



Annual Follow-Up Extra

FORM CODE: AFE
VERSION: A 11/3/2014

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. When you first enrolled in the Jackson Heart Study, if you were smoking cigarettes at that time, was your preferred brand of cigarettes menthol flavored?

Yes Y

No N

Not sure U

Not smoking at that time S

Don't know D

Refused R

2. IF NOT A CURRENT SMOKER [ANSWERED "NO" TO ITEM 30, AFU] RECORD "S" FOR THIS ITEM
Is your current preferred brand of cigarettes menthol flavored?

Yes Y

No N

Not a current smoker S

Not sure U

Refused R

Administrative Information:

3. Date of data collection:

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4. Method of data collection:.....Computer C

Paper Form P

5. Code number of person completing this form:

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