumption	1	2	8
E. Family History	1	2	8
F. Medical History	1	2	8
G. Occupational History	1	2	8
H. Closing.....	1	2	8

I-7. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.

