F4 Completion Instructions

The F4 Form is a subset of questions from the F2 Form. This form will be administered to a 2.5% subset of the NLST participants for purposes of determining contamination, e.g., the proportions of participants in each arm that have undergone the screening test originally assigned to the other screening arm. Each site will be given the case numbers of specific participants to whom the F4 Form should be administered.

Form Administration:
The form should be administered by telephone. If it is not possible to collect the information by telephone, it is acceptable to send this form by mail.

The form should be administered beginning in January 2010.

It is not necessary to document the provider who requested the examination/procedure. The assessment of contamination will be based on participant-provided information and will not require that the source document associated with the procedure by obtained.

Question 1: Between January 1, 2009 and December 31, 2009 did you have any of the following procedures performed?

Instruct the participant to indicate whether each of the procedures was performed during the time interval.
- The ‘yes’ or ‘no’ response should be recorded in the box provided.
- The ‘unknown’ is provided should the participant be uncertain as to whether the specific procedure was performed during the time interval.
- Mark the appropriate box if any of the first five tests were performed for screening; defined as a test performed to detect the presence of lung cancer in an individual without signs or symptoms.

Question 2: Who completed this form?

Some study participants may require assistance with completion of the form. Please check the appropriate box to indicate who provided the information.

WEB ONLY: If the questionnaire was unable to be administered, please select ‘form not administered’, complete the ‘date form completed’ field, and submit the form.

a.) Specify the person who assisted you (check all that apply).

If the F4 form is completed by telephone, record ‘ACRIN-NLST Staff’. If additional assistance was provided by another, select from the list provided or record ‘other’ and specify who assisted with the form. Please check all that apply.

Signature of person completing the form
The participant should sign her/his name on the line provided if completed by mail. The site RA should sign her/his name on the line provided if completed over the telephone.

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