Medical History

1. What is your current weight? ________ lbs.

2. How tall are you? ________ feet ________ inches

3. Has a doctor ever told you that you have any of the conditions or illnesses listed below? Please answer YES or NO for each of the following, if YES, indicate the age at which you were diagnosed. If you prefer not to answer or an answer is unknown, code 99.

   1 No  2 Yes  99 Unknown / I prefer not to answer

If yes, age at first diagnosis:

   3a. Asbestosis
   3b. Asthma - first diagnosed as a child
   3c. Asthma - first diagnosed as an adult
   3d. Bronchiectasis
   3e. Chronic Bronchitis
   3f. Chronic Obstructive Pulmonary Disease (COPD)
   3g. Emphysema
   3h. Diabetes
   3i. Heart Disease or Heart Attack
   3j. Fibrosis of the Lung
   3k. Pneumonia
   3l. Sarcoidosis
   3m. Silicosis
   3n. Tuberculosis (TB)
   3o. High Blood Pressure (Hypertension)
   3p. Stroke
4. Has a doctor ever told you that you have any of the cancers listed below? Please answer YES or NO for each of the following, if YES, indicate the age at which you were diagnosed. If you prefer not to answer or an answer is unknown, code 99.

1. No  
2. Yes  
99. Unknown / I prefer not to answer

If yes, age at diagnosis:

4a. Lung Cancer
4b. Bladder Cancer
4c. Transition Cell Cancer
4d. Cervical Cancer
4e. Mouth (Oral) Cancer
4f. Pharynx Cancer
4g. Larynx Cancer
4h. Nasal Cancer
4i. Esophageal Cancer
4j. Stomach (Gastric) Cancer
4k. Pancreatic Cancer
4l. Kidney Cancer
4m. Colon-Rectal Cancer
4n. Breast Cancer
4o. Thyroid Cancer
4p. Other, specify ____________________________

5. Have any of the following blood relatives ever had lung cancer:

1. No
2. Yes
98. Does not apply
99. Unknown / I prefer not to answer

- Father
- Mother
- Brother(s), including half-brothers
- Sister(s), including half-sisters
- Child (biological)
## Demographic Information

6. **Indicate the highest grade or level of schooling completed** (select one)
   - 1. 8th grade or less
   - 2. 9-11th grade
   - 3. High school graduate or high school equivalency
   - 4. Post high school training, other than college (for example, Vocational/technical school)
   - 5. Associate degree / some college
   - 6. Bachelor’s degree
   - 7. Graduate or Professional school
   - 8. Other, specify: ______________________
   - 99. Unknown / I prefer not to answer

7. **Indicate your marital status**
   - 1. Never married
   - 2. Married or living as married
   - 3. Widowed
   - 4. Separated
   - 5. Divorced
   - 99. Unknown / I prefer not to answer

8. **Indicate household Income** (select one which most closely describes the TOTAL average yearly gross income for your household)
   - 1. Less than $8,000 per year
   - 2. $8,000 to $14,999 per year
   - 3. $15,000 to $24,999 per year
   - 4. $25,000 to $34,999 per year
   - 5. $35,000 to $49,999 per year
   - 6. $50,000 to $64,999 per year
   - 7. $65,000 to $79,999 per year
   - 8. $80,000 to $100,000
   - 10. > $100,000 per year
   - 99. Unknown / I prefer not to answer

9. **Including yourself, how many people are supported by the income listed above?**
   - 99. Unknown / I prefer not to answer

10. **In what country were you born?**
    - 1. United States of America (answer question 10a)
    - 2. Other country (answer question 10b)
    - 99. Unknown / I prefer not to answer

10a. **If born in the USA, please enter the 2 digit numeric code for the state in which you were born** (see list, page 8)

10b. **If born in another country, specify the continent of that country.**
    - 1. North America
    - 2. South America
    - 3. Europe
    - 4. Africa
    - 5. Asia
    - 6. Australia
    - 99. Unknown / I prefer not to answer
11. [ ] In what country have you lived the longest?
   1 United States of America (answer question 11a)
   2 Other country (answer question 11b)
   99 Unknown / I prefer not to answer

11a. [ ] If you lived the longest in the USA, please enter the 2 digit numeric code for the state in which you have lived the longest (see list, page 8).

11b. [ ] If you lived the longest in another country, specify the continent of that country.
   1 North America
   2 South America
   3 Europe
   4 Africa
   5 Asia
   6 Australia
   99 Unknown / I prefer not to answer

Occupational History

12. Have you ever worked for 1 year or more at any of the occupations listed below? Please answer YES or NO for each of the following. If your answer is YES, please provide number of years worked in that occupation and indicate whether you wore a respirator the majority of the time while at work. If an answer is unknown or you prefer not to answer, please code 99.

   1 No  2 Yes  99 Unknown / I prefer not to answer

   No. of years worked Did you wear a respirator?

12a. [ ] Baking
12b. [ ] Butchering / Meat packing
12c. [ ] Chemical or plastics manufacturing
12d. [ ] Coal mining
12e. [ ] Cotton or jute processing
12f. [ ] Farming
12g. [ ] Fire fighting
12h. [ ] Flour, feed or grain milling
12i. [ ] Foundry or steel milling
12j. [ ] Hard rock mining
12k. [ ] Painting
12l. [ ] Sandblasting
12m. [ ] Welding
12n. [ ] Working with asbestos
**Symptom History: Cough**

Please answer **YES** or **NO** to the following questions. If you are in doubt about your answer, respond with **NO**. Include cough with first cigarette or on first going out doors. Exclude clearing of your throat.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 No</td>
<td>2 Yes</td>
<td>99 Unknown / I prefer not to answer</td>
</tr>
</tbody>
</table>

13. [ ] Do you usually have a cough? If No, skip to question 19.

14. [ ] Do you usually cough as much as 4-6 times a day, 4 or more days out of the week?

15. [ ] Do you usually cough at all upon getting up, or first thing in the morning?

16. [ ] Do you usually cough at all during the rest of the day or at night?

If your answer to any of the above is **YES**, answer questions 17 and 18.

17. [ ] Do you usually cough like this on most days for 3 consecutive months or more during the year?

18. For how many years have you had this cough?

**Symptom History: Shortness of Breath**

Please answer **YES** or **NO** to the following questions. If you are in doubt about your answer, respond with **NO**.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 No</td>
<td>2 Yes</td>
<td>99 Unknown / I prefer not to answer</td>
</tr>
</tbody>
</table>

19. [ ] Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

20. [ ] Do you have to walk slower than people of your age on level ground because of breathlessness?

21. [ ] Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?

22. [ ] Are you too breathless to leave the house or do you get breathless upon dressing or undressing?

23. [ ] For how many years have you experienced shortness of breath?
General Alcohol History

24. □ Have you ever consumed alcoholic beverages? If NO, skip to question 32.
   1. No
   2. Yes
   99. Unknown / I prefer not to answer

25. □ Do you presently drink alcoholic beverages? If NO, answer Part A. If YES, answer Part B.
   1. No
   2. Yes
   99. Unknown / I prefer not to answer

Part A. Former Alcohol History (if you prefer not to answer, code 99)

26. □ How long has it been since you last had an alcoholic drink? (wine, beer, liquor)
   1. Less than 1 year
   2. 1 year to 2 years
   3. More than 2 years

27. □ For how many years did you drink alcoholic beverages?

28. □ What was the usual number of drinks you had per week before you stopped drinking alcoholic beverages? (one drink means 1 beer or 1 glass of wine or 1 shot of liquor, record 0 if less than 1 drink per week)

Part B. Current Alcohol History (if you prefer not to answer, code 99)

29. □ For how many years have you been drinking alcoholic beverages?

30. □ What is the usual number of drinks you have per week? (one drink means 1 beer or 1 glass of wine or 1 shot of liquor, record 0 if less than 1 drink per week)

31. □ During the past 24 hours, how many drinks have you had?

Social Security Number (SSN)

We are asking for your SSN because data from this study will be linked with data supplied by the National Center for Health Statistics. It will be kept confidential according to the Privacy Act of 1974, and will be used only for research purposes. Providing this information is extremely important for the purposes of this study, but is entirely voluntary on your part. If you prefer not to disclose your SSN, code all 9's.

32. What is your SSN? _ _ _ _ _ _ _ _ _ _
Sometimes dependents or spouses can apply for Medicare benefits using the Social Security Number of another family member.

33. □ Did you ever get Medicare benefits using a Social Security Number other than your own? If you prefer not to disclose the SSN, code all 9's.
   1. No
   2. Yes*
   99. Unknown / I prefer not to answer
   *If yes, what is that SSN?

Conclusion

34. □ Did you require any assistance completing this questionnaire?
   1. No (skip to question 37)
   2. Yes
   99. Unknown / I prefer not to answer

35. □ Specify the person who assisted you.
   1. ACRIN-NLST Staff member
   2. Family
   3. Other, specify: __________________________
   99. Unknown / I prefer not to answer

36. Specify the extent of assistance (check all that apply)
   □ Read items to me
   □ Marked items as I responded
   □ Other, specify: __________________________
   □ Unknown / I prefer not to answer

37. □ Specify the method used to complete this questionnaire.
   1. At my appointment
   2. By mail (include having questionnaire mailed to you and brought to the site completed)
   3. By telephone
   99. Unknown / I prefer not to answer

Comments:
__________________________________________________________________________________

Please check that you have completed every question. At the time you return this questionnaire, please sign and date below.

____________________________________  __________________________
Participants signature                Date form completed (mm-dd-yyyy)

Signature of person responsible for data  Signature of person entering data onto web
<table>
<thead>
<tr>
<th></th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Alabama</td>
</tr>
<tr>
<td>02</td>
<td>Alaska</td>
</tr>
<tr>
<td>03</td>
<td>Arizona</td>
</tr>
<tr>
<td>04</td>
<td>Arkansas</td>
</tr>
<tr>
<td>05</td>
<td>California</td>
</tr>
<tr>
<td>06</td>
<td>Colorado</td>
</tr>
<tr>
<td>07</td>
<td>Connecticut</td>
</tr>
<tr>
<td>08</td>
<td>Delaware</td>
</tr>
<tr>
<td>09</td>
<td>Florida</td>
</tr>
<tr>
<td>10</td>
<td>Georgia</td>
</tr>
<tr>
<td>11</td>
<td>Hawaii</td>
</tr>
<tr>
<td>12</td>
<td>Idaho</td>
</tr>
<tr>
<td>13</td>
<td>Illinois</td>
</tr>
<tr>
<td>14</td>
<td>Indiana</td>
</tr>
<tr>
<td>15</td>
<td>Iowa</td>
</tr>
<tr>
<td>16</td>
<td>Kansas</td>
</tr>
<tr>
<td>17</td>
<td>Kentucky</td>
</tr>
<tr>
<td>18</td>
<td>Louisiana</td>
</tr>
<tr>
<td>19</td>
<td>Maine</td>
</tr>
<tr>
<td>20</td>
<td>Maryland</td>
</tr>
<tr>
<td>21</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>22</td>
<td>Michigan</td>
</tr>
<tr>
<td>23</td>
<td>Minnesota</td>
</tr>
<tr>
<td>24</td>
<td>Mississippi</td>
</tr>
<tr>
<td>25</td>
<td>Missouri</td>
</tr>
<tr>
<td>26</td>
<td>Montana</td>
</tr>
<tr>
<td>27</td>
<td>Nebraska</td>
</tr>
<tr>
<td>28</td>
<td>Nevada</td>
</tr>
<tr>
<td>29</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>30</td>
<td>New Jersey</td>
</tr>
<tr>
<td>31</td>
<td>New Mexico</td>
</tr>
<tr>
<td>32</td>
<td>New York</td>
</tr>
<tr>
<td>33</td>
<td>North Carolina</td>
</tr>
<tr>
<td>34</td>
<td>North Dakota</td>
</tr>
<tr>
<td>35</td>
<td>Ohio</td>
</tr>
<tr>
<td>36</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>37</td>
<td>Oregon</td>
</tr>
<tr>
<td>38</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>39</td>
<td>Rhode Island</td>
</tr>
<tr>
<td>40</td>
<td>South Carolina</td>
</tr>
<tr>
<td>41</td>
<td>South Dakota</td>
</tr>
<tr>
<td>42</td>
<td>Tennessee</td>
</tr>
<tr>
<td>43</td>
<td>Texas</td>
</tr>
<tr>
<td>44</td>
<td>Utah</td>
</tr>
<tr>
<td>45</td>
<td>Vermont</td>
</tr>
<tr>
<td>46</td>
<td>Virginia</td>
</tr>
<tr>
<td>47</td>
<td>Washington</td>
</tr>
<tr>
<td>48</td>
<td>West Virginia</td>
</tr>
<tr>
<td>49</td>
<td>Wisconsin</td>
</tr>
<tr>
<td>50</td>
<td>Wyoming</td>
</tr>
<tr>
<td>51</td>
<td>District of Columbia</td>
</tr>
</tbody>
</table>