

Site Number			Screening Number			Participant Study Number			Protocol Number: MoCk - Up-1-001-06
VISIT 1 (SCREENING)						<b>SMOKING / ALCOHOL STATUS</b>			

**Has the participant ever smoked?**     No     Yes, Complete below

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**Current Smoker**

**Participant's average daily use:**

- Number of cigarettes : \_\_\_\_ \_\_\_\_
- Number of cigars : \_\_\_\_ \_\_\_\_
- Number of pipes : \_\_\_\_ \_\_\_\_

**Smoked for \_\_\_\_ \_\_\_\_ years**

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**Former smoker**

**Smoked for \_\_\_\_ \_\_\_\_ years**

**Date when smoking ceased:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(DD / MMM / YYYY)

**When smoking, participant's average daily use:**

- Number of cigarettes : \_\_\_\_ \_\_\_\_
- Number of cigars : \_\_\_\_ \_\_\_\_
- Number of pipes : \_\_\_\_ \_\_\_\_

**Participant's alcohol consumption**

**Participant's average consumption per <insert time frame stated in protocol>:**

- Number of units of wine : \_\_\_\_ \_\_\_\_
- Number of units of beer : \_\_\_\_ \_\_\_\_
- Number of units of spirits : \_\_\_\_ \_\_\_\_

(see protocol for definition of units)