

Attach Subject ID label here

Form No. 19

Multicenter Hemophilia Cohort Study
questionnaire for
pain medications and alcohol

(All of your answers are strictly confidential)

DATE QUESTIONNAIRE COMPLETED: _____ / _____ / 19____
month day year

How old were you when you first received
a plasma product (including plasma,
cryoprecipitate, or factor concentrates)?
_____ years old

Section A. Pain medications (especially tylenol or acetaminophen)

1. How often do you take medication for pain or discomfort (such as tylenol or acetaminophen)?

Circle best response:

- Never 0 (Please skip to Section B on page 4)
- Less than once a week 1 (Continue below)
- At least once a week 2 (Continue below)

2. Please list the names (generic or brand names) of the pain medications you have taken most often. Include the strength (milligrams) of each pill, if you can.

NAME of medication	STRENGTH (milligrams)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The next questions concern how often you took pain medicines at different times.

3a. During the last 3 months, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

3b. During the last 3 months, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

4a. From 3 to 12 months ago, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

4b. From 3 to 12 months ago, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

PLEASE NOTE: THE NEXT QUESTIONS CONCERN
USE OF PAIN MEDICINES WHEN YOU WERE YOUNGER

5a. When you were between the ages of 10 and 20 years old, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

5b. When you were between the ages of 10 and 20 years old, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

6a. When you were between the ages of 20 and 30 years old, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

6b. When you were between the ages of 20 and 30 years old, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

If you are younger than 30 years of age, check the box and go to Section B on page 4. If you are at least 30 years old, please continue.

7a. When you were between the ages of 30 and 40 years old, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

7b. When you were between the ages of 30 and 40 years old, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

If you are younger than 40 years of age, check the box and go to Section B on page 4. If you are at least 40 years old, please continue.

8a. When you were between the ages of 40 and 50 years old, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

8b. When you were between the ages of 40 and 50 years old, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

If you are younger than 50 years of age, check the box and go to Section B on page 4. If you are at least 50 years old, please continue.

9a. When you were between the ages of 50 and 60 years old, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

9b. When you were between the ages of 50 and 60 years old, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

If you are younger than 60 years of age, check the box and go to Section B on page 4. If you are at least 60 years old, please continue.

10a. When you were 60 years of age and older, how many pain pills did you *usually* take...

_____ per day? _____ per week? _____ per month?

10b. When you were 60 years of age and older, what was the *maximum number* of pain pills you took...

_____ in one day? _____ in one week? _____ in one month?

PLEASE CONTINUE WITH SECTION B ON THE NEXT PAGES

Section B. Alcohol drinking

PLEASE NOTE: For this study, a "drink" includes 12 oz (320 ml) of beer, 4 oz (60 ml) of wine, or 1 oz (15 ml) of liquor.

The first questions concern your feelings about alcohol drinking.

1. Have you ever felt that you should cut down on your drinking?
Yes 1
No 2
2. Have people ever annoyed you or made you angry by criticizing your drinking?
Yes 1
No 2
3. Have you ever felt bad or guilty about your drinking?
Yes 1
No 2
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?
Yes 1
No 2

The next questions concern how many drinks you have had at different times.

5. Have you ever had more than 2 alcoholic drinks (beer, wine, hard liquor) in a 24 hour period?

Circle best response: No 0 (Please skip to the end)
Yes 1 (Please continue below)

Fill in the number of alcoholic drinks "per day" and "per week" for each time period.

- 6a. In the last 3 months, on average how many drinks would you *usually* have...

_____ per day? _____ per week?

- 6b. In the last 3 months, what was the *maximum number* of drinks you had...

_____ in one day? _____ in one week?

7a. From 3 to 12 months ago, on average how many drinks would you *usually* have...

_____ per day? _____ per week?

7b. From 3 to 12 months ago, what was the *maximum number* of drinks you had...

_____ in one day? _____ in one week?

PLEASE NOTE: THE NEXT QUESTIONS CONCERN
USE OF ALCOHOL (BEER, WINE OR LIQUOR) WHEN YOU WERE YOUNGER

8a. When you were between the ages of 10 and 20 years old, how many drinks would you *usually* have...

_____ per day? _____ per week?

8b. When you were between the ages of 10 and 20 years old, what was the *maximum number* of drinks would you have...

_____ in one day? _____ in one week?

9a. When you were between the ages of 20 and 30 years old, how many drinks would you *usually* have...

_____ per day? _____ per week?

9b. When you were between the ages of 20 and 30 years old, what was the *maximum number* of drinks would you have...

_____ in one day? _____ in one week?

If you are younger than 30 years of age, check the box and go to the end. If you are at least 30 years old, please continue.

10a. When you were between the ages of 30 and 40 years old, how many drinks would you *usually* have...

_____ per day? _____ per week?

10b. When you were between the ages of 30 and 40 years old, what was the *maximum number* of drinks would you have...

_____ in one day? _____ in one week?

If you are younger than 40 years of age, check the box and go to the end. If you are at least 40 years old, please continue.

11a. When you were between the ages of 40 and 50 years old, how many drinks would you *usually* have...
_____ per day? _____ per week?

11b. When you were between the ages of 40 and 50 years old, what was the *maximum number* of drinks would you have...
_____ in one day? _____ in one week?

If you are younger than 50 years of age, check the box and go to the end. If you are at least 50 years old, please continue.

12a. When you were between the ages of 50 and 60 years old, how many drinks would you *usually* have...
_____ per day? _____ per week?

12b. When you were between the ages of 50 and 60 years old, what was the *maximum number* of drinks would you have...
_____ in one day? _____ in one week?

If you are younger than 60 years of age, check the box and go to the end. If you are at least 60 years old, please continue.

13a. When you were 60 years of age and older, how many drinks would you *usually* have...
_____ per day? _____ per week?

13b. When you were 60 years of age and older, what was the *maximum number* of drinks would you have...
_____ in one day? _____ in one week?

THIS IS THE END OF THE QUESTIONNAIRE
THANK YOU FOR YOUR HELP