The F2 Follow-Up Questionnaire is a participant completed form designed to collect interim health status and medical interventions. The F2 is to be completed every six months for all participants for the duration of the trial. The F2 may be completed by the participant during a visit to the site (T1 and T2), as a telephone interview, or administered via mail. The provider information in the boxed areas of this form (Sections A1-A8) is not web-entered on the ACRIN website.

If the F2 is administered by mail:
- Prior to mailing, each page of the F2 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.
- 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 and 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 F2 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 discrepancies in data cannot be resolved they should remain as 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:
- 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 F2 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).

If the F2 questionnaire is completed by in-person interview:
- 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.

**Page one: Interval Follow-Up Form**

**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.

**F2 data collection interval: _____/_____/20_____ to Today**

Prior to mailing or administering this form, the time interval for participant F2 Form completion must be indicated on page 1. The interval extends from the date that the participant last completed (i.e. dated) an F1/F2 Form (Part D,
Date you completed this form) to the present. If this is the first F2 Follow-up, the interval extends from the date of randomization. For example, if the participant recorded 4/28/04 in Part D of their last F1/F2 Form, the interval for the current follow-up period extends from 4/28/04 until the present.

NLST Site Contact Information: Provide appropriate site contact information in the space provided on page 1.

NLST Staff Only: Follow-up Time Period: Site Staff should check the appropriate box to indicate the time point for the form. F2 time point should match the F2 Coversheet time point. Coversheet time points are indicated in the coversheet header from XB (one year coversheet) to XP (8 year coversheet).

Part A. 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 F2 form.

A1. Since the date on the front of this form, have you visited your PRIMARY PROVIDER (the person whom you consider to be your main provider)? Include visits only to your primary provider here; you do NOT need to describe visits to the types of providers listed in the box on the front of this form. This page documents a visit 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, etc. 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 A2.

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.

a. Did you receive any of the following from this provider?
For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.
- This is a critical data element, attempts should be made to collect this data.
  - If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 form, initial and date. If the data element cannot be obtained despite best efforts, check the “Unknown” response; this response is not included on the F2. Efforts to obtain the information should be noted on the form with initials and date.

b. Did this provider send you for any of the following procedures?
For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.
- The ‘yes’ or ‘no’ response should be recorded in the box 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.
A2. Since the date on the front of this form, have you visited ANOTHER HEALTH CARE PROVIDER? You do NOT need to describe visits to the types of providers listed in the box on the front of this form. Outpatient visits to dentists, optometrists, ophthalmologists, and podiatrists need not be included. Questions A2-4 should be used to document visits to other health care providers. Each question A2-4 should be used to document a specific provider. A typical example would be if a participant saw 3 other providers (Pulmonologist, Cardiologist, and Neurologist), the Pulmonologist information would be recorded in A2, Cardiologist in A3, and the Neurologist in A4.

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 A5.

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.

a. Did you receive any of the following from this provider?
For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

- This is a critical data element, attempts should be made to collect this data.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I'm not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

b. Did this provider send you for any of the following procedures?
For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The ‘yes’ or ‘no’ response should be recorded in the box 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.

A3. Since the date on the front of this form, have you visited ANOTHER HEALTH CARE PROVIDER? You do NOT need to describe visits to the types of providers listed in the box on the front of this form. Outpatient visits to dentists, optometrists, ophthalmologists, and podiatrists need not be included. Questions A2-4 should be used to document visits to other health care providers. Each question A2-4 should be used to document a specific provider. A typical example would be if a participant saw 3 other providers (Pulmonologist, Cardiologist, and Neurologist), the Pulmonologist information would be recorded in A2, Cardiologist in A3, and the Neurologist in A4.

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 A5.

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

**a. Did you receive any of the following from this provider?**
For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

- **This is a critical data element, attempts should be made to collect this data.**
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the "I'm not sure" 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

**b. Did this provider send you for any of the following procedures?**
For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The ‘yes’ or ‘no’ response should be recorded in the box 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.

**A4. Since the date on the front of this form, have you visited ANOTHER HEALTH CARE PROVIDER?** You do NOT need to describe visits to the types of providers listed in the box on the front of this form. Outpatient visits to dentists, optometrists, ophthalmologists, and podiatrists need not be included. Questions A2-4 should be used to document visits to other health care providers. Each question A2-4 should be used to document a specific provider. A typical example would be if a participant saw 3 other providers (Pulmonologist, Cardiologist, and Neurologist), the Pulmonologist information would be recorded in A2, Cardiologist in A3, and the Neurologist in A4.

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 A5.

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.

**a. Did you receive any of the following from this provider?**
For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

- **This is a critical data element, attempts should be made to collect this data.**
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.
b. Did this provider send you for any of the following procedures?

For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The 'yes' or 'no' response should be recorded in the box 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.

Did you visit ANOTHER DOCTOR / HEALTH CARE PROVIDER?

Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen by another doctor/health care provider within this time interval. If “no” continue to data enter the F2 form. If “yes” an FP form will be generated to the calendar to allow recording of additional visits.

A5. Since the date on the front of this form, have you been seen in an EMERGENCY ROOM (ER) for medical care?

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 A7.

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.

a. Did you receive any of the following at this ER?

For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

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

- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

b. Did you have any of the following procedures at this ER?

For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.

- The ‘yes’ or ‘no’ response should be recorded in the box 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.

A6. Since the date on the front of this form, have you been seen in another EMERGENCY ROOM (ER) for medical care?
Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen in another 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 A7.

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.

**a. Did you receive any of the following at this ER?**

For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.
- This is a critical data element, attempts should be made to collect this data.
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

**b. Did you have any of the following procedures at this ER?**

For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit, and if so, the types of procedures completed.
- The ‘yes’ or ‘no’ response should be recorded in the box 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.

**c. Were you seen at another ER?**

Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was seen in another Emergency Room within this time interval. If “no” continue to data enter the F2 form. If “yes” an FE form will be generated to the calendar to allow recording of additional visits.

**A7. Since the date on the front of this form, have you been HOSPITALIZED (STAYED OVERNIGHT AT A 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 Part B.

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.
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a. Did you receive any of the following at this hospital?

For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

- **This is a critical data element, attempts should be made to collect this data.**
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

b. Did you have any of the following procedures while hospitalized?

For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit and if so, the types of procedures completed.

- The ‘yes’ or ‘no’ response should be recorded in the box 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.

A8. Since the date on the front of this form, have you been HOSPITALIZED (stayed overnight) AT ANOTHER FACILITY?

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 Part B.

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.

a. Did you receive any of the following at this hospital?

For this visit, instruct the participant to answer each question in the table by placing a check mark at the appropriate response.

- **This is a critical data element, attempts should be made to collect this data.**
- If the participant does not know/remember the reason for the visit, the response should be recorded by checking the “I’m not sure” 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 F2 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 F2. Efforts to obtain the information should be noted on the form with initials and date.

b. Did you have any of the following procedures while hospitalized?
For this visit, instruct the participant to indicate whether any procedures were performed as part of this visit and if so, the types of procedures completed.

- The ‘yes’ or ‘no’ response should be recorded in the box 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.

c. Were you hospitalized at ANOTHER FACILITY?

Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he was hospitalized in another facility within this time interval. If “no” continue to data enter the F2 form. If “yes” an FH form will be generated to the calendar to allow recording of additional visits.

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. 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.
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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 for qB5 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 that best represents what you think right now.** (choose only one statement)

Instruct the participant to mark the statement that most appropriately reflects her/his current attitude toward smoking. If no response is provided for qB5 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 research study?**

Instruct the participant to answer “no” or “yes” to this question, indicating whether or not s/he has enrolled in a research trial other than NLST within the last 6 months or since the last follow-up.

- If the response is “no,” skip to Part D (C1a-c should be blank).
- If the response is “yes,” C1a-c should be completed.
- If no response is provided, select “unknown” at web entry.

a. **Name of research study:**

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

b. **When did you enroll in this study?**

Instruct the participant to provide the date of enrollment in the research study. 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 2005, RA should record 99 for month on paper and web form = 99/2005).
c. Since the date on the front of this form, did you have any of the following tests or examinations as part of this research study?
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.

d. Since the date on the front of this form, did you enroll in another research study?
If the participant enrolled in another clinical trial, the box indicating this should be checked.

Part D. Conclusion

D1. Current Insurance Status: (check only one)
The participant should indicate the type of insurance or payment method they use for Medical Care. Only one option should be selected. If no response is provided for qD1 select “unknown” at web entry.

D2. Who completed this form?
The F2 was designed to be a participant completed form. Some study participants may require assistance with completion of the form. If the participant is unable to provide information the F2 form may also be completed by proxy. Please check the appropriate box to indicate who completed the form.

a. Specify the person who assisted you (check all that apply)
Participants may ask for assistance when completing the F2. Please select from the list provided or specify the person assisting the participant with the form. Please check all that apply.

Your signature (participant or proxy)
The participant should sign 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.

Date you completed this form: Record the date that the interview/questionnaire was completed and/or reviewed by the RA.

ADDENDUM:

Unreturned F2 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 F2 Form: Due to the importance of the F2 data, and the lower than desired participant response rates for the full form, it is better we collect some (partial) data than no data. Therefore, if a participant refuses to complete the F2 Form, attempt to collect information via 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 tell her/him 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 A2, A5, A7. This information is critical to the trial. At a minimum, try to obtain the provider/hospital/emergency room name and provider/hospital/emergency room contact information so that medical records relating to the cancer can be requested. All F2 questions not asked/colllected as part of the abbreviated F2 interview should remain blank on the F2 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 F2 or Coversheet, that an abbreviated interview was performed.

APPENDIX 1: Description of Radiologic Procedures. Appendix 1 has been provided as a reference for participants. If they are unsure of the type of test they had at a certain facility the appendix will be available as part of each form.

Appendix: Introduction

This document is a supplement to the F2 Form and provides descriptions of the procedures listed in the tables throughout the F2. If you read the information below and have additional questions as to whether or not you received one of these procedures, please contact your Research Associate.

Description of Procedures

1. Chest X-ray:

   Chest x-ray is the most commonly performed diagnostic x-ray exam and is usually done to evaluate the lungs, heart, and chest wall. Pneumonia, heart failure, emphysema, lung cancer, and other medical conditions can be diagnosed or suspected on a chest x-ray. The test is performed in a hospital radiology department or in a health care provider’s office by an x-ray technician. The patient stands in front of the machine and must hold her/his breath when the x-ray is taken.

2. Chest CT scan (i.e. CAT Scan, Cardiac or Heart CT, or Lung CT):

   Computed tomography (CT scan) of the chest uses special equipment to obtain multiple cross-sectional images of the organs and tissues of the chest. The CT scanner is a large unit with a hole running directly through the center, giving the appearance of a doughnut. The patient lies on a table that slides through the center of the hole to obtain pictures of the internal body. The CT unit is not loud but does make a whirling sound as the x-ray tube rotates in a circle around the inside of the hole.

3. Chest MRI (Magnetic Resonance Imaging of the chest or heart):

   A chest MRI uses powerful magnets and radio waves to construct pictures of the internal body. Because of the strong magnets, certain metallic objects such as jewelry, watches, and credit cards are not allowed into the room. The patient is asked to lie on a narrow table that slides into a large tunnel-like tube within the scanner. The machine produces loud thumping and humming noises during operation. Because of this, earplugs are usually given to the patient to reduce the noise.
4. FDG – PET Scan of the Body (PET scan):

An FDG-PET scan is used most often to detect cancer and to examine the effects of cancer therapy. A radioactive contrast substance is injected into the patient and its emissions are measured by the PET scanner. The PET scanner has a hole in the middle and looks like a large doughnut. While lying on a cushioned exam table, the patient is moved into the hole of the machine. PET measures the amount of metabolic activity at a site in the body and, because cancer cells have higher metabolic rates than normal cells, these areas show up as denser areas on a PET scan.

5. Nuclear Medicine Scan of chest, lungs or heart:

The scanner can look like a large round metallic unit suspended from a tall, moveable post or a sleek one-piece metal arm that hangs over the examination table. The camera can also be within a large, doughnut-shaped structure similar in appearance to a CT scanner. A radioactive liquid is injected into the patient. The liquid collects in the part of the body to be imaged. Instruments detect the substance in the body and process the information into an image.

6. Surgery to the chest or lungs:

Surgery is performed on the chest or lungs to: (1) confirm the diagnosis of lung cancer; (2) remove a lung cancer; or (3) remove scar tissue or fix an air leak in the lung. Surgery to remove all or part of a lung involves opening one side of the chest (thorax) during a procedure called a thoracotomy. After the chest is opened, surgery to remove all or part of the lung is done depending on the location, size, and type of lung tumor that is present. Additional procedures, such as lymph node biopsies, may be done at the same time. Lung surgery requires you to stay in the hospital after the procedure.

7. Biopsy of chest or lung:

When lung disease or lung cancer is suspected, a lung biopsy can be used to remove a small sample of lung tissue that can then be examined under a microscope. The biopsy may be done on an outpatient basis or may require a hospital stay if the method of sampling the lung tissue requires that the chest wall be opened.
8. Bronchoscopy:

Bronchoscopy is a diagnostic procedure in which a tube with a tiny camera on the end is inserted through the nose or mouth into the lungs. The procedure provides a view of the airways of the lung and allows doctors to collect lung secretions or tissue specimens. The test may require an overnight stay in the hospital. Fasting is required for 6-12 hours before the test.

9. Lung cancer chemotherapy:

Lung cancer chemotherapy is one of the most common treatments for cancer and involves the use of medicines (or drugs) to treat disease. This type of treatment is sometimes called just “chemo.” Although surgery and radiation therapy destroy or damage cancer cells in a specific area, chemotherapy works throughout the body. Chemotherapy drugs can destroy cancer cells that have metastasized or spread to parts of the body far from the original tumor in the lungs.

10. Lung cancer radiation therapy:

Lung cancer radiation therapy uses high doses of radiation to destroy cancer cells in the lungs. Radiation damages the genetic material of cells in the area being treated, leaving the cells unable to continue to grow. Although radiation damages normal cells as well as cancer cells, the normal cells can repair themselves and function, while the cancer cells cannot. Radiation therapy is often used in combination with chemotherapy as treatment for cancer.