(Interview completed by the Clinic Coordinator.)

**Demographics**

1. What is the participant’s birthdate? [1000] MM / DD / YYYY
2. What is the participant’s gender? [1010] 
   - 1 Male
   - 2 Female
3. What is the participant’s ethnicity? [1020] 
   - 1 Hispanic or Latino
   - 2 Not Hispanic or Latino
4. What is the participant’s primary racial category? [1030] 
   - 1 American Indian or Alaskan Native
   - 2 Asian or Pacific Islander
   - 3 Black or African American
   - 4 Native Hawaiian or Other Pacific Islander
   - 5 White
   - 6 Other [1030D] 
     (Please specify.)
5. What is the highest level of education that the participant completed? [1040] 
   - 1 8th grade
   - 2 Some high school
   - 3 High school diploma
   - 4 Associates degree or technical school
   - 5 Bachelor’s degree
   - 6 Master’s degree or higher

**Physical Examination**

6. Standing height (barefoot or with thin socks) [1050] __ __ __ __ cm
7. Weight (shoes off) [1060] __ __ __ __ kg
8. Blood pressure
   - Systolic [1070] __ __ __ mm Hg
   - Diastolic [1080] __ __ __ mm Hg
Medical History

Has a physician ever told you that you have or had the following conditions or diseases?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
<th>1: Yes</th>
<th>0: No</th>
<th>9: Not Sure</th>
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</thead>
<tbody>
<tr>
<td>9. High blood pressure or hypertension</td>
<td>(1090)</td>
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<td>10. Thyroid disease</td>
<td>(1100)</td>
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<td>11. Diabetes mellitus or high blood sugar</td>
<td>(1110)</td>
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<td>12. Heart disease</td>
<td>(1120)</td>
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<tr>
<td>13. Pulmonary disease</td>
<td>(1130)</td>
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<td>14. Vascular disease</td>
<td>(1140)</td>
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<td>15. Cancer</td>
<td>(1150)</td>
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<td>16. Kidney disease</td>
<td>(1160)</td>
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<tr>
<td>17. Liver disease</td>
<td>(1170)</td>
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<tr>
<td>18. Gastrointestinal disease</td>
<td>(1180)</td>
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<td>19. Neurologic disease</td>
<td>(1190)</td>
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</tbody>
</table>

Smoking History

20. Have you smoked more than 100 cigarettes in your lifetime?  
    ➔ If No, skip to Question #24.
    (1200) 1: Yes 0: No

21. Have you smoked during the last 12 months?  
    ➔ If No, skip to Question #24.
    (1210) 1: Yes 0: No

22. During the last 12 months, how many cigarettes per day, on average, did you smoke?  
    (1220)  ____  ____  cigarettes per day

23. Are you currently smoking?  
    (1230) 1: Yes 0: No

24. Time interview ended (based on a 24-hour clock)  
    (1240)  ____  ____ :  ____  ____