

## HALT-C Trial Q x Q

### Cigarette Smoking History - Risk Factors AS

Form # 142 Version B: 12/03/2001

**Purpose of Form #142:** The purpose of the Cigarette Smoking History form is to determine how a patient's history of cigarette smoking influences the course of liver disease in persons with hepatitis C. This form records the patient's cigarette smoking history using a self-administered questionnaire.

**When to complete Form #142:** This form should be completed for all patients at the following study visits. Form #142 will be data entered at each clinical site.

- Lead-in patients: Week 8 (W08).
- Express patients: Month 9 (M09).

#### **SECTION A: GENERAL INFORMATION**

- A1. Affix the patient ID label in the space provided.
  - If the label is not available, record the ID number legibly.
- A2. Enter the patient's initials exactly as recorded on the Trial ID Assignment form.
- A3. Enter the three-digit code corresponding to this visit.
- A4. Record the date of the visit in MM/DD/YYYY format.
- A5. Enter the initials of the person completing Section A of the form.

#### **SECTION B: HISTORY OF CIGARETTE SMOKING**

- The patient should complete section B by following the directions written on Form #142.
- All questions and answers refer only to cigarette smoking. Cigar and/or pipe smoking should not be considered when the patient is answering the questions. If the patient offers information on cigar and/or pipe smoking, this can be added as a form level comment.
- If the patient is not able to complete Form #142 by her/himself, the interviewer may read the questions and answers to the patient and record the answers given by the patient on the form. If the interviewer completes the form in this manner, please note so in the margins of the form by writing "form completed by interviewer" with the initials of the interviewer.
- It is important that the patient complete all of the items on Form #142.
  - Review the form for any missing items.
  - Make sure that each item has only a single answer selected.
  - Please ask the patient to complete any missing or doubly marked items.
- B1. The patient should circle one answer. If the answer is NO, then the form is complete. The patient should stop and return the form. If the answer is YES, then s/he should continue to question B2.
- B2. The patient should write in the age when s/he started smoking cigarettes in the space provided. If s/he has never smoked regularly or does not remember the age when smoking

cigarettes began, then s/he should circle the appropriate option. If the answer is I'VE NEVER SMOKED REGULARLY, then the form is complete. The patient should stop and return the form.

- B3. The patient should circle one answer. If the answer is YES, then s/he should skip to question B6. If s/he answers NO, then s/he should continue to question B4.
- B4. If the patient does not currently smoke cigarettes (answer to question B3 was NO), s/he should write in the age in the space provided when s/he quit smoking for the last time.
- B5. If the patient does not currently smoke cigarettes (answer to question B3 was NO), s/he should circle one answer from the six choices provided. The form is complete. The patient should stop and return the form.
- B6. If the patient currently smokes cigarettes (answer to question B3 was YES), s/he should circle one answer from the six choices provided. The form is complete. The patient should stop and return the form.