The F1 Follow-Up Questionnaire is a participant completed form designed to collect interim health status and medical interventions. The F1 is to be completed every six months (window: -1 month to +3 months of F1 due date) for all participants for the duration of the trial. The F1 may be completed by the participant during a visit to the site (T1 and T2), as a telephone interview, or administered via mail. The shaded/boxed areas of this form are not web-entered on the ACRIN web site.

If the F1 is administered by mail:

- Prior to mailing, each page of the F1 Form must be labeled with the participant identifiers (at minimum, the case number and participant initials). If the participant identifiers do not appear, there may be no reliable way to identify who completed the form.
- Include a self-addressed, stamped envelope for the return of the form.
- Provide the NLST site contact information in the space provided on page 1.
- Record the date mailed and document on the FC Form (F1 Coversheet, Question 1).
- Record the date returned and document on the FC Form (F1 Coversheet, Question 1).
- If the questionnaire has not been returned after 3 weeks, the RA should call the participant to ensure that the questionnaire was received and completed.
- Once received, the RA should review the questionnaire for completeness, an attempt should be made to collect any outstanding information and correct all errors or discrepant data (by telephone or in-person), particularly for the critical data elements. If a blank data element cannot be completed (data not obtained) it should remain blank, document this on the F1 adjacent to the appropriate question in explanation of the missing/blank data. At web entry, select the “Unknown” response indicating that the data was not obtained. If discrepant data cannot be resolved it should remain as it was recorded by the participant and not changed. All original responses, edits/corrections, and data recording must be clearly documented on the questionnaire (i.e. follow the rules of Good Clinical Practice).
- Unsuccessful attempts to contact participants for further information should be recorded in the chart.

If the questionnaire is administered by in-person or telephone interview:

- Record the date of the interview and document on the FC Form (F1 coversheet, Question 1).
- The RA should review the questionnaire for completeness, an attempt should be made to collect any outstanding information and correct all errors or discrepant data before the interview is concluded, particularly for the critical data elements. If a data element cannot be completed (data not obtained) it should remain blank, document this on the F1 adjacent to the appropriate question in explanation of the missing/blank data. At web entry, select the “Unknown” response indicating that the data was not obtained. All original responses, edits/corrections, and data recording must be clearly documented on the questionnaire (i.e. follow the rules of Good Clinical Practice).

Coversheet

**Participant Label:** Affix a Case Specific Label to each page in the box provided at the top right corner of the form. These labels are supplied by ACRIN once a participant has been randomized and contain all the participant identifiers (case number, participant initials, and institution name/number). To receive additional labels, submit a Request For Case Specific Labels to ACRIN HQ; this form can be printed from the ACRIN web site. In lieu of a Case Specific Label, record the Institution, Institution Number, Participant Initials, and Case Number in the box provided at the top right corner of the form.

**F1 data collection interval:** _____/_____/20_____

Prior to mailing or administering this form, the time interval for participant F1 Form completion must be indicated on page 1. The interval extends from the date that the participant last completed (i.e. dated) an F1 Form (Part E, Date of Participant Questionnaire Completion) to the present. If this is the first F1 Follow-up, the interval extends from the date of randomization. For example, if the participant recorded 4/28/03 in Part E of their last F1 Form, the interval for the current follow-up period extends from 4/28/03 until the present.

**NLST Site Contact Information:** Provide appropriate site contact information in the space provided on page 1.
Part A. Interval Cancer Diagnosis

This information is intended for collection every 6 months, but should be collected for the time interval since the last interview (as specified on page 1).

All questions in Part A are critical data elements, attempts should be made to collect this data. Please encourage the participant to provide as much information as possible. This may require additional contacts. A “yes” response will trigger data submission of the DE, CX, and TF forms by certified medical chart abstractors.

A1. Since the date on the front of this form, have you been diagnosed with lung cancer? Instruct the participant to answer “no” or “yes” depending on whether or not s/he was diagnosed with lung cancer by a health care provider during this time period. This does not include self-diagnosis.

   If the response is “no,” skip to A2.

   If the response is “yes,” the participant was diagnosed with lung cancer, complete the following:

   Date of diagnosis:
   Instruct the participant to provide the date of diagnosis as month, day, year. If the participant is unable to provide any portion of the date, record 99 in the blank space and initial/date (e.g. participant response 10/2003, RA should record 99 for day on paper and web form = 10/99/2003). WEB: mm/dd/yyyy required. If unknown, use 99 as directed above.

   Name of hospital or clinic where you received the diagnosis:
   Instruct the participant to provide the name of the facility where the diagnosis was made. WEB: data field is not web-entered.

A2. Since the date on the front of this form, have you been diagnosed with any cancer? Instruct the participant to answer “no” or “yes” depending on whether or not s/he was diagnosed with a cancer, other than lung cancer, by a health care provider during this time period. This does not include self-diagnosis. Data fields have been provided to allow for the reporting of 3 other cancer diagnoses.

   If the response is “no,” skip to Part B.

   If the response is “yes,” the participant was diagnosed with a cancer other than lung cancer, complete the following:

   Type of cancer diagnosed:
   Instruct the participant to provide the type of cancer s/he was diagnosed as having. WEB: data field limited to 100 characters.

   Date of diagnosis:
   Instruct the participant to provide the date of diagnosis as month, day, year. If the participant is unable to provide any portion of the date, record 99 in the blank space and initial/date (e.g. participant response 10/2003, RA should record 99 for day on paper and web form = 10/99/2003). WEB: mm/dd/yyyy required. If unknown, use 99 as directed above.

   Name of hospital or clinic where you received the diagnosis:
   Instruct the participant to provide the name of the facility where the diagnosis was made. WEB: data field is not web-entered.
Part B. Smoking Habits

These questions are concerned with overall changes in participant smoking habits. All questions should be answered appropriately following the skip patterns. Unlike Part A, this section is intended to collect smoking information pertaining only to the preceding 6 months despite missed data time points. An attempt should be made to collect responses to each question. WEB: If unable to collect responses for questions the participant left blank, document the blank data fields by selecting the “Blank/Unknown” web response.

B1. In the past six 6 months, have you smoked any cigarettes?
Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he has smoked any cigarettes in the last 6 months.

- If the response is “no,” skip to B8 (B2-7 should be blank).
- If the response is “yes,” continue to B2.
- If no response is provided, select “unknown” at web entry.

B2. Do you NOW smoke cigarettes (one or more cigarettes per week)?
Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he is smoking at least one cigarette a week.

- If the response is “no,” skip to B4 (B3 should be blank).
- If the response is “yes,” continue to B3.
- If no response is provided, select “unknown” at web entry.

B3. How many cigarettes do you usually smoke per day, on average?
Instruct the participant to provide, to the best of her/his ability, a numeric response (whole number) based on their daily average of cigarettes. If the participant enters a fraction or decimal number, round up if >=0.5 (e.g., 4.5 = 5; 4.4 = 4).

- If the response is less than 1 cigarette a day, mark this response on the CRF.
- If the response is greater than 1, record the numeric response on the line provided.
- If no response is provided, enter ‘999’ for unknown/blank at web entry.

B4. Did you visit your primary care physician this past year?
Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen by her/his primary care provider (physician, nurse practitioner, etc.) this past year.

- If the response is “no,” skip to B5 (B4a-g should be blank).
- If the response is “yes,” B4a-g should be completed. For B4a-g, instruct the participant to mark/answer “no” or “yes” to each of these questions.
- If no response is provided, select “unknown” at web entry.

B5. In the past six (6) months, have you done any of the following? (B5h-l)
Instruct the participant to answer “no” or “yes” to each of these questions. If no response is provided, select “unknown” at web entry.

B6. In the past six (6) months, how many times have you INTENTIONALLY quit smoking (not even a puff) for at least 24 hours?
Instruct the participant to select the appropriate response. If the participant did try to quit, instruct the participant to provide, to the best of her/his ability, a numeric response indicating the number of times s/he purposely quit smoking for at least one day. Record the whole number response on the line provided. If the participant enters a fraction or decimal number, round up if >=0.5 (e.g., 4.5 = 5; 4.4 = 4). If no response is provided, enter ‘99’ for unknown at web entry.
B7. In the past six (6) months, how many times have you INTENTIONALLY quit smoking (not even a puff) for at least 7 days?
   Instruct the participant to select the appropriate response. If the participant did try to quit, instruct the participant to provide, to the best of her/his ability, a numeric response indicating the number of times s/he purposely quit smoking for at least one day. Record the whole number response on the line provided. If the participant enters a fraction or decimal number, round up if >=0.5 (e.g., 4.5 = 5; 4.4 = 4). If no response is provided, enter ‘99’ for unknown at web entry.

B8. Next are statements that smokers have said about quitting. Please put a check in the box next to the one statement the best represents what you think right now. (select only one)
   Instruct the participant to mark the statement that most appropriately reflects her/his current attitude toward smoking. If no response is provided, select “unknown” at web entry.

Part C. Other Clinical Trials

This section documents any contamination or confounding variables that result from participants receiving care from clinical trials other than NLST. As an eligibility criterion, the participant may not already be enrolled in another cancer prevention or screening trial. However, once enrolled, we cannot hinder a participant from enrolling in another trial. Therefore, this section serves to document the care provided within other trials. This information is intended for collection every 6 months, but should be collected for the time interval since the last interview (as specified on page 1).

C1. Since the date on the front of this form, have you enrolled or participated in any other clinical trial?
   Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he has enrolled in a clinical trial other than NLST within the last 6 months or since the last follow-up.
   - If the response is “no,” skip to Part D (1a-c should be blank).
   - If the response is “yes,” 1a-c should be completed.
   - If no response is provided, select “unknown” at web entry.

   a. Name of clinical trial:
      Instruct the participant to provide the name of the clinical trial. If unknown, attempt to determine the nature of the trial, the site, the investigators, a phone number, or similar information that will enable the determination of trial name (such as web search). WEB: data element is limited to 100 characters.

   b. When did you enroll in this trial?
      Instruct the participant to provide the date of enrollment in the clinical trial. The participant should provide the date as month and year. If the participant is unable to provide any portion of the date, record 99 in the blank space and initial/date (e.g. participant response is 2003, RA should record 99 for month on paper and web form = 99/2003).

   c. As part of the trial, did your care consist of any of the following tests or examinations?
      Instruct the participant to select, from the list provided, all tests provided as part of the other clinical trial. Choose all that apply. There is space to record other tests/exams performed that are not listed on the data form. WEB: Other data fields are limited to 100 characters.

   Additional clinical trials:
      If the participant enrolled in other clinical trials, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person).
Part D. Health Care Visits

This section documents the participant’s health care visits since the date on the front of this form. All information should be provided to the best of the participant’s recollection. A medical diary can be provided to participants in advance to record visits rather than relying on recall for completion of the F1 form.

D1. Since the date on the front of this form, have you visited your primary health care provider (e.g., the practitioner whom you consider your main provider)? This page documents visits to the participant’s primary health care provider only. Other provider visits are collected on the following pages. Visits to dentists, optometrists, ophthalmologists, and podiatrists need not be included. Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen by her/his primary care provider during this time period.

This is a critical data element, attempts should be made to collect this data.

If the response is “no,” skip to D2.

If the response is “yes,” the participant should provide:

- The name, address, phone number of the primary health care provider. This information is not submitted to ACRIN, but is collected to assist in medical records retrieval, if / when it becomes necessary.

Date of visit:
Instruct the participant to provide the date of each visit to her/his primary care provider. The date should be recorded as month/day/year. If the participant is unable to provide any portion of the date, record ‘99’. For example: if the participant records 10/2003, the RA should record the day as ‘99’. The date would then read 10/99/2003. WEB: mm/dd/yyyy required; if unknown, use’99’ as directed.

Reason for this visit:
For each visit date, instruct the participant to record the reason for the visit by placing a check mark at the appropriate response.

- This is a critical data element, attempts should be made to collect this data.
- The participant should indicate whether the reason for the visit was due to a “lung problem” or “other” problem. “Lung problems” refer to a lung or chest-related condition, such as cough, shortness of breath or chest pain, etc. Include routine visit(s) for any known lung conditions.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I don’t know” response.
- If the participant leaves this data element blank, the RA should make an attempt to obtain the information (e.g. by telephone, letter). If able to obtain the data, record the participant’s response on the F1 form, initial and date. If the data element cannot be obtained despite best efforts, check the “Unknown” web response; this response is not included on the F1. Efforts to obtain the information should be noted on the form with initials and date.

Record the tests done for this visit by code number:
For each visit date, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The appropriate response should be recorded using the numerical codes provided.
- At least one response code should be recorded in the data spaces provided. If no procedures were completed record as code “1,” do not leave the data field blank.
- If the participant did not provide a procedure type and the data is not obtained, the data field should remain blank. WEB: record ‘99’ (“Unknown”) indicating a blank data field; this response is not included on the questionnaire.

f. Additional visits:
If the participant had more than 5 visits to her/his primary care provider, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).
D2-4. Since the date on the front of this form, have you visited any other health care provider or clinic (doctors, specialists, health practitioners, etc)? Outpatient visits to dentists, optometrists, ophthalmologists, and podiatrists need not be included. Questions D2-5 should be used to document visits to other health care providers. Each question D2-5 should be used to document a specific provider. For example, if a participant saw 3 other providers (pulmonologist, cardiologist, and neurologist), the pulmonologist information would be recorded in D2, cardiologist in D3, and the neurologist in D4.

Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen by a health care provider other than primary care provider. 

*This is a critical data element, attempts should be made to collect this data.*

If response is “no,” skip to D6.

If the response is “yes,” the participant should provide:
- The name, address, phone number of the health care provider. This information is not submitted to ACRIN, but is collected to assist in medical records retrieval, if / when it becomes necessary.

**Date of visit:**
Instruct the participant to provide the date of each visit to the health care provider or clinic. The date should be recorded as month/day/year. If the participant is unable to provide any portion of the date record ‘99’. For example, if the participant records 10/2003, the RA should record the day as ‘99’. The date would then read 10/99/2003. **WEB: mm/dd/yyyy required; if unknown, use ‘99’ as directed.**

**Reason for this visit:**
For each visit date, instruct the participant to record the reason for the visit by placing a check mark at the appropriate response.
- *This is a critical data element, attempts should be made to collect this data.*
- The participant should indicate whether the reason for the visit was due to a “lung problem” or “other” problem. “Lung problems” refer to a lung or chest-related condition, such as cough, shortness of breath or chest pain, etc. Include routine visit(s) for any known lung conditions.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I don’t know” response.
- If the participant leaves this data element blank, the RA should make an attempt to obtain the information (e.g. by telephone, letter). If able to obtain the data, record the participant’s response on the F1 form, initial and date. If the data element cannot be obtained despite best efforts, check the “Unknown” web response; this response is not included on the F1. Efforts to obtain the information should be noted on the form with initials and date.

**Record the tests done for this visit by code number:**
For each visit date, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.
- The appropriate response should be recorded using the numerical codes provided.
- At least one response code must be recorded in the data spaces provided. If no procedures were completed record as code “1,” do not leave the data field blank.
- If the participant did not provide a procedure type and the data is not obtained, the data field should remain blank. **WEB: record ‘99’ (Unknown”) indicating a blank data field; this response is not included on the questionnaire.**

f. **Additional visits:**
If the participant had more than 5 visits to the health care provider/clinic, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).

g. **Additional providers or clinics:**
If the participant visited another provider or clinic, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).
D5-6. Since the date on the front of this form, have you been hospitalized (stayed over night in the hospital)?

Instruct the participant to answer “no” or “yes” indicating whether or not s/he was admitted to a hospital within this time period.

*This is a critical data element, attempts should be made to collect this data.*

If the response is “no,” skip to D7.

If the response is “yes,” the participant should provide:
- The name, address, phone number of the hospital. This information is not submitted to ACRIN, but is collected to assist in medical records retrieval, if / when it becomes necessary.

**Date of admission:**
Instruct the participant to provide the date of each admission to the hospital identified above. The date should be recorded as month/day/year. If the participant is unable to provide any portion of the date record ‘99’. For example, if the participant records 10/2003, the RA should record the day as ‘99’. The date would then read 10/99/2003. **WEB:** mm/dd/yyyy required; if unknown, use ‘99’ as directed.

**Reason for this admission:**
For each admission date, instruct the participant to record the reason for the visit by placing a check mark at the appropriate response.
- *This is a critical data element, attempts should be made to collect this data.*
- The participant should indicate whether the reason for the visit was due to a “lung problem” or “other” problem. “Lung problems” refer to a lung or chest-related condition, such as cough, shortness of breath or chest pain, etc. Include routine visit(s) for any known lung conditions.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I don’t know” response.
- If the participant leaves this data element blank, the RA should make an attempt to obtain the information (e.g. by telephone, letter). If able to obtain the data, record the participant’s response on the F1 form, initial and date. If the data element cannot be obtained despite best efforts, check the “Unknown” web response; this response is not included on the F1. Efforts to obtain the information should be noted on the form with initials and date.

**Record the tests done for this admission by code number:**
For each admission date, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.
- The appropriate response should be recorded using the numerical codes provided.
- At least one response code must be recorded in the data spaces provided. If no procedures were completed record as code “1,” do not leave the data field blank.
- If the participant did not provide a procedure type and the data is not obtained, the data field should remain blank. **WEB:** record ‘99’ (“Unknown”) indicating a blank data field; this response is not included on the questionnaire.

f. **Additional hospitalizations:**
If the participant had more than 5 admissions to this hospital, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).

g. **Additional hospitals:**
If the participant was admitted to another hospital, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).
D7. Since the date on the front of this form, have you visited an emergency room?

Instruct the participant to answer "no" or "yes" to this question, indicating whether or not s/he was seen in an emergency room within this time interval.

*This is a critical data element, attempts should be made to collect this data.*

If the response is "no," skip to D8.

If the response is "yes," the participant should provide:

- The name, address, phone number of the emergency room facility. This information is not submitted to ACRIN, but is collected to assist in medical records retrieval, if / when it becomes necessary.

**Date of visit:**
Instruct the participant to provide the date of each ER visit. The date should be recorded as month/day/year. If the participant is unable to provide any portion of the date, record '99'. For example, if the participant records 10/2003, the RA should record the day as '99'. The date would then read 10/99/2003. WEB: mm/dd/yyyy required; if unknown, use '99' as directed.

**Reason for this visit:**
For each ER visit date, instruct the participant to record the reason for the visit by placing a check mark at the appropriate response.

- *This is a critical data element, attempts should be made to collect this data.*
- The participant should indicate whether the reason for the visit was due to a “lung problem” or “other” problem. "Lung problems” refer to a lung or chest-related condition, such as cough, shortness of breath or chest pain, etc. Include routine visit(s) for any known lung conditions.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I don’t know” response.
- If the participant leaves this data element blank, the RA should make an attempt to obtain the information (e.g. by telephone, letter). If able to obtain the data, record the participant’s response on the F1 form, initial and date. If the data element cannot be obtained despite best efforts, check the “Unknown” web response; this response is not included on the F1. Efforts to obtain the information should be noted on the form with initials and date.

**Record the tests done for this visit by code number:**
For each ER visit date, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The appropriate response should be recorded using the numerical codes provided.
- At least one response code must be recorded in the data spaces provided. If no procedures were completed record as code “1,” do not leave the data field blank.
- If the participant did not provide a procedure type and the data is not obtained, the data field should remain blank. WEB: record ‘99’ (“Unknown”) indicating a blank data field; this response is not included on the questionnaire

f. **Additional visits:**
If the participant had more than 5 visits to this emergency room, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).

g. **Additional emergency rooms:**
If the participant visited another emergency room, the box indicating this should be checked. This requires the FS be administered (by telephone or in-person interview).
The RA should review the questionnaire for completeness and an attempt should be made to collect any outstanding information and correct all errors or discrepant data. If a data element was not completed and cannot be obtained, document this on the questionnaire adjacent to the appropriate question. All original responses, edits/corrections, and data recording must be clearly documented on the questionnaire (e.g., follow the rules of Good Clinical Practice).

### Part E. Form Completion

If the F1 questionnaire is completed by the participant via mail:
- Unsuccessful attempts to contact participants for further information should be recorded in the chart.
- The participant should have printed her/his name on the line provided, but this is not mandatory. This field does not require completion by the RA. WEB: not submitted to ACRIN.
- The participant should have signed her/his name on the line provided. If the participant returns the form without signing: make a copy of the F1 for the study file, return the original F1 to the participant for her/his signature, document this and the date the F1 was returned for the study file. The study site should contact the participant by telephone to inform her/him that the questionnaire is being returned for her/his signature and returned to the study site using the self-addressed, stamped envelope provided.
- The participant should have recorded the date the questionnaire was completed. The date should be recorded as mm/dd/yyyy. If the participant returns the questionnaire without recording the date or submits a partial date, the RA should record the date on which the F1 was sent to the participant, initial and date (this date will be used as the starting time point for the next F1). WEB: submitted to ACRIN.

If the F1 questionnaire is completed by telephone interview:
- The fields for participant name and signature should be left blank. WEB: not submitted to ACRIN.
- The RA should record the date the form was completed by the participant, date of interview (this date will be used as the starting time point for the next F1). WEB: submitted to ACRIN.
- The FC will capture the method of questionnaire administration as telephone interview.

If the F1 questionnaire is completed by in-person interview:
- Instruct the participant to print her/his name on the line provided. WEB: not submitted to ACRIN.
- Instruct the participant to sign her/his name on the line provided. WEB: not submitted to ACRIN.
- Instruct the participant to record the date the questionnaire is completed (mm/dd/yyyy). WEB: submitted to ACRIN.

If the participant indicates s/he has questions regarding the questionnaire and/or study, follow-up by the site is required.

**Signature of person responsible for data:** Legible signature of the RA responsible for the interview data or for reviewing the completeness of the participant completed data.

**Date of interview/questionnaire completion:** Record the date that the interview/questionnaire was completed and/or reviewed by the RA.

**Signature of person entering data onto web:** Legible signature of staff entering the data, signed upon completion of this task.

### ADDENDUM:

**Unreturned F1 Forms:** If, after mailing the questionnaire, it has not been returned after 3 weeks, the RA should call the participant to ensure that the questionnaire was received. Urge/remind the participant to complete and return the questionnaire and/or offer to obtain a phone interview (either then, at the time of contact, or schedule a future interview). Document contact attempts.

**If a participant refuses to complete the F1 Form:** Due to the importance of the F1 data, and the lower than desired participant response rates for the full form, it’s better we collect some (partial) data than no data. Therefore, if a
participant refuses to complete the F1 Form, attempt to collect an abbreviated follow-up phone interview. Contact the participant stating that you understand s/he does not want to complete the form at this time but to enable the study site to follow her/him properly could s/he please participate in a shortened follow-up interview. If the participant (or proxy) is adamant about not participating in the follow-up questions let her/him know you understand and thank her/him for her/his time. If the participant (or proxy) is willing to participate in an “abbreviated” follow-up, attempt to collect the following information.

- **Part A, Q1-2:** These questions are critical to the trial. At a minimum, try to obtain this information, including the provider/facility so that medical records relating to the cancer can be requested.

- **Part D, Q1-7:** If the participant is willing, try to collect a subset of this information - the provider and whether any visits were lung or chest-related. You may skip the requirement to provide each provider/facility visit date and procedures/testing information. For example:
  - D1. “Since the date on the front of this form, have you visited your primary health care provider (e.g., the practitioner whom you consider your main provider)?” No or Yes
  - If yes, capture provider name and provider contact information.
  - “Were any of your visits for a lung or chest-related condition?” If yes, document by placing a check mark in the box under ‘Lung Problem’ in the first row. Skip collecting the visit dates and procedures.

All F1 questions not asked/collection as part of the abbreviated F1 interview should remain blank on the F1 Form, indicate this at the time of web entry by using the “web only” response option for the given question (as previously instructed within this document). For thorough documentation, it is suggested that you note, either on either the F1 or FC Form, that an abbreviated interview was performed.