

**DRAFT**  
**Items for Consideration for the Total Exposure Study**

**TELEPHONE SCREENING**

Record gender Male Female

What is your date of birth? (mm/dd/yy) *(If age is less 21 than years then ineligible)*

Are you currently employed outside the home? Yes – skip to No

Have you been:

- Out of work for more than 1 year (skip to )
- Out of work for less than 1 year

What are your most important activities or duties on the job?

Previous surveys have shown that people who work in certain jobs may have different reactions or opinions to certain products and ideas. Are you, or anyone in your household, any relative, or close friend employed in any of the following industries or professions? (**READ LIST. PAUSE FOR ANSWER AFTER EACH ITEM. CIRCLE ALL THAT APPLY.**)

- Pharmaceuticals
- Health and beauty aids
- Food manufacturer
- Manufacturer or distributor of wine, beer or liquor
- Journalism
- Tobacco manufacturer or distributor - *Ineligible*
- Advertising
- Market research
- Public relations
- Clinical Research Organization, specify *(If Covance, ineligible)*
- Radio/television station
- Newspaper/Magazine company
- Law firm/Legal counsel for corporation or government agency
- State/Federal government

Within the past 3 months, have you:

- Participated in a marketing research survey?
- Participated in a marketing in-home test (in-home trial of a new product)?
- Donated or given blood? Yes (*Ineligible*) No
- Received a blood transfusion? Yes (*Ineligible*) No
- Participated in a clinical study? Yes (*Ineligible*) No

Do you currently smoke:

Cigarettes	Yes -- Eligible	No - Potentially eligible
Cigars	Yes	No
Pipe	Yes	No
Other	Yes	No

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Have you ever smoked (PRODUCT) on a regular basis:

Cigarettes  
Cigars  
Pipe  
Other

Yes No--skip to  
Yes No--skip to )  
Yes No--skip to )  
Yes No--skip to )

How long has it been since you smoked:

Cigarettes  
Cigars  
Pipes  
Other

- If one year or more then **former cigarette smoker**

If one year or more then **former smoker**

If less than 3 months then ineligible

Over the past 3 months have you used any of the following products?

Snuff

Yes

No

Chewing tobacco

Yes

No

Nicotine patches

Yes

No

Nicotine sprays

Yes

No

Nicotine chewing gum

Yes

No

Other nicotine-containing product

Yes

No

ineligible

What is the full name of your preferred brand of cigarettes you usually smoke now?

*unknow sentence*

#### BRAND SMOKED

Are they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (If respondent answers with more than one brand, probe for brand smoked most often)

(Determine eligibility based on brand list and quota groups)

*Do consumers know and use these terms?*

How many days per week do you typically smoke cigarettes? (If less than 7 days, ineligible)

How many cigarettes do you smoke per day? \_\_\_\_\_

Approximately how long have you been smoking (PREFERRED BRAND)?

NUMBER OF

Days (ineligible)  
Weeks (less than 13, ineligible)  
Months (if less than or equal to 3, ineligible)  
Years

Don't know

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### Items for Consideration for the Total Exposure Study

During the last 3 months, what would you say is the percent of time that you smoked your preferred brand as compared to other brands?

- Less than 25% of the time (*ineligible*)
- 25-49% of the time (*ineligible*)
- About 50% of the time (*ineligible*)
- 51-75% of the time (*ineligible*)
- 76-89% of the time (*ineligible*)
- 90% or more of the time

*If age is 21 years or older and gender is female:*

- |    |                             |                          |    |
|----|-----------------------------|--------------------------|----|
| a. | Are you currently pregnant? | Yes -- <i>Ineligible</i> | No |
| b. | Are you currently nursing?  | Yes -- <i>Ineligible</i> | No |

Within the past year, have you received treatment and/or are on medication for any of the following conditions?

- a. Cancer
- b. High blood pressure
- c. Heart disease
- d. Stroke
- e. Diabetes
- f. Bronchitis (Acute and chronic)
- g. Emphysema
- h. Asthma
- i. Coronary heart disease
- j. Heart infarction
- k. Renal dysfunction
- l. Hyperlipidemia
- m. Acquired Immune Deficiency Syndrome
- n. Hepatitis
- o. Tuberculosis
- p. Allergic disorders
- q. Any other chronic diseases or conditions specify) \_\_\_\_\_
- r. Any other infectious diseases or conditions specify) \_\_\_\_\_

What is your marital status?

- |         |                                       |
|---------|---------------------------------------|
| Are you | Single, divorced, widowed             |
| OR      | Married or living with another adult? |

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**ON-SITE INTERVIEW I**  
**SCREENING**

Record gender (Male Female)

Obtain age verification from Government issued ID

*If age is at least 21 years and gender is female:*

Are you currently pregnant?	Yes	No	(If yes, then subject is ineligible)
Are you currently nursing?	Yes	No	(If yes, then subject is ineligible)

Do you currently smoke:

Cigarettes	Yes	No	} If yes, then <i>ineligible</i>
Cigars	Yes	No	
Pipe	Yes	No	
Other	Yes	No	

Have you ever smoked (PRODUCT) on a regular basis:

Cigarettes	Yes	No
Cigars	Yes	No
Pipe	Yes	No
Other	Yes	No

How old were you when you first started to smoke fairly regularly? \_\_\_\_\_

How many years or months has it been since you smoked:

Cigarettes	_____	months or years	} If more than one year then <i>former smoker</i> – Go to
Cigars	_____	months or years	
Pipes	_____	months or years	
Other	_____	months or years	

Would you describe yourself as an occasional, moderate or heavy smoker?

Occasional  
Moderate  
Heavy

Over the past 3 months have you used any of the following nicotine-containing products?

Snuff	Yes	} <i>ineligible</i>	No
Chewing tobacco?	Yes		No
Nicotine Patches	Yes		No
Nicotine Sprays	Yes		No
Nicotine chewing gum	Yes		No
Other	Yes		No

What is the full name of your preferred brand of cigarettes you usually smoke now?

\_\_\_\_\_  
BRAND SMOKED

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Are they (Please circle all that apply)

- a. Ultra Lights, Lights, Milds, Medium or Full Flavor;
- b. Menthol or Non-Menthol (Regular)
- c. Kings, 100s, or 120s;
- d. Box or Soft Pack
- e. Filtered or Non-Filtered (*If respondent answers with more than one brand, probe for brand smoked most often*)

Approximately how long have you been smoking (BRAND)'s

\_\_\_\_\_ } of Days (*ineligible*)  
NUMBER OF Weeks (*if less than 13, ineligible*)  
Months (*if less than 3, ineligible*)  
Years  
Don't know

During the last 3 months, what would you say is the percent of time that you smoked your preferred brand as compared to other brands?

- Less than 25% of the time (*ineligible*)
- 25-49% of the time (*ineligible*)
- About 50% of the time (*ineligible*)
- 51-75% of the time (*ineligible*)
- 76-89% of the time (*ineligible*)
- 90-99% of the time
- All of the time

On the average weekday, that is, Monday through Friday, how many cigarettes do you usually smoke a day? \_\_\_\_\_

- Would you say that you smoke:
- Less than ½ pack per day?
  - At least ½ but less than 1 pack per day?
  - More than 1 but less than 1½ packs per day?
  - At least 1½ but less than 2 packs per day?
  - At least 2 but less than 2½ packs per day?
  - At least 2½ packs per day

And would you say that, during the weekday you smoke (insert amount from above) cigarettes:

(NOTE: If unable to give a response probe to determine whether the pattern is irregular. If so, then indicate variable but only give options that indicate a specific pattern)

- Fairly evenly throughout the day? Or
- More in the morning? or
- More in the afternoon or
- More in the evening or
- Variable

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Over the weekend, how many cigarettes do you smoke a day? Would you say that you smoke:

(NOTE: If unable to give a response probe to determine whether the pattern is irregular. If so, then indicate variable but only give options that indicate a specific pattern)

- Less than  $\frac{1}{2}$  pack per day?
- At least  $\frac{1}{2}$  but less than 1 pack per day?
- At least 1 but less than  $1\frac{1}{2}$  packs per day?
- At least  $1\frac{1}{2}$  but less than 2 packs per day?
- At least 2 but less than  $2\frac{1}{2}$  packs per day?
- At least  $2\frac{1}{2}$  packs per day

And would you say that, over the weekend you smoke (insert amount from above):

- Fairly evenly throughout the day? or
- More in the morning? or
- More in the afternoon or
- More in the evening
- Variable

Was there ever a time when you smoked more than (number on \_\_\_\_ or \_\_, whichever is larger) cigarettes a day?

Yes      No      *Skip to Q*      Don't know

During the time that you smoked more cigarettes than you currently do, would you say that you smoked  
(NOTE: *Only give options that are greater than what is currently smoked*):

- Less than  $\frac{1}{2}$  pack per day?
- At least  $\frac{1}{2}$  but less than 1 pack per day?
- At least 1 but less than  $1\frac{1}{2}$  packs per day?
- At least  $1\frac{1}{2}$  but less than 2 packs per day?
- At least 2 but less than  $2\frac{1}{2}$  packs per day?
- At least  $2\frac{1}{2}$  packs per day

And when was it that you smoked (*Enter response for how many smoked when smoked more*)? Was it:

- 1 to 3 months ago?
- Greater than 3 but less than 6 months ago?
- 6 months to a year ago?
- More than one year ago?

Was there ever a time that you smoked less than \_\_\_\_\_ cigarettes per day?

Yes    No- *skip to*

During the period that you smoked fewer cigarettes than you currently do, would you say that you smoked (NOTE:  
*Only give options that are less than what is currently smoked*):

- Less than  $\frac{1}{2}$  pack per day?
- At least  $\frac{1}{2}$  but less than 1 pack per day?
- At least 1 but less than  $1\frac{1}{2}$  packs per day?
- At least  $1\frac{1}{2}$  but less than 2 packs per day?
- At least 2 but less than  $2\frac{1}{2}$  packs per day?

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And when was it that you smoked (Enter response for how many smoked when smoked less)?

Was it :

1 to 3 months ago?

Greater than 3 but less than 6 months ago?

6 months to a year ago?

More than one year ago?

*are there  
eligibility issues here?  
What are they -  
not indicated*

Have you ever smoked another brand of cigarettes on a regular basis? (Yes No - skip to )

What was the full name of your previous preferred brand of cigarettes?

**BRAND SMOKED**

Were they (Please circle all that apply)

Ultra Lights, Lights, Milds, Medium or Full Flavor;

Menthol or Non-Menthol (Regular)

Kings, 100s, or 120s;

Box or Soft Pack

Filtered or Non-Filtered (*If respondent answers with more than one brand, probe for brand smoked most often*)

(Determine tar level)

When you smoked (PREVIOUS BRAND) did you smoke more than, less than, or about the same number of cigarettes per day as you smoke now?

More than

Less than

About the same

Don't know

Have you ever removed the filter on your cigarette before smoking? (Yes No - skip to )

If yes, how often do you remove the filter?

Always

Sometimes

Rarely

Never

Have you ever covered the holes in the filter of your cigarette (with you mouth/lips/fingers/tape) during smoking?

If yes, how often do you cover the holes?

Always

Sometimes

Rarely

Never

*concept of  
purposefulness*

Do you often have cigarettes burn up in the ashtray? Yes No - skip to

And what percent of the time does this happen? \_\_\_\_\_

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Is that usually after smoking most, some or very little of the cigarette?

Most  
Some  
Very little

About how far down do you typically smoke the cigarette before putting it out?

Smoke almost to the filter  
Smoke about  $\frac{3}{4}$   
Smoke about  $\frac{1}{2}$   
Smoke about  $\frac{1}{4}$  of the cigarette

Do you normally inhale? Yes      No – *skip to*

How deeply do you normally inhale? Do you:

Just puff; don't really inhale at all?  
Inhale into the chest, but not too deeply?  
Inhale into the chest deeply?

How soon after you wake up do you smoke your first cigarette?

Within 5 minutes  
6-30 minutes  
30-60 minutes  
After 60 minutes

Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. in a church, at the library, in  
cinema, etc.?      Yes      No

Which cigarette would you hate to give up?

The first one in the morning  
All others

How many cigarettes/day do you smoke?

10 or less  
11-20  
20-30  
30 or more

Do you smoke more frequently during the first hours after waking than during the rest of the day?      Yes      No

Do you smoke when you are so ill that you are in bed most of the day?      Yes      No



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**DEMOGRAPHICS**

What is your race?

White/Caucasian  
Black/African American  
Asian/Pacific Islander  
Native American  
Spanish or Hispanic origin or  
Other (specify) \_\_\_\_\_

*important  
language -  
is this  
sociological  
usage  
demographic standard?*

Are you:

Married  
Divorced  
Widowed  
Separated  
Never been married  
or  
A member of an unmarried couple

What is the highest grade or year of school you completed?

Never attended school or only attended kindergarten  
Grades through 8 (Elementary)  
Grades 9 through (Some high school) 12  
Grade 6 GED (High school graduate)  
College year to 3 years (Some college or technical school)  
College 4 years or more (College graduate)

Are you currently:

Employed for wages  
Self-employed  
Out of work for more than year  
Out of work for less than year  
Homemaker  
Student  
Retired or  
Unable to work

Is your annual household income from all sources:

- |  |                                  |
|--|----------------------------------|
| a. Less than \$25,000 (\$20,000 to < \$25,000) | If "no," ask e; if "yes," ask b  |
| b. Less than \$20,000 (15,000 to < \$20,000)   | If "no," code a; if "yes," ask c |
| c. Less than \$15,000 (\$10,000 to < \$15,000) | If "no," code b; if "yes," ask d |
| d. Less than \$10,000                          | If "no," code c If "no," code c  |
| e. Less than \$35,000 (\$25,000 to < \$35,000) | If "no," ask f                   |
| f. Less than \$50,000 (\$35,000 to < \$50,000) | If "no," ask g                   |
| g. Less than \$75,000 (\$50,000 to \$75,000)   | If "no," code h                  |
| h. \$75,000 or more                            |                                  |

*why this order -  
i.e. why  
not program*

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**HEALTH CHARACTERISTICS**

Place a check-mark by the following diseases or conditions for which you have received treatment and/or medication as a result of a diagnosis by a doctor.

Disease/Condition	Treatment/Complications	Status: Ongoing or Recovered	Date of Onset	Date of Resolution
Cancer				
High blood pressure				
Heart disease				
Stroke				
Diabetes				
Bronchitis (Acute and chronic)				
Asthma				
Coronary heart disease				
Heart infarction				
Renal dysfunction				
Hyperlipidemia				
Acquired Immune Deficiency Syndrome				
Hepatitis				
Allergic disorders				
Other				
Other				

(If female) Are you currently taking an oral contraceptive? Yes No – Skip to

What is the name of the oral contraceptive? \_\_\_\_\_

How long have you been taking this oral contraceptive? \_\_\_\_\_ { Months  
Years

(If female) What was the date of your last menstrual cycle? \_\_\_/\_\_\_/\_\_\_

(If female) Are you on hormone replacement therapy? Yes No – Skip to

If yes, How long have you been on hormone replacement therapy? \_\_\_\_\_

If yes, What is the name of the hormone replacement therapy medication that you are currently taking?

Describe any family history or genetic concerns, (Please list family member in relation to self (i.e., mother) and name of condition)

Relationship	Disease/Condition

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**OCCUPATIONAL EXPOSURES**

Are you currently employed outside the home? Yes No

Do you work:

Part-time (Less than 30 hours per week)

Full-time (30 or more hours per week)

Do not work – *SKIP TO*

(NOTE: If subject has more than one job, obtain the following information for each job that the subject has held for the past three months and works at least 15 hours per week)

How long have you worked at your current job?

What is your title?

What kind of business or industry do you work for? That is, what do they make or do?

What are your most important activities or duties on the job?

(Show Card # \_\_) Did you ever work with any of these substances on the job?

Paint  
Turpentine  
Fabric Dyes

\* Lawn

Chainsaw

Cotton or other textile fibers or dust

Petrochemical plant emissions

Varnish

Glue Any type

Inks

Wooddust/sawdust

Weed trimmer

Insecticides or garden sprays

Grain elevator dust

Paint Thinner

Meta Crafts

Automobile exhaust fumes

Lawn Mower

Other gasoline or kerosene fueled device

Cadmium

*devices*  
*circled items are not substances*

For each exposure, indicate the extent of exposure.

Exposure	Number of days/week exposed	Number of hours per/day exposed

What are your normal work hours?

Early morning - Early evening (1<sup>st</sup> shift/Regular business hours)

Afternoon - Late evening (2<sup>nd</sup> Shift)

Late evening - Early morning (3<sup>rd</sup> Shift)

Do you share your personal workspace with one or more people? Yes No Skip to

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How many other co-workers share your personal workspace? \_\_\_\_

During an average workday, approximately what percentage of your work hours is spent at your personal workspace? \_\_\_\_ %

Does your workplace have any type of smoking restrictions? Yes No

Which of the following statements best describes the smoking restrictions at your workplace:

- No one (whether employees, clients or visitors) is allowed to smoke anywhere in the building – *skip to*
- Employees, clients or visitors are allowed to smoke only in designated areas
- Employee's smoking is restricted to designated areas but clients and visitors occasionally smoke outside these areas.
- Employee's smoking is restricted to designated areas but the restrictions are informal and people smoke anyway.

Are there any clients or visitors who typically or occasionally smoke within 100 feet of your personal workspace?

Approximately how many of your co-workers smoke cigarettes while at their personal workspace?

Of those (*insert #*) co-workers who smoke while at their personal workspace, would you say that the nearest one works within 100 feet, or more than 100 feet, from your personal workspace?

- Within 100 feet
- More than 100 feet – *Skip to*

For each distance listed below, please write in the number of co-workers who smoke any tobacco products within this distance from your personal workspace. (*If none, write "0"*)

- Within 5 ft. \_\_\_\_
- 5 - 10 ft. \_\_\_\_
- 10 -- 20 ft. \_\_\_\_
- 20- 50 ft. \_\_\_\_
- 50-100ft. \_\_\_\_
- 100 ft. or more \_\_\_\_

How is your workplace heated? (*Circle all that apply*)

- a. Electric
- b. Gas
- c. Kerosene
- d. Steam
- e. Oil
- Fireplace insert:
  - f. Wood burning
  - g. Coal burning
  - h. Gas logs
- Fireplace w/o an insert
  - i. Wood burning
  - j. Coal burning
  - k. Gas logs
- l. Other: specify \_\_\_\_\_
- m. Don't know

*Do people really know this? Should not have been a "don't know" as we apply to whole list & not just fireplace w/o an insert. If so, fix spacing*

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How is your workplace cooled?

- a. Central air/Heat pump
- b. Window air conditioning unit
- c. Fan - portable
- d. Fan - ceiling
- e. Fan - window
- f. Open the windows
- g. Evaporative (swamp cooler)
- h. Other: specify \_\_\_\_\_

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**HOUSEHOLD EXPOSURES**

---

How would you describe the place you currently live?

- Farm
- Rural areas, nonfarm
- Small town (<20,000 population)
- Large town (20,000-49,999 population)
- Metropolitan area (50,000 or more population)

How long have you lived at your current address?

- Less than 3 months
- 3 months - 1 year
- 1 - 5 years
- 6-10 years
- Over 10 years

Do you live in a:

- House
- Apartment/Condominium/Townhouse/Duplex
- Mobile Home/Trailer
- Other, specify

Approximately what year was your home/apt./etc. built?

Thinking about the heated portion of your home, how many of each of the following rooms are in your home?  
(Circle the number for each type of room)

Bedrooms	0	1	2	3	4	5	6
Bathrooms	0	1	2	3	4	5	6
Den/living/Sitting room/etc.	0	1	2	3	4	5	6
Kitchen	0	1	2	3	4	5	6
Separate dining room	0	1	2	3	4	5	6
Other, _____	0	1	2	3	4	5	6

Considering only the heated portion of your home, what is the approximate size of your home in square feet? \_\_\_\_\_

How is your home heated? (Circle all that apply)

- a. Electric
- b. Gas
- c. Kerosene
- d. Steam
- e. Oil
- Fireplace insert:
  - f. Wood burning
  - g. Coal burning
  - h. Gas logs
- Fireplace w/o an insert
  - i. Wood burning
  - j. Coal burning
  - k. Gas logs
  - l. Other: specify \_\_\_\_\_
- m. Don't know

*indent confusing*

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How is your home cooled?

- a. Central air/Heat pump
- b. Window air conditioning unit
- c. Fan - portable
- d. Fan - ceiling
- e. Fan - window
- f. Open the windows
- g. Evaporative (swamp cooler)
- h. Other: specify \_\_\_\_\_
- i. Don't know

What method do you use for cooking?

- a. Gas stove
- b. Electric stove
- c. Wood stove
- d. Other, Specify \_\_\_\_\_

What is the approximate height of the ceilings in your home?

Does your home have an attached garage, basement or workshop?      Yes    No – *SKIP TO*

If yes, Do you park any motor vehicles in these areas -      Yes      No

On average, during the past 3 months, how many days did you keep the windows of your house open?

Are there other smokers in your household in addition to yourself?      Yes    No – *SKIP TO*


How many other smokers are there in your household? \_\_\_\_\_

For each smoker above, does he or she (do they) smoke:

<u>Product</u>	<u># of other smokers in your household who smoke the product listed</u>
____ Cigarettes	____
____ Cigars	____
____ Pipes	____
____ Other	____

For each smoker above, how often are you exposed to his or her (their) smoke?

<u>Frequency</u>	<u># of other smokers in your household who smoke the product listed</u>
____ Every day	____
____ 4 - days per week	____
____ 3 days per week or less	____



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For each smoker above, approximately how many hours per day would you say he or she smokes (they smoke) in your presence?

<u>Frequency</u>	<u># of Smokers in your household who smoke the product listed</u>
___ 8 or more hours per day	___
___ Four or more hours per day but fewer than 8	___
___ 3 or fewer hours per day	___

Do visitors, housekeepers or other in-home workers ever smoke cigarettes inside your home? Yes No -  
*SKIP TO*

How often do they smoke inside your home?

Less than 1/mo.  
1/mo. or more

How many of your friends smoke? Would you say

None  
Some  
Most  
All

How many times per week do you visit these friends in their homes? \_\_\_\_



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**EXPOSURE IN VEHICLES**

Do you typically smoke in your car with family or friends?      Yes      No

Do you typically smoke inside your car when alone?      Yes      No

Within the past three (3) months, have you traveled daily or at least a couple of times per week by car, train, bus or other enclosed vehicle which was smoky (or where you could at least smell tobacco smoke) most of the time?

Yes      No - *Skip to*

a. Type of Vehicle	b. No. of Hours/Day Exposed	c Intensity of Smoke
		1. Very Smoky 2. Fairly Smoky 3. A little Smoky
Car		
Train		
Bus		
Other, specify		

Which method of transportation do you use to go to and from work?

Car/van as driver  
 Car/van as passenger  
 Train  
 Subway  
 Public bus  
 Walk the full distance  
 Bike  
 Motorcycle  
 Other, specify

} *If any of these only, (i.e. not in a vehicle, skip to )*

How many people typically ride in the same vehicle or same section of the vehicle with you?

Self only  
 Self + 1 person  
 Self + 2 persons  
 Self + 3 persons  
 Self + 4 persons  
 Self + 5 persons  
 Self + 6 or more persons

*mid space*

Do any of these people smoke in the vehicle on the way to/from work?      Yes      No

In your current employment, is the majority of your workday spent:

Outdoors  
 In a vehicle  
 Combination

*None of these*

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**EXPOSURE TO CHEMICALS FROM OTHER SOURCES**

For the following list of substances indicate whether the subject has had contact with it or used it outside of work.

SUBSTANCES	CONTACT		If yes, during what years was this?		How would you describe your contact? 1. Regular, low 2. Occasional, low 3. Regular, moderate 4. Occasional, moderate 5. Regular, high 6. Occasional, high
			From: 19	To:	
Paint	Yes	No			
Varnish	Yes	No			
Paint thinner	Yes	No			
Turpentine	Yes	No			
Glue, any type	Yes	No			
Metal Crafts	Yes	No			
Fabric dyes	Yes	No			
Inks	Yes	No			
Automobile exhaust fumes	Yes	No			
Lawn	Yes	No			
Wooddust/sawdust	Yes	No			
Lawn Mower	Yes	No			
Chainsaw	Yes	No			
Weed Trimmer	Yes	No			
Other gasoline or kerosene fueled device	Yes	No			
Cotton or other textile fibers or dust	Yes	No			
Insecticides or garden sprays	Yes	No			
Petrochemical plant emissions	Yes	No			
Grain elevator dust	Yes	No			
Cadmium,	Yes	No			
Other	Yes	No			

Did you or anyone in your home use or open any chemicals, solvents, cleaning agents, or odorous material not previously mentioned? *If yes, list*

Did you or anyone in your household engage in other activities that might generate odors? *If yes, describe*

Did you or anyone in your household engage in other activities that might generate dust, smoke, etc.? *If yes, describe*

**FOOD HISTORY**

Created on 7/05/00 Revised on: 9/12/00  
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BLN

*circled items are not substances*

*How is "other" meaningful here?*

*Put back*

# DRAFT

## Items for Consideration for the Total Exposure Study

On the average, how many days per week do you eat the following foods? (If less than once a week, but at least twice a month, write 1/2.

Beef	Cabbage/Broccoli/Brussel sprouts
Pork	Raw vegetable
Chicken/Poultry	Carrots
Liver/Veal	Squash/Corn
Ham	Citrus fruits/juices
Fish/Seafood	Spaghetti/Macaroni/White rice
Smoked meats	White bread/Rolls/Biscuits
Frankfurters/Sausage	Brown rice/Whole wheat/Barley
Butter	Bran/Corn muffins
Margarine	Potatoes
Cheese	Oatmeal/Shredded wheat/Bran
Eggs	Cold (Dry) cereals
Green leafy vegetables	Ice cream
Tomatoes	Chocolate

How many days a week do you eat the following foods?

Fried eggs	French fries
Fried bacon	Fried hamburgers or beef
Fried chicken/fish	Other fried foods

DO NOT EAT FRIED FOODS

Do you eat a vegetarian diet? Yes No

If "yes," what type and for how many years? \_\_\_\_\_

Has there been a major change in your diet in the last 0 years? Yes No

If "yes," what was the change?

Do you now or have you ever added artificial sweeteners (saccharin or cyclamates) to coffee, tea, or other drinks or food?

Yes, currently      formerly      Never

If ever used artificial sweeteners, indicate amount per day and for how long.

Packets:	No. per day:	Years:
Drops	No. per day:	Years:
Tablets:	No. per day:	Years:

Do you get your drinking water from: \_\_\_\_\_ City supply      Private well      Other, specify \_\_\_\_\_

Do you add any substances to soften your drinking water? Yes No

last ~~200~~ <sup>2000</sup> years?

I often use artificial sweeteners? Are you ~~not~~ intentionally restrictive?

**DRAFT**  
**Items for Consideration for the Total Exposure Study**

**FOOD HISTORY**

How many cups, glasses, or drinks of these beverages do you usually drink a day, and for how many years? (If you no longer drink a listed beverage, or your pattern has changed in the last ten years, indicate previous and current amounts. If less than once a day, but at least three times a week, write ½.)

Beverages	Currently		Previously	
	Amt.	Yrs	Amt	Yrs
Whole milk (skim milk)				
Caffeinated coffee				
Decaffeinated coffee				
Tea				
Diet soda/ diet iced tea				
Non-diet colas				
Other non-diet soft drinks				
Beer				
Wine				
Hard liquor				

**MEDICATIONS AND VITAMINS**

How many times in the last month have you used the following and how long have you used them? (If none, write 0; if used only occasionally, write ½.)

Medications and vitamins	Time	Years
Aspirin, Bufferin, Anacin		
Tylenol		
Vitamin A		
Vitamin C		
Vitamin E		
Multi-vitamins		
Blood pressure pills Diuretics (water pills)		
Thyroid medications		
Heart medications		
Anti-acid medications		
Valium		
Librium		
Prescription sleeping pills		
Tagamet (for ulcers)		
Allergy Medication		
Oral contraceptive		
Herbal or other dietary supplements (Please list)		
Other:		

what NSAIDs  
 (Advil, etc?)  
 Motrin

Bailed? Steward? Munoz? Law?

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## DRAFT

### Items for Consideration for the Total Exposure Study

#### HOW TO WRITE A FOOD JOURNAL

The following information can be used as a tool in describing your food intake when filling out your food consumption journal.

#### **Beverages**

Instant or regular Caffeinated or decaffeinated  
Sweetener---- sugar or artificial sweetener Alcohol-type  
Creamer---- milk or cream or artificial creamer---- low fat (light) or regular

#### **Bread and grains**

Homemade or store bought or bakery  
Added fat or toppings

#### **Cereals**

Ready to eat---- name brand---- added sweetener  
Cooked---- instant or regular---- added fat or sweetener

#### **Dairy products**

Acidophilus Percent fat---- whole or /% or % or % or skim (nonfat)  
Flavoring fruit or plain or chocolate or sugar-free Condensed  
Evaporated Dry (type and dilution)

#### **Fats**

Butter---- whipped or stick or light  
Margarine---- fat free or reduced calorie (light) or regular---- stick or tub  
Oil---- type  
Mayonnaise/salad dressing---- regular or fat free or cholesterol free or reduced calorie (light) or flavor

#### **Fruit**

Dried Fresh  
Frozen  
Canned---- water packed or juice packed or light---- syrup or medium---- syrup or heavy---- syrup

#### **Juice**

Fresh Frozen---- added sweetener  
Canned---- added sweetener or fortified (i.e., with calcium or vitamins)  
Drink---- flavor

#### **Meat**

Type---- fish or pork or poultry or beef or lamb or veal or other  
Cut (i.e., Thigh, chop, sirloin) Percent fat---- regular or lean or extra lean  
Skin---- eaten or removed Preparation method---- breaded or fried or grilled, etc)

#### **Sweets & desserts**

Cakes---- flavor---- iced or not iced Candy---- sugar or chocolate  
Cookies---- description (i.e., fruit, nuts, icing) Pies---- description (i.e., fruit, nuts, icing)  
Doughnuts---- description (i.e., fruit, nuts, icing) Brownies---- description (i.e., fruit, nuts, icing)  
Store---- bought or homemade

#### **Vegetables**

Fresh Frozen---- added fat  
Canned---- added fat Skin---- eaten or removed  
Preparation method

#### **Prepared foods**

Label Name brand  
Description

#### **Preparation method**

Baked Grilled  
Fried Breaded  
Barbecued/Open Flame

### Items for Consideration for the Total Exposure Study

Use the form below to record information about what cigarettes you smoke, when and where you smoke.

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**DRAFT**  
**Items for Consideration for the Total Exposure Study**  
**ON-SITE INTERVIEW II**

**ALCOHOL USE**

- In any one year, have you had at least 12 drinks of any type of alcoholic beverage? Yes No
- In your entire life, have you had at least 12 drinks of any type of alcoholic beverage? Yes No
- In the past year, how often did you drink any type of alcoholic beverage?  
\_\_\_\_ Number of times – Indicate time period (Week, month, year)
- In the past year, on those days that you drank alcoholic beverages, on the average, how many drinks did you have?
- In the past year, on how many days did you have 5 or more drinks of any alcoholic beverage?

**PHYSICAL ACTIVITY**

- How often do you do vigorous activities for at least 10 minutes duration that cause heavy sweating or large increases in breathing or heart rate?  
\_\_\_\_ (Number) times per (day, week, month or year)  
Unable to do this type of activity
- About how long do you engage in vigorous activities each time? \_\_\_\_ - Time period (minutes, hours)
- How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?  
\_\_\_\_ (Number) – times per (Day, week, month, year)
- About how long do you do these light or moderate activities each time?  
\_\_\_\_ Number – Indicate time period (Day, week, month, year)
- How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)  
\_\_\_\_ (Number) – times per (Day, week, month, year)

**ETS INDOORS, IN PLACES OTHER THAN THE HOME OR WORK PREMISES OR VEHICLES, e.g.  
RESTAURANTS, BARS, PUBS, CINEMAS, THEATERS, FRIENDS' HOMES, etc.**

- Within the past three months, have you ever spent regularly (at least once a week) some time in a smoky place (or where you could at least smell tobacco smoke) indoors other than at home or at work.  
Yes No -- *Skip to*

If yes indicate below where exposure took place and for each exposure determine the following:

- Number of hours per week exposed to tobacco smoke in this place
- Smoke intensity (Very, fairly or a little smoky)
- Size of room (Small – under 130 ft<sup>2</sup>; Medium – 130-260 ft<sup>2</sup>; Large – 260-600 ft<sup>2</sup>; Very large- over 660 ft<sup>2</sup>)

*approximate dimensions may help*

a. Site of exposure	b No. Hrs/week exposed	c Smoke Intensity	d Room size

SPECIMEN COLLECTION: WEEK \_



# DRAFT

## Items for Consideration for the Total Exposure Study

Within the past 3 days, have you smoked any of the following:

Cigarettes	Yes		No
Cigars	Yes	}	No— <i>skip to</i>
Pipe	Yes		No-- <i>skip to</i>
Other	Yes		No-- <i>skip to</i>

Since the last time you were interviewed, have you used any of the following:

Snuff	Yes		No
Chewing tobacco?	Yes	}	No
Nicotine Patches	Yes		No
Nicotine Sprays	Yes		No
Nicotine chewing gum	Yes		No
Other nicotine-containing product	Yes		No

*If smoked cigarettes only*, Within the past three (3) days, how many cigarettes did you smoke? \_\_

Were they your usual brand? If no, determine brand name and type

Since the last time you were interviewed have you made any changes in the way that you smoke?

*If yes*, what was the change(s)?

Changed cigarette brands	Yes	No
Switched to a lower tar product	Yes	No
Started smoking another tobacco product in addition to cigarettes	Yes	No
Reduced the number of cigarettes smoked	Yes	No
Increased the number of cigarettes smoked	Yes	No
Stopped smoking cigarettes	Yes	No

Since the time of your last interview, have there been changes in the frequency and intensity of smoke exposure for any of the following:

Work	Yes	No
Home	Yes	No
Commute to and from work	Yes	No
Other, Specify	Yes	No

For each change, determine the extent of change

Cigarette butt:

Collection Week	# Returned	# Not returned	# Borrowed
Brand			

Cigarette packs:

Collection Week:
------------------

**DRAFT**  
**Items for Consideration for the Total Exposure Study**

	Brand:	Brand:	Brand:
Tar Yield			
Nicotine Yield			
Mentholation Type			
Filter Type			
Circumference			
Cigarette Length			

Determine agreement between number of cigarette butts and number of packs

For each medication bottle returned, indicate the following:

Name	Dosage	Strength	Regimen	Disease/Condition	Length of Time

- Have you have any changes in employment or living conditions since your last visit?

*If yes, please describe.*

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