CAPI QUESTIONNAIRE

April 9, 2002

INTRODUCTION: Good morning, My name is …….., and as Dr. Xx (the Research Physician of each hospital for case) told you, I'm here to interview you.
My name is and, as we agreed by phone, I'm here to interview you (for population controls).
In this interview we'll be discussing a number of topics including your work history, your smoking habits, and other health related topics related to you and your family.
Of course your participation is voluntary and all the information will be kept completely confidential. Please stop me any time you don't understand the questions and I'll try to make them clearer.

GENERAL NOTE:
The electronic version of the questionnaire used for CAPI has the following characteristics:

- automatic skip patterns
- warning messages for incorrect/unusual values
- warning messages for incomplete compilation of each page
- consistency checks between selected variables
- predefined list (dictionary) of Italian municipalities and occupational carcinogens are automatically showed, so that the interviewer has only to select the right answer
- in the sib section (pag 23) automatic presentation of Initial and birth order of complete sib-ship
- in the occupational history synoptic presentation of all jobs held by the subjects to facilitate consistency checks between periods and jobs

The numbered sequence of the questions in this English version is not always coherent due to changes introduced during many revisions of the instrument. The sequence is complete and correctly reported in the electronic version.

SUBJECT IDENTIFICATION:

FIRST NAME: _____

LAST NAME: _____

MAIDEN NAME _____

(for women, write both last and maiden name)

BIRTHDATE: |__|__| / |__|__| / |__|__|__|__|

SEX CODE : 1. |__| M 2. |__| F

SUBJECT CODE : |__|__|__|__|

INTERVIEW INFORMATION:

DATE OF INTERVIEW: |__|__| / |__|__| / |__|__|__|__|

START TIME: |__|__| : |__|__|

INTERVIEW SITE:	1-20	|__||__|	Hospitals
	21	|__|	Clinica del Lavoro
	22	|__|	Home
	23	|__|	Others

INTERVIEWER INITIALS, FIRST & LAST NAMES: |__||__|

INTERVIEWER CODE: |__||__|

SECTION A. SUBJECT'S CHARACTERISTICS

I'll begin by asking various questions about you.

A1. What's the highest level of schooling that you've completed?

Educational Level

1. |__| None
2. |__| Elementary School
3. |__| Lower Middle School
4. |__| Teacher Training High School
5. |__| Technical, Industrial, Commercial H.School
6. |__| College Prep. High Schools (Classical, Science, Art)
7. |__| Post H.S. Academies or Junior Colleges
8. |__| Degree|
9. |__| Postgraduate
10. |__| Other _____

A2. What's your parent's religion when you were born? (check all that apply)

1. |__| None
2. |__| Catholic
3. |__| Jewish
4. |__| Moslem
5. |__| Protestant
6. |__| Other _____
7. |__| Don't know

A3. At the moment, are you: (*read)*)

1. |__| Married
2. |__| Cohabiting
3. |__| Separated
4. |__| Widowed
5. |__| Divorced
6. |__| Single

A4. How tall are you? Centimeters |__|__|__|

A5. One year ago, what was your weight ? Kilograms |__|__|__|

A6. When you were 8 or 9, were you thought to be ?

1. |__| A lot thinner than most girls/boys of your age
2. |__| A little thinner than most girls/boys of your age
3. |__| About the same
4. |__| Somewhat heavier than most girls/boys of your age
5. |__| Much heavier than most girls/boys of your age
6. |__| Don't know

A7. When you gain weight, where on your body do you mainly tend to add weight? (check all that apply)

1. |__| Around the chest and shoulders
2. |__| Around the waist
3. |__| Around the hips and thighs
4. |__| All over the body
5. |__| Other _____
6. |__| Doesn't gain weight
7. |__| Don't know

(*For women only ask question A8, otherwise ask A9*)

A8. Not counting after a pregnancy, how many times, since you were twenty, have you lost as much as 7 or more kg and then gained them back?

1. |__| Never
2. |__| 1 to 4 times
3. |__| 5 to 9 times
4. |__| 10 to 14 times
5. |__| 15 to 19 times
6. |__| 20 or more times
7. |__| Don't know

(*For men only ask A9, otherwise go to section B*)

A9. Did you do military service? 1.|__| Yes (*Go the next section*) 0.|__| No

A10. Why?

0. |__| Conscientious objector
1. |__| Ineligible for medical reasons
2. |__| Family reasons
3. |__| Other

SECTION B. TOBACCO SMOKING

Now I would like to ask you some specific questions about the type and amount of tobacco consumption during your life.

Fill in each row

B1. In <u>your entire life</u> have you smoked at least	YES NO	B2. During the last 6 months have you usually smoked	B3. If some days, On how many of THE PAST 30 DAYS did you smoke a
a. 100 cigarettes?	|__| (B2) |__| (B1b)	|_| Every day (B1b) |_| Some days (B3) |_| Not at all (B1b)	cigarette? |_|_| 00=None 99=Don't know
b. 50 cigarillos?	|__| (B2) |__| (B1c)	|_| Every day (B1c) |_| Some days (B3) |_| Not at all (B1c)	Cigarillos? |_|_| 00=None 99=Don't know
c. 35 cigars?	|__| (B2) |__| (B1d)	|_| Every day (B1d) |_| Some days (B3) |_| Not at all (B1d)	Cigar? |_|_| 00=None 99=Don't know
d. 35 pipefuls of tobacco?	|__| (B2) |__|	|_| Every day |_| Some days (B3) |_| Not at all (B4)	Pipe? |_|_| 00=None 99=Don't know

Check B1:

If NO in all B1 a,b,c,d go to B4

if cigarettes smoked, go ***to Cigarette smoking pag 7***
if cigarillos smoked, , go ***to Cigarillos smoking pag 11***
if cigars smoked, , go ***to Cigars smoking pag 13***
if pipe, but, go ***to Pipe smoking pag 15***

B4. Now I'm going to ask you about the types of tobacco that you may use only occasionally.
Have you ever tried to smoke any type of tobacco, even once or a few times or on occasions (for ex. while with friends, at parties, or dinners, etc..)?

1.|__| Yes (B5) 0.|__| No **(go to section E)**

B5. In which occasions? (check all that apply)

1. |__| while with friends or relatives
2. |__| at parties or social occasions
3. |__| when under stress
4. |__| when out for dinner
5. |__| alone

B6. What did you smoke?	B7. At what age did you start?	B8. For how long did you smoke in such a way?	B9. How many…….. did you smoke in total?
a. |__| cigarettes	|__|__|	|__|__| or |__|__| or |__|__| dd mm yy	Cigarettes |__|__|
c. |__| cigarillos	|__|__|	|__|__| or |__|__| or |__|__| dd mm yy	Cigarillos |__|__| /
c. |__| cigars	|__|__|	|__|__| or |__|__| or |__|__| dd mm yy	Cigars |__|__|
d. |__| pipes	|__|__|	|__|__| or |__|__| or |__|__| dd mm yy	Pipes |__|__|

B10 Do you still smoke occasionally?

1. |__| YES (go to section E)
0 |__| NO (B11)

B11. Why did you not continue smoking? (check all that apply)

1. |__| parent or adult (i.e. teacher) prohibited
2. |__| health concerns
3. |__| made me feel sick or bad
4. |__| peer pressure
5. |__| bad taste or breath
6. |__| cost too much
7. |__| cigarettes not easily available
8. |__| other
9. |__| don't know

Note: having inserted questions B10 and B11 the numeration of the following questions is not consequential , (in the electronic CAPI the corrected sequence is implemented)

After this table go to section E

CIGARETTE SMOKING

Now I'm going to ask some questions on your cigarette smoking habits. First I want to know when you smoked the first time, then when you started smoking regularly, and also when you quit smoking for some time. So let's start

B10. When did you smoke a whole cigarette for the first time? |__|__| and |__|__|
Age month OR

|__|__|__|__| and |__|__|
Year month

If month not remembered, ask for season: (Prompt for the interviewer)

1. |_| winter
2. |_| spring
3. |_| summer
4. |_| autumn

B11. When did you first/next start smoking cigarettes regularly? I mean at least 1 per week	B12. Did you ever stop smoking cigarettes (again) for a period of 6 months or more?	B13. When did you first stop smoking?	B14. Between B11 and B13/ (present), what was the usual # of cigarettes you smoked?	B15. Does your smoking occur mostly: (check all that apply	B16. Did you ever start smoking again?
a.|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month (ask always for month)	Yes (B13) No (B14)	|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month	a.|__|__|/day b.|__|__|/week c. |__|__|/month If frequency in a,b,c is less than 1/day go to B15 Else, check B12 (If YES in B12, go to B16) (If NO in B12, go to B17)	|_|With friends |_| on special occasions |_| under stress |_| NO special time)	Yes (B11b) no (B17)
**Other lines as before					

B17. During the last year that you smoked, what was the average number of cigarettes that you smoked?

|__|__|/day
|__|__|/week
|__|__|/month

*Now I'm going to ask you some information about **the brand** of cigarettes you smoked.*

B19 Have you ever smoked handrolled cigarettes?

|__| YES |__| NO

B20. What is the name of the brand you smoke currently? Please, if you smoked hand-rolled cigarettes, specify the tobacco brand.

Cigarette Brand _____

Tobacco brand _____ (if hand-rolled)

B 21. Have you always smoked this brand?

1.|__| YES (B23) 0. |__|NO

B22. Which brand have you smoked for the longest time?

Cigarette Brand _____

Tobacco brand _____ (if hand-rolled)

When you smoke/smoked cigarettes…

B23. Would you say you usually inhale/inhaled the smoke slightly, moderately or deeply?

0. |__| Do not inhale
1. |__| Slightly (back to throat)
2. |__| Moderately (partly into chest)
3. |__| Deeply (deeply into chest)
4. |__| Don't know

B24. How often would you say that you hold/held the cigarettes between your lips without puffing on it?

1. |__| All the time (rarely puff on it)
2. |__| Most of the time
3. |__| About half the time
4. |__| Rarely
5. |__| Never
6. |__| Don't know

B25. How much of cigarettes do/did you usually smoke?

1. |__| All of it
2. |__| Approximately 3/4
3. |__| Approximately 1/2
4. |__| About 1/4
5. |__| Don't know

B26. How often do/did you use a cigarette holder with non-filter cigarettes?

1. |__| Always
2. |__| Sometimes
3. |__| Never
4. |__| Not applicable, never smoked non-filter
5. |__| Don't know

B27. How often do/did you use filters with hand-rolled cigarettes?

1. |__| Always
2. |__| Sometimes
3. |__| Never
4. |__| Not applicable, never smoked hand rolled cigarettes
5. |__| Don’t know

(After asking this question, go to the next section)

For EVER smokers (current and former) of cigarettes, (that is if B1a=YES)
SECTION C. INDICE DI FAGERSTROM

(If former smoker, refer to the period in which you smoked more)

C1. How soon after you wake up do/did you smoke your first cigarette?

1. |__| ≤ 5 minutes
2. |__| 6-30 minutes
3. |__| 31- 60 minutes
4. |__| > 60 minutes

C2. Do/did you find it difficult to refrain from smoking in places where it is forbidden , e.g. in church, at the library, in the theater, etc.?

1.|__| Yes 0.|__| No

C3. Which cigarette (of the day) would you hate most to give/gave up?

0. |__| The first one in the morning?
1. |__| Any other?

C4. How many cigarettes /day do/did you smoke ?

0. |__| ≤ 10
1. |__| 11 – 20
2. |__| 21 – 30
3. |__| ≥ 31

C5. Do/did you smoke more frequently during the first hours after awakening than during the rest of the day?

1.|__| Yes 0.|__| No

C6. Do/did you smoke if you are so ill that you are in bed most of the day?

1.|__| Yes 0.|__|

Check B1

if cigarillos smoked, go ***to Cigarillos smoking pag 11***
if cigars smoked, , go ***to Cigars smoking pag 13***
if pipe, , go ***to Pipe smoking pag 15***

CIGARILLOS SMOKING (unique designation for each question is done in the CAPI data base)

Now I'm going to ask some questions on your cigarillos smoking habits. First I want to know when you smoked the first time, then when you started smoking regularly, and also when you quit smoking for some time. So let's start

B9. When did you smoke a whole **cigarillos** for the first time? |__|__| and |__|__|
Age month OR
|__|__|__|__| and |__|__|
Year month

If month not remembered, ask for season: Prompt for the interviewer)

1. |_| winter
2. |_| spring
3. |_| summer
4. |_| autumn

B11. When did you first/next start smoking cigarillos regularly? I mean at least 1 per week	B12. Did you ever stop smoking cigarillos (again) for a period of 6 months or more?	B13. When did you first stop smoking?	B14. Between B11 and B13/ (present), what was the usual # of cigarillos you smoked?	B15. Does your smoking occur mostly:	B16. Did you ever start smoking again?
a.|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month (ask always for month)	Yes (B13) No (B14)	|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month	a.|__|__|/day b.|__|__|/week c. |__|__|/month If frequency in a,b,c is less than 1/day go to B15 Else, check B12 (If YES in B12, go to B16) (If NO in B12, go to B17)	|_|With friends |_| on special occasions |_| under stress |_| NO special time (check all that apply)	Yes (B11b) no (B17)
**Other lines as before					

B17. During the last year that you smoked , what was the average number of cigarillos that you smoked?

|__|__|/day
|__|__|/week
|__|__|/month

*Now I'm going to ask you some information about **the brand** of cigarillos you smoked.*
The questions in this part are not numerated correctly, (see note on page 6)

B16. What is the name of the brand you smoke currently?

Brand _____

B 17. Have you always smoked this brand?

1.|__| YES (B19) 0. |__|NO

B18. Which brand have you smoked for the longest time?

Brand _____

When you smoke/smoked cigarillos…

B19. Would you say you usually inhale/inhaled the smoke slightly, moderately or deeply?

1. |__| Do not inhale
2. |__| Slightly (back to throat)
3. |__| Moderately (partly into chest)
4. |__| Deeply (deeply into chest)
5. |__| Don't know

B20. How often would you say that you hold/held the cigarillos between your lips without puffing on it?

1. |__| All the time (rarely puff on it)
2. |__| Most of the time
3. |__| About half the time
4. |__| Rarely
5. |__| Never
6. |__| Don't know

B21. How much of cigarillos do/did you usually smoke?

1. |__| All of it
2. |__| Approximately 3/4
3. |__| Approximately 1/2
4. |__| About 1/4
5. |__| Don't know

B22. How often do/did you use a cigarillos holder with non-filter cigarillos?

1. |__| Always
2. |__| Sometimes
3. |__| Never
4. |__| Not applicable, never smoked non-filter
5. |__| Don't know

Check B1
*if cigars smoked, , go **to Cigars smoking pag 13***
*if pipe smoked, **go to Pipe smoking pag 15***

CIGARS SMOKING

Now I'm going to ask some questions on **your cigar smoking** habits. First I want to know when you smoked the first time, then when you started smoking regularly, and also when you quit smoking for some time. So let's start

B9. When did you smoke a whole **cigars** for the first time? |__|__| and |__|__|
Age month OR
|__|__|__|__| and |__|__|
Year month

If month not remembered, ask for season: Prompt for the interviewer)

1. |_| winter
2. |_| spring
3. |_| summer
4. |_| autumn

B11. When did you first/next start smoking cigars regularly? I mean at least 1 per week	B12. Did you ever stop smoking cigars (again) for a period of 6 months or more?	B13. When did you first stop smoking?	B14. Between B11 and B13/ (present), what was the usual # of cigars you smoked?	B15. Does your smoking occur mostly:	B16. Did you ever start smoking again?
a.|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month (ask always for month)	Yes (B13) No (B14)	|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month	a.|__|__|/day b.|__|__|/week c. |__|__|/month If frequency in a,b,c is less than 1/day go to B15 Else, check B12 (If YES in B12, go to B16) (If NO in B12, go to B17)	|_|With friends |_| on special occasions |_| under stress |_| NO special time (check all that apply)	Yes (B11b) no (B17)
**Other lines as before					

B17. During the last year that you smoked, what was the average number of cigars that you smoked?

|__|__|/day
|__|__|/week
|__|__|/month

*Now I'm going to ask you some information about **the brand** of cigars you smoked.*
The questions in this part are not numerated correctly, (see note on page 6)

16. What is the name of the brand you smoke currently?

Cigar Brand _____

B 17. Have you always smoked this brand?

1.|__| YES (B19) 0. |__|NO

B18. Which brand have you smoked for the longest time?

Cigar Brand _____

When you smoke/smoked cigars…

B19. Would you say you usually inhale/inhaled the smoke slightly, moderately or deeply?

1. |__| Do not inhale
2. |__| Slightly (back to throat)
3. |__| Moderately (partly into chest)
4. |__| Deeply (deeply into chest)
5. |__| Don't know

B20. How often would you say that you hold/held the cigars between your lips without puffing on it?

1. |__| All the time (rarely puff on it)
2. |__| Most of the time
3. |__| About half the time
4. |__| Rarely
5. |__| Never
6. |__| Don't know

B21. How much of cigars do/did you usually smoke?

1. |__| All of it
2. |__| Approximately 3/4
3. |__| Approximately 1/2
4. |__| About 1/4
5. |__| Don't know

Check B1
*If pipe smoked, go to **the pipe smoking, pag 15***

PIPE SMOKING

Now I'm going to ask some questions on **your pipe smoking** habits. First I want to know when you smoked the first time, then when you started smoking regularly, and also when you quit smoking for some time. So let's start

B10. When did you smoked a whole **pipe** for the first time? |__|__| and |__|__|
Age month OR
|__|__|__|__| and |__|__|
Year month

If month not remembered, ask for season: Prompt for the interviewer)

1. |_| winter
2. |_| spring
3. |_| summer
4. |_| autumn

B11. When did you first/next start smoking pipe regularly? I mean at least 1 per week	B12. Did you ever stop smoking pipe (again) for a period of 6 months or more?	B13. When did you first stop smoking?	B14. Between B11 and B13/ (present), what was the usual # of pouches per week you smoked?	B15. Does your smoking occur mostly:	B16. Did you ever start smoking again?
a.|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month (ask always for month)	Yes (B13) No (B14)	|__|__| and |__|__| age month OR |__|__|__|__|and|__|__| year month	a.|__|__|/week If frequency is less than 6/week go to B15 Else, check B12 (If YES in B12, go to B16) (If NO in B12, go to B17)	|_|With friends |_| on special occasions |_| under stress |_| NO special time (check all that apply)	Yes (B11b) no (B17)
**Other lines as before					

B17. During the last year that you smoked, what was the average number of pouches per week that you smoked?

|__|__|

*Now I'm going to ask you some information about **the brand** of **pipe tobacco** you smoked.*
The questions in this part are not numerated correctly, (see note on page 6)

B16. What is the name of the brand you smoke currently?

Pipe tobacco Brand _____

B 17. Have you always smoked this brand?

1.|__| YES (B19) 0. |__|NO

B18. Which brand have you smoked for the longest time?

Pipe tobacco Brand _____

When you smoke/smoked pipes…

B19. Would you say you usually inhale/inhaled the smoke slightly, moderately or deeply?

1. |__| Do not inhale
2. |__| Slightly (back to throat)
3. |__| Moderately (partly into chest)
4. |__| Deeply (deeply into chest)
5. |__| Don't know

B20. How often would you say that you hold/held the pipe between your lips without puffing on it?

1. |__| All the time (rarely puff on it)
2. |__| Most of the time
3. |__| About half the time
4. |__| Rarely
5. |__| Never
6. |__| Don't know

(After asking this question, go to the next section)

(only for ever smokers, i.e. YES in B1)
SECTION D. NICOTINE DEPENDENCY, QUITTING HISTORY

If current smoker

D0. Did it ever happen that you attempt to quit smoking but were unsuccessful?

|__| 1. Yes (D1)
|__| 0. No (skip this section)

If former smoker or D0.=YES

D1. *I'm going to ask you about some problems that you might have had when you stopped smoking or smoked less tobacco than usual. Think about the time when you had the most problems when you went without cigarettes or had less than usual. During that time…:*

Flash card

	0.NO 1.YES	**If Yes, How long?**	**Occur together**
a. …were you irritable, angry, or frustrated more than usual?	|__| 1.YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	|__| 1. Yes |__| 0 No/don't know
b. …were you nervous or anxious more than usual?	|__| 1. YES |__| 0 NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	as above
c. …were you restless more than usual?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	
d. …did you have trouble concentrating more than usual?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	
e. …did your heart slow down ?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	
f. …did you feel down or depressed more than usual?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	
g. …did your appetite increase or did you gain weight ?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	
h. …did you have trouble sleeping more than usual?	..|__| 1 YES |__| 0. NO	1.|__|__|days 2.|__|__| weeks 3.|__|__| months	

*If in D1 are all **NO** answers, go to section E*
*If a,b,c **YES** answers, skip to question D5.*
*If **four or more YES** answers in D1 ask D2*

D2.Did at least four of these “symptom categories” occur together in the first 24 hours after you stopped or cut down?

1.|__| YES 0.|__| NO (D5)

If in D2 ***YES****, return to top of question D1 to ask:*

Which ones*? (Code in* ***Occur Together*** *column)*

Occur Together Only

D3. How old were you the <u>first</u> time these problems occurred together after quitting? |__|__|
Ons Age

D4. How old were you the <u>last</u> time these problems occurred together after quitting? |__|__|
Rec Age

D5. Did the problems you had after quitting or cutting down on smoking <u>ever</u> interfere with your work, school, or household responsibilities?

1.|__| YES 0.|__| NO

D6. Did you start smoking again or use other sources of nicotine to avoid having the problems that quitting might cause?

1.|__| YES 0.|__| NO

SECTION E. FAMILY MEDICAL HISTORY

Now I'd like to ask you some questions about your family's health. First I need to get some background information on each of your relatives. Then I'm going to read a list of diseases and I'd like you to tell me if they've had any of these diseases. I'm going to ask information only for your blood relatives (i.e. father, mother, brothers, sisters and children if not acquired, but not for your wife/husband)

E1. MOTHER

E1.1. Is your **birth mother** alive? 1.|__| YES 0.|__| NO 9. |__| don't know

E1.2. When was she born? |__|__|/|__|__|/|__|__|__|__|*(if not remember day/months write 99 If not remember year write 9999))*

E1.3. When did she die? |__|__|__|__| or age |__|__| *(if don't known, write 9999 or 99*)
yy

E1.4. What was the cause of death?

_____ ICD-CODE |__|__|__|__|

E1.5. Is /was your mother of Italian nationality? YES |__| NO |__| if no, Other European |__|
Extra-European |__|
Unknown |__|

E1.6. Was your mother ever diagnosed with one of the following diseases?

	1. YES	AGE first diagnosis	0. NO	9. Don't Know
c. Chronic bronchitis	|__|	|__|__|	|__|	|__|
d. Emphysema	|__|	|__|__|	|__|	|__|
b. Pneumonia	|__|	|__|__| |__|__| |__|__|	|__|	|__|
e. Tuberculosis	|__|	|__|__|	|__|	|__|
f. Asbestosis	|__|	|__|__|	|__|	|__|
h. Depression	|__|	|__|__|	|__|	|__|
i. Malignant tumor	|__|	|__|__|	|__|	|__| (if YES, E1.7)

E1.7. In which site did the cancer start?

_____ ICD-CODE |__|__|__|__|

E.1.8. Did she ever smoke at least 100 cigarettes (or 50 cigarillos or 35 cigars/pipes) in her life?

1.|__| YES 0.|__| NO 9. |__| DON'T KNOW

E2. FATHER

E2.1. Is your **birth father** alive? 1.|__| YES 0.|__| NO 9. |__| don't know

E2.2. When was he born? |__|__|/|__|__|/|__|__|__|__|*(if not remember day/months write 99*
If not remember year write 9999)

E2.3. When did he die? |__|__|__|__| or age |__|__| *(if don't known, write 9999 or 99*)
yy

E2.4. What was the cause of death?

_____ ICD-CODE |__|__|__|__|

E2.5. Is /was your father of Italian nationality? YES |__| NO |__| if no, Other European |__|
Extra-European |__|
Unknown |__|

E2.6. Was your father ever diagnosed with one of the following diseases?

	1. YES	AGE first diagnosis	0. NO	9. Don't Know
c. Chronic bronchitis	|__|	|__|__|	|__|	|__|
d. Emphysema	|__|	|__|__|	|__|	|__|
b. Pneumonia	|__|	|__|__| |__|__| |__|__|	|__|	|__|
e. Tuberculosis	|__|	|__|__|	|__|	|__|
f. Asbestosis	|__|	|__|__|	|__|	|__|
h. Depression	|__|	|__|__|	|__|	|__|
i. Malignant tumor	|__|	|__|__|	|__|	|__| (if YES, E2.7

E2.7. In which site did the cancer start?
_____ ICD-CODE |__|__|__|__|

E.2.8. Did he ever smoke at least 100 cigarettes (or 50 cigarillos or 35 cigars/pipes) in her life?

1.|__| YES 0.|__| NO 9. |__| DON'T KNOW

E3. BROTHERS AND SISTERS

E3.1. Do/did you have **brothers and/or sisters (Please include also half-brothers and half-sisters and deceased sibs)**?

1.|__| YES 0.|__| NO (E4) 9. |__| don't know (E4**)**

E3.2. How many (dead included)? |__|__|

E3.3 Are/were you all children of the same parents? 1. |__| Yes *(Fill out one sheet for each of them)*

0. |__| No

E3.4 If NO, how many siblings have you had who had at least one different parent?

A. # |__| with different mother

B. # |__| with different father

C. # |__| with different parents

Now, I'm going to ask you some questions for each of your brothers and sisters.

(Fill out one sheet for each sib, don't consider sibs with both parents different from the index subject's parents)

The CAPI automatically prompt one sheet for each sib in E3.3 or E3.4A plus 3.4.B.

SIB. NR |__|__|

S1. Can you tell me his/her name? (Only Initials are registered: first Name than Surname) |__|__|

S2. Gender |__| 1. Males 2. Females S3. Birth order |__|__|

S4. Do you remember his/her date of birth? YES |__|__|/|__|__|/|__|__|__|__| NO |__|

S5. Is he/she alive? 1.|__| YES (S8) 0.|__| NO (S6) 9. |__| don't know (S8)

S6. In which year did he/she die? |__|__|__|__|

S7. What was the cause of death?

_____ ICD-CODE |__|__|__|__|

S8. Did he/she ever smoke at least 100 cigarettes (or 50 cigarillos or 35 cigars/pipes) in her life?

1.|__| YES 0.|__| NO 9. |__| DON'T KNOW

After having compiled each sib sheet, the CAPI register Initials and birth order of each sib and in the following pages on sib disease history it shows the list of sib Initials and birth order so that the interviewer need only to choose the one indicated by the subject

E3.5 SIB MEDICAL HISTORY

Was any of your sibs diagnosed with one of the following diseases?

a. Chronic bronchitis |__| YES (fill in the table)
|__| NO (go to the next disease)
|__| DON'T KNOW (go to the next disease)

SIB #	Which one of your sib ?		At what age was he /she diagnosed?
	INITIALS	BIRTH ORDER	AGE AT FIRST DIAGNOSIS
1	|__|__|	|__|__|	|__|__| (99 if don't know)
2	|__|__|	|__|__|	|__|__| (99 if don't know)
3	|__|__|	|__|__|	|__|__| (99 if don't know)
4	|__|__|	|__|__|	|__|__| (99 if don't know)
5	|__|__|	|__|__|	|__|__| (99 if don't know)
6	|__|__|	|__|__|	|__|__| (99 if don't know)
7	|__|__|	|__|__|	|__|__| (99 if don't know)
8	|__|__|	|__|__|	|__|__| (99 if don't know)

b. Emphysema |__| YES (fill in the table)
|__| NO (go to the next disease)
|__| DON'T KNOW (go to the next disease)

SIB #	Which one of your sib ?		At what age was he /she diagnosed?
	INITIALS	BIRTH ORDER	AGE AT FIRST DIAGNOSIS
1	|__|__|	|__|__|	|__|__| (99 if don't know)
2	|__|__|	|__|__|	|__|__| (99 if don't know)
3	|__|__|	|__|__|	|__|__| (99 if don't know)
4	|__|__|	|__|__|	|__|__| (99 if don't know)
5	|__|__|	|__|__|	|__|__| (99 if don't know)
6	|__|__|	|__|__|	|__|__| (99 if don't know)
7	|__|__|	|__|__|	|__|__| (99 if don't know)
8	|__|__|	|__|__|	|__|__| (99 if don't know)

c. Pneumonia |__| YES (fill in the table)
|__| NO (go to the next disease)
|__| DON'T KNOW (go to the next disease)

SIB #	Which one of your sib ?		At what age was he /she diagnosed?
	INITIALS	BIRTH ORDER	AGE AT DIAGNOSES
1	|__|__|	|__|__|	|__|__| (99 if don't know)
			|__|__| (99 if don't know
			|__|__| (99 if don't know
			|__|__| (99 if don't know
			|__|__| (99 if don't know
2	|__|__|	|__|__|	|__|__| (99 if don't know)
			|__|__| (99 if don't know)
			|__|__| (99 if don't know)
			|__|__| (99 if don't know)
Up to 8 sibs			|__|__| (99 if don't know)

The same hold for

d. Tuberculosis
e. Asbestosis
f. Depression

g. Malignant tumor |__| YES (fill in the table)
|__| NO (go to the next disease)
|__| DON'T KNOW (go to the next section)

SIB #	Which one of your sib ?		At what age was he /she diagnosed?	In which site started ?
	INITIALS	BIRTH ORDER	AGE AT FIRST DIAGNOSIS	SITE (ICD CODE)
1	|__|__|	|__|__|	|__|__| (99 if don't know)	_____|_|_|_|_|
2	|__|__|	|__|__|	|__|__| (99 if don't know)	
3	|__|__|	|__|__|	|__|__| (99 if don't know)	
4	|__|__|	|__|__|	|__|__| (99 if don't know)	
5	|__|__|	|__|__|	|__|__| (99 if don't know)	
6	|__|__|	|__|__|	|__|__| (99 if don't know)	
7	|__|__|	|__|__|	|__|__| (99 if don't know)	
8	|__|__|	|__|__|	|__|__| (99 if don't know)	

E4. CHILDREN

E4.1. How many **children have** you had (including those deceased)? |__|__| *(if no children go section F)*

E4.2. How many are deceased? |__|__|

E4.3. Can you specify the cause of death, and the age at death?

CAUSE OF DEATH AGE

_____ ICD-CODE |__|__|__|__| |__|__|
_____ ICD-CODE |__|__|__|__| |__|__|
_____ ICD-CODE |__|__|__|__| |__|__|
_____ ICD-CODE |__|__|__|__| |__|__|
_____ ICD-CODE |__|__|__|__| |__|__|

E4.4. Have any of your children ever had one of the diseases listed here?

	YES	how many?	First name First diagnosis	Age	Gender	Was he/she a smoker more than 100 cig? YES	NO	Don't know
a. Hypertension	| x|	|3|	_John _____ _Angie _____ _Charlie_____	|2|0| |3|4| |5|2|	|M| |F| |M|	|__| 1. |__| 1. |__| 1.	0.|__| 0.|__| 0.|__|	9.|__| 9.|__| 9.|__|
b. Childhood Asthma	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
c. Adult Asthma	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
d. Chronic bronchitis	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
d. Emphysema	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
e. Tuberculosis	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
f. Asbestosis	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
g. Silicosis	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
h Pneumonia	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
i. Depression	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
j. Schizophrenia	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|
k. Malignant tumor	| |	| |	_____	| |	| |	|__| 1. |__| 1.	0.|__| 0.|__|	9.|__| 9.|__|

(if the child has tumor ask E4.5, if he/she does not have a tumor skip E4.5)

E4.5. In which site started?

_____ ICD-CODE |__|__|__|__|
_____ ICD-CODE |__|__|__|__|
_____ ICD-CODE |__|__|__|__|

E4.6. Did any of your children ever smoke at least 100 cigarettes (or 50 cigarillos or 35 cigars/pipes) in his/her life?

1.|__| YES 0.|__| NO 9. |__| DON'T KNOW

If YES, how many children? |__|__|

SECTION F. ENVIRONMENTAL TOBACCO SMOKE

F1. ETS AT PARENTS' HOME

The next questions are about the smoking habits of members of yours household while you were growing up. This refers to the time during your childhood, youth and adolescence, and in general for the period prior to leaving your parents' home. I'm asking you to list **the smokers who lived with you at that time**: this could include your mother, father, sisters or brothers, either related to you by blood or not, other family members, boarders or friends.

F1.1 What year did you leave your parents' home? |__|__|__|__| *(write 9999 if never left or 99 if dont'know)*

F1.2 What was the maximum number of people did you live with while you were at your parents' home? |__|__|

F1.3 How many of them used to smoke at home on a daily basis? |__|__|

(If 0 and the subject left parents' home, go to Section F2. ETS adulthood)
(If 0 and the subject never left parents' home, go to Section F3. ETS workplace)

Could you tell me your relationship with and the smoking habits of each of them?
(fill in the table, one row for each daily smoker, see # reported in F1.3) Ok multiple entry

F1.4 Relationship	F1.5 If brother or sister ask for Name, Surname (register only Initials) and birth order	F1.6 What tobacco product did this person smoke per day in your presence? (check all that apply)	F1.7 When was this person a smoker of each product while living in your household?	F1.8 On average, how many hours per day did you spend at home with him/her while she/he was smoking?
|1| Father |2| Mother |3| Brother |4| Sister |5| Grandmother |6| Grandfather |7| Other	If Brother's/sister's ask initials (first name, than surname) |__|__| Birth order |__|__| (the list of Initials and birth order for each sib is prompted automatically and the interviewer has only to choose the right one)	|1| Cigarettes |2| Cigars |3| Cigarillos | 4| Pipe	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__|or From |__|__| to |__|__| subject's age	|__|__| hours /day
|1| Father |2| Mother |3| Brother |4| Sister |5| Grandmother |6| Grandfather |7| Other		|1| Cigarettes |2| Cigars |3| Cigarillos | 4| Pipe	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__| From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__| From |__|__| to |__|__| subject's age From | 1 | 9 |__|__| to |__|__|__|__| From |__|__| to |__|__| subject's age	|__|__| hours /day
…(more lines)...	…	...	…	...

F2. ETS DURING ADULTHOOD

(If the subject never left parents' home, skip this section and go to G1 work history)

If the subject has never-smoked regularly (check pag 5.), fill-in the entire section if he/she is an ever smoker, ask only questions F2.1
(all the skip patterns above are automatically checked)

We would like to know about the smoking habits of people you lived with **after leaving your parents' home**, that is, all the individuals you lived with who smoked in your presence for at least six months. These might include your spouse(s), partner(s), roommates, boarders, relatives. Please consider also your children. We understand that the amounts and number of smokers in the household may have changed with time; please try to think of a reasonable an average as possible.

F2.1. After leaving your parents' home, how many people have you lived with who smoked on a daily basis?

|__|__| (*if 0 go to ETS workplace*)

Could you tell me your relationship with and the smoking habits of each of them?
(fill in one row for each smoker)

F2.2 Relationship	F2.3 What tobacco product did this person smoke?	F2.4 When was this person a smoker of each product while living with you?	F2.5 On average, how many hours per day did you spend at home with this person while she/he was smoking?
|1| Spouse |2| Partner |3| Child |4| Other	|1| Cigarettes	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	|__|__| hours/day
	|2| Cigars	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	|3| Cigarillos	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	|4| Pipe	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
|1| Spouse |2| Partner |3| Child |4| Other	|1| Cigarettes	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	|__|__| hours/day
	|2| Cigars	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	|3| Cigarillos	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	| 4| Pipe	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
|1| Spouse |2| Partner |3| Child |4| Other	|1| Cigarettes	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	|__|__| hours/day
	|2| Cigars	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	|3| Cigarillos	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
	|4| Pipe	From | 1 | 9 |__|__| to |__|__|__|__| or From |__|__| to |__|__| subject's age	
(more lines)…	…	…	…

SECTION G 1. OCCUPATIONAL HISTORY

In this section we will be covering some basic information about the kinds of work you have done in your life.

G1.1 Are you currently |1| Working (if in the last 6 months not working due to health problem sign as working)
|2| Retired
|3| Home maker
|4| Unemployed
|9| Other

Can you tell me what are the jobs you had for 6 months or more during your life, beginning with the most recent one? (Different jobs in the same industry should be recorded separately)

<table>
<tr><th>G1.2 Job #</th><th>G1.3 What was the complete job title of the (first/next) job you held for six months or more?</th><th>G1.4 In what kind of job settings?</th><th>G1.5 In what year did you start this job?</th><th>G1.6 In what year did you last work this job? PROMPT MONTH only when year in G1.5 and G1.6 are the same)</th></tr>
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G2. OCCUPATIONAL EXPOSURES

Note for interviewer: present the FLASH-CARD to the subject

G2.1 Have you ever produced, used, or in general have been exposed to one or more of the substances listed in this card?

Flash-card

Substance #	Substance/Synonyms/Trade names (we have the completed list with Italian synonyms and/or trade names)
1.	Acrylonitrile
2.	Arsenic and compounds
3.	Asbestos
4.	Asphalt fumes
5.	Benzoyl chloride
6.	Beryllium and compounds
7.	Bis(chloromethyl)ether Chloromethyl methyl ether
8.	Cadmium and compounds
9.	Chloroprene
10.	Chromium and compounds
11.	Coal-tar/coal-tar pitches
12.	Diesel engine exhausts
13.	Dimethylsulphate
14.	Epichlorydrin
15.	Insecticides
16.	Inorganic Lead and compounds
17.	Man made mineral fibers
18.	Nickel and nickel compounds
19.	Polycyclic aromatic hydrocarbons
20.	Silica dust
21.	Mustard gas/yprite
22.	Talc contaminated with asbestos fibers
23.	Soot
24.	Vinylydene chloride
25.	Vinyl chloride
26.	Ionizing radiation
27.	Welding fumes

G2.1 |0| No (go to section F3, the skip pattern is automatically guided)
|1| Yes (fill in the following table)
|9| don't know (go to section F3, the skip pattern is automatically guided)

(If Yes, fill-in the table, one row for each substance;
if the subject has been exposed to a substance in more than one job, fill-in a row for each job)

G2.2 Substance # as in the table above	G2.3 What was/were the job title(s) when you were exposed to this substance?	G2.4 When were you exposed?	G2.5 While on this job, were you exposed?	G2.6 On the days you were exposed, how many hours/day were you exposed?	G2.7 Would you say exposure resulted from
|__|__|	Job …………………………………… ……………………………………… ……………………………………… ……………………………………… ……………………………………… ISCO |__|__|__|__|__|	From |_1_|_9_|__|__| to |__|__|__|__|	|1| Every day |2| Every week but not every day |3| Every month but not every week |4| Less than once per month	|__|__| hours	|1| Directly from job duties |2| Indirectly from working in the same room or immediate area substance was being used |3| Indirectly from working in the same building, but not in the same room or immediate area |4| Other
|__|__|	Job …………………………………… ……………………………………… ……………………………………… ……………………………………… ……………………………………… ISCO |__|__|__|__|__|	From |_1_|_9_|__|__| to |__|__|__|__|	|1| Every day |2| Every week but not every day |3| Every month but not every week |4| Less than once per month	|__|__| hours	|1| Directly from job duties |2| Indirectly from working in the same room or immediate area substance was being used |3| Indirectly from working in the same building, but not in the same room or immediate area |4| Other
|__|__|	Job …………………………………… ……………………………………… ……………………………………… ……………………………………… ……………………………………… ISCO |__|__|__|__|__|	From |_1_|_9_|__|__| to |__|__|__|__|	|1| Every day |2| Every week but not every day |3| Every month but not every week |4| Less than once per month	|__|__| hours	|1| Directly from job duties |2| Indirectly from working in the same room or immediate area substance was being used |3| Indirectly from working in the same building, but not in the same room or immediate area |4| Other
|__|__|	Job …………………………………… ……………………………………… ……………………………………… ……………………………………… ……………………………………… ISCO |__|__|__|__|__|	From |_1_|_9_|__|__| to |__|__|__|__|	|1| Every day |2| Every week but not every day |3| Every month but not every week |4| Less than once per month	|__|__| hours	|1| Directly from job duties |2| Indirectly from working in the same room or immediate area substance was being used |3| Indirectly from working in the same building, but not in the same room or immediate area |4| Other

F3. ETS AT THE WORKPLACE

If the subject has never-smoked regularly (No in all B1) fill-in the entire section
Note: for each job there is a prompt to each line of this page
if he/she is an ever smoker, ask only questions F3.1 (automatically prompted at the end of occupational history)

We would like to know whether the people you worked with in the different jobs you held used to smoke in your presence. We know that the level of smokiness in the workplace may have varied over time; in this case, please consider different periods. Please refer only to jobs held in closed spaces.

F3.1 Have you ever worked with people who smoked in your presence on a daily basis? |1| Yes |0| No |9| Don't know

If Yes, could you tell me, for each period:

Period	F3.2 When did you worked with people who smoked?	F3.5 On average, how many hours per day did you spend at work with smokers?	F3.6 On average, how was the smokiness of the work environment? Please refer only to jobs held in closed spaces. Pick the description of the work environment that is closest to your own
1	From | 1 | 9 |__|__| to |__|__|__|__|	|__|__| hours/day	|1| Light (infrequent haziness: <30% of the time, infrequent smoking, well ventilated space) |2| Moderate (haziness some of the time: 31-70% of the time, regular smoking, adequately ventilated space |3| Heavy (haziness for a major part of time: >70% of the time, frequent smoking, poorly ventilated space
2	From | 1 | 9 |__|__| to |__|__|__|__|	|__|__| hours/day	|1| Light (infrequent haziness: <30% of the time, infrequent smoking, well ventilated space) |2| Moderate (haziness some of the time: 31-70% of the time, regular smoking, adequately ventilated space |3| Heavy (haziness for a major part of time: >70% of the time, frequent smoking, poorly ventilated space
3 more lines	From | 1 | 9 |__|__| to |__|__|__|__|	|__|__| hours/day	|1| Light (infrequent haziness: <30% of the time, infrequent smoking, well ventilated space) |2| Moderate (haziness some of the time: 31-70% of the time, regular smoking, adequately ventilated space |3| Heavy (haziness for a major part of time: >70% of the time, frequent smoking, poorly ventilated space

(only for women)
SECTION H. REPRODUCTIVE HISTORY

In this section I have a few questions on your reproductive history.

H1. At what age did you first menstruate?

Age |__|__| *(99 if Don't know/remember)*

H2. At what age did your cycle become regular? |__|__| *(00 if Never)*|

H3. On the average, how many days does/did your cycle last? |__||__|
(please specify # of days between from one menstruation to another)

H4. On the average, how many days does/did you menstrual flow last? |__|__|

H5. How would you describe your mood in the premenstrual period?

|__| No changes
|__| Nervous or anxious
|__| Feel down or depressed
|__| feel better/good/well
|__| Don't know

H6. Have you gone through menopause?

1.|__| Yes (H7) 0.|__| No (H8) 2. |__| Maybe, don't know

H7.Did your periods finally stop because of surgery, prescription medicine, radiation, or natural menopause?

Surgery	1. |__|
Medicine	2. |__|
Radiation	3. |__|
Natural menopause	4. |__|
Other	5. |__|

H8.Have you had both ovaries removed? 1. |_| Yes 0. |_| No (H10)

H9.How old were you at the time your ovaries were removed? |__|__| (if removed at different time, register age at last surgery)

H10. When was your last menstruation?

|__|__| / |__|__| / |__|__||__|__| *(if only year, put 99 in day and months)*

DD MM YY

H11. Have you ever had severe emotional problems associated with menopause? *(only if Yes in H6)*

|__| No changes
|__| Nervous or anxious
|__| Feel down or depressed
|__| feel better/good/well
|__| insomnia
|__| difficulty in concentrating
|__| other

H12. Did you ever take hormone therapy (including the patch) for menopause or to reduce osteoporosis? ((*only if Yes in H6)*

1.|__| Yes 0.|__| No (H15)

H13. At what age did you start to take hormone therapy? |__||__|

H14. How long did you take it? (do not count period in between you were not taking hormones, total period in moths or year)

|__||__| or |__||__|
MM YY

H15. How many pregnancies did you have *(including interrupted pregnancies*?)

|__|__| *(if 0, H 20)*

H16. How many live births? |__|__|

H17. How many children did you breast-feed? |__|__|

H18. On the average how long did you breast-feeding? |__|__| (months)

H19. How many stillborn did you have? |__|__|

H20. Have you ever had spontaneous abortions? |__| Yes how many |__|__|
|__| No (if 0 in H15 and in H20, go to H 24)

H21. At what age did you give birth first? |__|__|

H22. At what age did you give birth last? |__|__|

H23. How long did it take after giving birth on average before you resumed your menstrual cycle? |__|__|__| months

H24. Are you pregnant now? 1.|__| Yes 0.|__| No

H25. Women take hormones for a variety of reasons, such as irregular cycle, for staying pregnant, for birth control. Did you ever take hormone therapy for any of these reasons?

Read	YES	NO	At what age did you first start?	About how many months in total?
1.Irregular cycle	|__|	|__|	|__|__|	|__|__|__|
2.Staying pregnant	|__|	|__|	|__|__|	|__|__|__|
3. Birth control	|__|	|__|	|__|__|	|__|__|__|

(osteoporosis deleted and added to H12)

SECTION I. PAST MEDICAL HISTORY

This next section is about certain diseases or conditions you may have had. First I'm going to read you a list of chronic lung diseases. Please tell me whether a doctor ever told you more than before one year ago that you had any of these conditions.

I1. More than a year ago did a doctor ever tell you that you had? (on each line DON'T KNOW option is in the CAPI, for both column)	I2. How old were you when this condition was first diagnosed?
Chronic Bronchitis? 1.|__| Yes (I2/a) 0.|__| No	a. |__|__| or |__|__|__|__| Age or year
Emphysema? 1.|__| Yes (I2/b) 0.|__| No	b. |__|__| or |__|__|__|__| Age or year
Childhood Asthma? 1.|__| Yes (I2/c) 0.|__| No	c. |__|__| or |__|__|__|__| Age or year
Adult Asthma? 1.|__| Yes (I2/d) 0.|__| No	d. |__|__| or |__|__|__|__| Age or year
Tuberculosis? 1.|__| Yes (I2/e) 0.|__| No	e. |__|__| or |__|__|__|__| Age or year
Asbestosis? 1.|__| Yes (I2/f) 0.|__| No	f. |__|__| or |__|__|__|__| Age or year
Silicosis? 1.|__| Yes (I2/g) 0.|__| No	g. |__|__| or |__|__|__|__| Age or year
Pneumonia? 1.|__| Yes (I2/h) 0.|__| No	How old were you when this condition was diagnosed? h. |__|__| or |__|__|__|__| h. |__|__| or |__|__|__|__| h. |__|__| or |__|__|__|__| Age or year
Other chronic lung diseases? 0.|__| No 9. |__| don't know 1. |__| Yes: specify: _____ _____ _____ (I2/i)	i. |__|__| or |__|__|__|__| i. |__|__| or |__|__|__|__| i. |__|__| or |__|__|__|__| Age or year

Now I'm going to list some other diseases. Again, please tell me if you ever had any of these conditions before one year ago

I3.Have you ever been told by a doctor that you had any of the following diseases?	I4. How old were you when this condition was first diagnosed?
Hypertension? 1.|__| Yes (I4/a) 0.|__| No	a. |__|__| or |__|__|__|__| Age year
Multiple Sclerosis? 1.|__| Yes (I4/b) 0.|__| No	b. |__|__| or |__|__|__|__| Age year
Severe depression requiring medication or hospitalization? 1.|__| Yes (I4/c) 0.|__| No	c. |__|__| or |__|__|__|__| Age year
Epilepsy? 1.|__| Yes (I4/d) 0.|__| No	d. |__|__| or |__|__|__|__| Age year
Heart attack? 1.|__| Yes (I4/e) 0.|__| No	e |__|__| or |__|__|__|__| Age year
Diabetes? 1.|__| Yes (I4/f) 0.|__| No	f. |__|__| or |__|__|__|__| Age year
Parkinson Disease? 1.|__| Yes (I4/g) 0.|__| No	g. |__|__| or |__|__|__|__| Age year
Anorexia, bulimia? 1.|__| Yes (I4/h) 0.|__| No	h. |__|__| or |__|__|__|__| Age year
Schizophrenia? 1.|__| Yes (I4/i) 0.|__| No	i. |__|__| or |__|__|__|__| Age year
Drug dependency? 1.|__| Yes (I4/j) 0.|__| No	j. |__|__| or |__|__|__|__| Age year

Malignant tumor? 1.|__| Yes (I4/k) 0.|__| No	k. |__|__| or |__|__|__|__| Age year Site……..|_|_|_| ICD CODE

I5. Over the past year did your weight change?

1.|__| Yes 0.|__| No (I7)

I6. How much weight did you lose (0) /gain (1)?

|__|__| Kg |__| (0 for lose, 1 for gain)

I7. Have you ever had radiation therapy?

1.|__| Yes

0.|__| No (go to the next section)

9.|__| Not known (go to the next section)

I8. Which type of treatment?

1. |__| cobalt
2. !__| Xray-roentgen
3. |__| ultrasound, marconi therapy *(skip to next section*)
4. |__| don't know *(skip to next section)*

I9. Specify disease for which you had radiation?

1. _____ ICD-CODE |__|__|__|__|
2. _____ ICD-CODE |__|__|__|__|
3. _____ ICD-CODE |__|__|__|__|

I10. Did the radiation therapy include chest or back?

1. Yes |__| 0. No |__| 9. |__| Don't know
2. Yes |__| 0. No |__| 9. |__| Don't know
3. Yes |__| 0. No |__| 9. |__| Don't know

I11. In which years did you have radiation therapy?

1. |__|__|__|__|
2. |__|__|__|__|
3. |__|__|__|__|

SECTION L. RESIDENTIAL HISTORY

In this section, I have a few questions about places where you've lived for six months or more. I am only interested in the city or town where you lived, not the actual address of each place. Let's begin with the place where you were born

L1. Where were you born? (if not in Italy, ask for Country and State)

________________________________ |__||__|

CITY

PROVINCE

________________________________ STATE______________________

COUNTRY

L2. Can you tell me in which cities you lived from childhood until now and the years when you moved? (write only residence that last more than 6 months) (if not in Italy, prompt for Country) we choose the prompt since the expected number of people who lived abroad is small. As regard the example of school trips , we will put in the scripts for interviewers)

From what year or age	To what year or age	CITY/TOWN	PROVINCE	ZIP CODE
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|
|__|__|__|__| or |__|__|	|__|__|__|__| |__|__|	________________________	|__|__|	|__||__||__||__||__|

L3. How many rooms do you have where you live now (excluding bathroom and kitchen)? |__||__|

L4. How many people live with you (besides you)? |__||__|

SECTION M. DEPRESSION (CES_D-5 questions)

I am going to ask you some questions about how you've been feeling during the past week. Don't think too much about the things I read you. We want your first reaction. Let me know how often you've felt this way during the past week. There are no right or wrong answers. **(flash card)**

M1. I felt depressed

0. |__| Not at all or less than 1 day last week
1. |__| One to two days last week
2. |__| Three to four days last week
3. |__| Five to seven days last week

M2. I felt hopeful about the future

0. |__| Not at all or less than 1 day last week
1. |__| One to two days last week
2. |__| Three to four days last week
3. |__| Five to seven days last week

M3. I was happy

0. |__| Not at all or less than 1 day last week
1. |__| One to two days last week
2. |__| Three to four days last week
3. |__| Five to seven days last week

M4. I felt sad

0. |__| Not at all or less than 1 day last week
1. |__| One to two days last week
2. |__| Three to four days last week
3. |__| Five to seven days last week

M5. I could not get going

0. |__| Not at all or less than 1 day last week
1. |__| One to two days last week
2. |__| Three to four days last week
3. |__| Five to seven days last week

Note: we have an Italian version of 20 questions that has been validated

SECTION N. ALCOHOL DEPENDENCY

In this last section I'm going to ask you a few questions about your drinking habits.

N1. How often do you have a drink containing alcohol?

1. |__| Never (STOP)
2. |__| Monthly or less
3. |__| Two to four times a month
4. |__| Two to three times a week
5. |__| Four or more times a week

N2. How many glasses of vine, beer or alcoholic do you have on a typical day when you are drinking?

1. |__| 1
2. |__| 2-3
3. |__| 4
4. |__| 5-7
5. |__| 8 or more

N3. How often do you have six or more glasses of vine, beer or alcoholic in one occasion?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N4. How often during the last year have you found that you were not able to stop drinking once you had started?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N5. How often during the last year have you failed to do what was normally expected of you because of drinking?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N7. How often during the last year have you had a feeling of guilt or remorse after drinking?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

1. |__| Never
2. |__| Less than monthly
3. |__| Monthly
4. |__| Weekly
5. |__| Daily or almost daily

N9. Have you or someone else been injured as a result of drinking?

0. |__| No
1. |__| Yes but not in the past year
2. |__| Yes, during the last year

N10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

0. |__| No
1. |__| Yes but not in the past year
2. |__| Yes, during the last year

TIME OF COMPLETION: |__|__| : |__|__|

Thank you for your help in this important health study

INTERVIEWER REMARKS

1. The respondent's cooperation was
   Very good |__|
   Good |__|
   Fair |__|
   Poor |__|

2. The interview has been
   | 1 | Regularly completed
   | 2 | Interrupted
   | 3 | Completed but with difficulties in answering

3. The quality of this interview is (complete for each section)

	Unsatisfactory	Questionable	Reliable	High quality	Not applicable
Subject characteristic	|1|	|2|	|3|	|4|	|5|
Tobacco	|1|	|2|	|3|	|4|	|5|
Fagerstrom	|1|	|2|	|3|	|4|	|5|
Family History	|1|	|2|	|3|	|4|	|5|
ETS	|1|	|2|	|3|	|4|	|5|
Occupational history	|1|	|2|	|3|	|4|	|5|
Reproductive history	|1|	|2|	|3|	|4|	|5|
Depression	|1|	|2|	|3|	|4|	|5|
Residential history	|1|	|2|	|3|	|4|	|5|
Alcohol	|1|	|2|	|3|	|4|	|5|

4. The main reason for Unsatisfactory or Questionable quality of information was because the respondent: *(cross for all that apply)*

1. |_| Did not know enough information regarding the topic
2. |_| Did not want to be more specific
3. |_| Was bored or uninterested
4. |_| Was upset or depressed
5. |_| Was seriously ill
6. |_| Other,

_____