I.D. # __ - __ - __ __ __ __ __ __

# LUNG CANCER QUESTIONNAIRE

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Updated Maryland Lung Questionnaire Module with Proposed Questions for e cig use

**IDENTIFIER SHEET**

1. Interviewer's name: _____   2. Interviewer's ID __ __

3. Hospital: _____

4. Date of interview: __ __ / __ __ / __ __ __ __

5. Start time:  __ __:__ __ am/pm

6. Name _____ / _____ / _____
          First          Middle          Last

7. Date of birth __ __ / __ __ / __ __ __ __

8. Gender:  (   ) Male (   ) Female

9. Address

   _____
   Street                        Apt. No.
   _____   ___ ___   __ __ __ __ __ - __ __ __ __
   City        State        Zip Code

10.   Telephone number   Home :( __ __ __ ) __ __ __ - __ __ __ __

                        Work:  (__ __ __) __ __ __ - __ __ __ __ Ext. __ __ __ __

11.   What is the name; address and telephone number of a person who can help us contact you in the future or your next of kin?

_____   _____
Name                               Relationship to patient

_____   _____
Street                                   Apt. No.

_____   ___ ___   __ __ __ __ __ - __ __ __ __
City               State          Zip Code

Home telephone number (__ __ __) __ __ __ - __ __ __ __

**DEMOGRAPHIC**

*Now I would like to ask you some general information about you.*

1.	Do you consider yourself to be:
	( )$_1$	White/Caucasian
	( )$_2$	Black/African American
	( )$_3$	Asian
	( )$_4$	Native Hawaiian/Other Pacific Islander
	( )$_5$	American Indian/Alaska Native

2.	Do you consider your self Hispanic/Latino or Non Hispanic/Latino?
	( )$_1$	Hispanic/Latino	( )$_2$	Non Hispanic/Latino

3.	Most people in the United States have ancestors who came from other parts of the world.  Please tell me what country or countries your ancestors came from.

	_____

4.	What is your age? ____ ____

5.	How many cigarettes have you smoked in the last 48 hours?  ___ ___ ___

## TOBACCO HISTORY: GENERAL

*Next, I would like to ask you some questions about any smoking history you may have.*

1. Have you ever smoked more than 100 cigarettes, which is equivalent to five packs, in your life?  (    )$_0$   No **(Skip to next section)** (    )$_1$  Yes

2. *Please tell me about your smoking history.  I will be asking you questions about any times you may have stopped or changed your patterns.*  **Continue to add additional columns as needs on tablet computers.**

| Period | 1 | 2 |
|---|---|---|
| a. In what year did you start smoking cigarettes or change your patterns? | __ __ __ __ | __ __ __ __ |
| b. What was the average number of cigarettes or packs per day you smoked during this time? | __ __ __ __ <br> (    )$_1$cigarettes <br> (    )$_2$ packs | __ __ __ __ <br> (    )$_1$cigarettes <br> (    )$_2$ packs |
| c. After starting, did you change your patterns or stop smoking for more than 6 months? | (    )$_0$ No **(Skip to 3)** <br> (    )$_1$ Stopped smoking <br> (    )$_2$ changed pattern | (    )$_0$ No **(Skip to 3)** <br> (    )$_1$ Stopped smoking <br> (    )$_2$ changed pattern |
| d.  In what year did you stop smoking or change your patterns for more than six months? | __ __ __ __ <br> If this is a change of pattern, skip to 2a | __ __ __ __ <br> If this is a change of pattern, skip to 2a |
| e. Did you start smoking again? | (    )$_0$ No **(Skip to 3)** <br> (    )$_1$Yes **(Skip to 2a)** | (    )$_0$ No **(Skip to 3)** <br> (    )$_1$Yes **(Skip to 2a)** |

**If R stopped smoking more than 6 months ago, Skip to next section**

3.  Have you increased or decreased your amount of cigarette smoking in the last 6 months?        (    )$_0$  No **(Skip to next section)** (    )$_1$  Yes

| | Period | 1 | 2 | 3 |
|---|---|---|---|---|
| 4. | How long ago did you change your level of smoking? | __ __ <br> (    )$_1$ weeks <br> (    )$_2$ months | __ __ <br> (    )$_1$ weeks <br> (    )$_2$ months | __ __ <br> (    )$_1$ weeks <br> (    )$_2$ months |
| 5a. | Since then, what is the average amount of cigarettes you smoked per day? | __ __ <br> (    )$_1$ cigarettes <br> (    )$_2$ packs | __ __ <br> (    )$_1$ cigarettes <br> (    )$_2$ packs | __ __ <br> (    )$_1$ cigarettes <br> (    )$_2$ packs |
| 5b. | Did you change your level of smoking again? | (    )$_0$ No <br> (    )$_1$ Yes **(Skip to 4)** | (    )$_0$ No <br> (    )$_1$ Yes **(Skip to 4)** | (    )$_0$ No <br> (    )$_1$ Yes **(Skip to 4)** |

**TOBACCO HISTORY: GENERAL** (    )$_1$ Very good  (    )$_2$ Good   (    )$_3$ Fair    (    )$_4$ Poor

## TOBACCO HISTORY (I)

1.  Can you tell me the brand name of the cigarettes that you smoked the longest?

    _____

2.  What is the most recent brand that you smoked?          _____

3.  *When you were last smoking regularly, can you tell me,* how soon after you (wake/woke) up (do/did) you smoke your first cigarette?  **(Read Responses)**
    - ( )$_1$  Within 5 minutes
    - ( )$_2$  6 - 30 minutes
    - ( )$_3$  31 - 60 minutes
    - ( )$_4$  After 60 minutes

4.  (Do/Did) you find it difficult not to smoke in places where it is forbidden, such as a

    church, library, or public building?       ( )$_0$  No          ( )$_1$  Yes

5.  Which cigarette would you (hate/have hated) most to give up?
    - ( )$_0$  None/can't decide
    - ( )$_1$  The first one in the morning
    - ( )$_2$  All others
    - ( )$_3$  After Meals

6.  (Do /Did) you smoke more frequently during the first hours after waking than during the rest of the day?          ( )$_0$  No          ( )$_1$  Yes

7.  (Do\did) you smoke if you (are/were) so ill that you (are/were) in bed most of the day?
    - ( )$_0$  No     ( )$_1$  Yes

8.  During periods when you smoke(d), (do/did) you usually smoke filter or non-filter cigarettes?       ( )$_1$  Filter
    - ( )$_2$  Non-Filter
    - ( )$_3$  Both

9.  During periods when you smoke(d), (do/did) you usually smoke menthol or non-menthol cigarettes?       ( )$_1$  Menthol
    - ( )$_2$  Non-Menthol
    - ( )$_3$  Both

10. When smoking cigarettes, do/did you usually inhale?
    - ( )$_0$  No  **(Skip to 12)**     ( )$_1$  Yes

11. Did you inhale slightly, moderately, or deeply?
    - ( )$_1$  Slightly
    - ( )$_2$  Moderately
    - ( )$_3$  Deeply

12. During your childhood, until you moved out of your childhood home, did anyone in your home smoke cigarettes?

( )$_0$ No **( Skip to 15)**     ( )$_1$ Yes

13. How many people smoked in your home?     __ __

14. Who smoked in your home during childhood?

Columns repeat on tablet computers as much as needed.

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| *Please tell me their first names.* | | | | | |
| a. | What is their relationship to you? | (Shortened dictionary) ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ |
| b. | Would you say they smoked lightly, moderately, heavy or you do not know? | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK |
| c. | On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home? | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes |
| d. | For how many years did (he/she) smoke while you were in the home? | __ __<br>< 1 year = 1 year | __ __<br>< 1 year = 1 yr | __ __<br>< 1 year = 1 yr | __ __<br>< 1 year = 1 yr |

15. As an adult, does or did your (wife/husband/partner) or anyone else smoke or smoked cigarettes in your home? **(If smoking is done only outside the home, then do not include.)**   ( )$_0$ No **(Skip to 18)**     ( )$_1$ Yes

16. How many people smoke or smoked in your home?    __ __

17. Who smoked in your home as an adult?
Columns repeat on tablet computers as much as needed

| | | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| | *Please tell me their first names.* | | | | |
| a. | What is their relationship to you? | Shortened Dictionary ☐☐☐ | ☐☐☐ | ☐☐☐ | ☐☐☐ |
| b. | Would you say they smoked lightly, moderately, heavy or you do not know? | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK | ( )$_1$ light<br>( )$_2$ moderate<br>( )$_3$ heavy<br>( )$_8$ DK |
| c. | On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home? | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes | __ __ __<br>( )$_1$ cigarettes<br>( )$_2$ packs<br>( )$_3$ cigars<br>( )$_4$ pipes |
| d. | For how many years did (he/she) smoke while you were in the home? | __ __<br><br>< 1 year = 1 yr | __ __<br><br>< 1 year = 1 yr | __ __<br><br>< 1 year = 1 yr | __ __<br><br>< 1 year = 1 yr |
| e. | Did (he/she) stop smoking while you were in the house? | ( )$_0$ No **(17g)**<br>( )$_1$ Yes | ( )$_0$ No **(17g)**<br>( )$_1$ Yes | ( )$_0$ No **(17g)**<br>( )$_1$ Yes | ( )$_0$ No **(17g)**<br>( )$_1$ Yes |
| f. | How long ago did (he/she) stop smoking? | __ __<br>( )$_1$ months<br>( )$_2$ years<br>( )$_3$ weeks | __ __<br>( )$_1$ months<br>( )$_2$ years<br>( )$_3$ weeks | __ __<br>( )$_1$ months<br>( )$_2$ years<br>( )$_3$ weeks | __ __<br>( )$_1$ months<br>( )$_2$ years<br>( )$_3$ weeks |
| g. | During the last thirty days, how many cigars, pipes, or cigarettes per day did (he/she) smoke at home? | __ __<br><br>66= Deceased<br>77=Not living in the house | __ __<br><br>66= Deceased<br>77=Not living in the house | __ __<br><br>66= Deceased<br>77=Not living in the house | __ __<br><br>66= Deceased<br>77=Not living in the house |

18. Were you exposed to cigarette smoke in your work place during the last 48 hours?

( )$_0$ No

( )$_1$ Yes

( )$_2$ Not at work in the last 48 hours

( )$_3$ Not currently working (or retired)

19. In your workplace, were you employed at a job or jobs for more than five years where co-workers smoked cigarettes in your immediate area?

( )$_0$ No       ( )$_1$ Yes

20. For how many years were you working a job where people smoked regularly in your immediate work area?

___ ___   **( If 00, skip to next section)**

21. How long ago has it been since you were working at a job where people smoked regularly in your immediate work area?

( )$_1$ Today
( )$_2$ __ __ Day(s)
( )$_3$ __ __ Month(s)
( )$_4$ __ __ Year(s)

22. Would you say you were exposed at work to cigarette smoke lightly, moderately, heavy or you do not know?

( )$_1$   Lightly
( )$_2$   Moderately
( )$_3$   Heavy
( )$_4$   Do not know

---

**TOBACCO HISTORY (I)** ( )$_1$ Very good   ( )$_2$ Good   ( )$_3$ Fair   ( )$_4$ Poor

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## TOBACCO HISTORY (II)

1. Have you ever smoked at least one cigar a month for more than 6 months?

   $( \quad )_0$ No   $( \quad )_1$ Yes

2. Have you ever smoked a pipe on a daily basis for more than 6 months?

   $( \quad )_0$ No   $( \quad )_1$ Yes

---

**TOBACCO HISTORY (II)** $( \quad )_1$ Very good   $( \quad )_2$ Good   $( \quad )_3$ Fair   $( \quad )_4$ Poor

**TOBACCO HISTORY (III)**

**Introductory text**

The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

**Have you EVER used e-cigarettes EVEN ONE TIME?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**In what year did you start using an e-cigarette, even one or two times?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

**On average, do you use (insert device used)**

1 Every day

2 A few days a week

3 Rarely

4 Not at all

-8 DON'T KNOW

-7 REFUSED

**In what year did you start using an e-cigarette using e-cigarettes fairly regularly?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

**In what year did you start using an e-cigarette using e-cigarettes every day?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

**Have you completely quit using e-cigarettes?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**If yes, in what year did stop using e-cigarettes?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

**What kind of e-cigarette do you/did you most use? Record which kind of device was used, if more than one, record all.**

1 Disposable e-cigarette

2 Cartridge e-cigarette

3 Tank cartridge system

4 e-cigar

5 Personal vaporizer

6 eGo electronic cigarette

7 Other _____

-8 DON'T KNOW

-7 REFUSED

**What concentration of nicotine do you/did you usually use in your disposable e-cigarettes/nicotine cartridge/tank?**

1 Nicotine free or 0 mg

2 Low strength or 4-8 mg

3 Mid strength or 10-14 mg

4 High strength or 16-18 mg

5 Extra high strength or 24-36 mg

6 Very strong or 36-54 mg

-8 DON'T KNOW

-7 REFUSED

**What brand of e-cigarette do you/did you most commonly use?**

_____

-8 DON'T KNOW

-7 REFUSED


**How soon after you wake up do you/did you use your first e-cigarette?**

1 Within 5 minutes

2 6-30 minutes

3 31-60 minutes

4 After 60 minutes


**Which e-cigarette would you hate to give up?**

1 The first one in the morning

2 Any of the others


**Do you use your e-cigarette more frequently during the first hours after waking than during the rest of the day?**

1 Yes

2 No


**How many cartridges or disposable e-cigarettes have you used in your entire life?**

1 1-10

2 11-20

3 21-50

4 51-99

5 At least 100 or more

-8 DON'T KNOW

-7 REFUSED


**In the past, have you ever used use both e-cigarettes and tobacco cigarettes at the same time?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**Do you currently use both e-cigarettes and tobacco cigarettes?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**Does anyone in your household smoke e-cigarettes?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**Does anyone in your workplace (i.e., your immediate surroundings) smoke e-cigarettes?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**These next questions are related to water pipe, Hookah and marijuana use. You do not need to answer this question if you would prefer not to.**

**Have you EVER smoked a water pipe, hookah filled with tobacco or bidi (beedee) EVEN ONE TIME? Fill in which device was used.**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**On average, do you use a water pipe/hookah filled with tobacco/bidi (beedee)**

1 Every day

2 A few days a week

3 Rarely

4 Not at all

-8 DON'T KNOW

-7 REFUSED

**In what year did you start using a water pipe/hookah filled with tobacco/bidi (beedee)**
**(every day/a few days a week/rarely)?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

**Have you completely quit using a water pipe/hookah filled with tobacco/bidi (beedee)?**

1 Yes

2 No

-8 DON'T KNOW

-7 REFUSED

**If yes, in what year did stop using a water pipe/hookah filled with tobacco/bidi (beedee)?**

1 I___I___I___I

-8 DON'T KNOW

-7 REFUSED

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**TOBACCO HISTORY (III)** (  )$_1$ Very good  (  )$_2$ Good  (  )$_3$ Fair  (  )$_4$ Poor

## ALCOHOL HISTORY

*Now, I would like to ask you some questions about any alcoholic beverages you may drink on a regular basis.*

1. In your entire life, have you ever consumed more than 12 alcoholic beverages per year, such as beer, wine, wine coolers or liquor?     ( )$_0$  No **(Skip to 3)**
   ( )$_1$  Yes

2. Tell me about the types of alcohol and when you were drinking them. ***Continue to add additional columns as needed on tablet computer.***

| Period | 1 | 2 | 3 |
|---|---|---|---|
| a. At what age did you first start to drink/when you next began to drink? | ___ ___ | ___ ___ | ___ ___ |
| b. How many cans, bottles or 12 oz of beer did/do you drink? | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. |
| c. How many 4 oz glasses of wine did/do you drink? | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. |
| d. How many 1 ½ oz. shots of liquor, by itself or in a drink did/do you drink? | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. | ___ ___<br>( )$_1$ Per day<br>( )$_2$ Per wk.<br>( )$_3$ Per mo.<br>( )$_4$ Per yr. |
| e. Have you ever stopped drinking or changed your patterns for more than 12 months? | ( )$_0$ No **(Skip to 3)**<br>( )$_1$ Stopped<br>( )$_2$ Changed pattern | ( )$_0$ No **(Skip to 3)**<br>( )$_1$ Stopped<br>( )$_2$ Changed pattern | ( )$_0$ No **(Skip to 3)**<br>( )$_1$ Stopped<br>( )$_2$ Changed pattern |
| f. What age did you stop drinking or change your patterns for more than 12 months? | ___ ___ | ___ ___ | ___ ___ |

3. Have you had any alcoholic beverages such as beer, wine or liquor in the last 7 days?

(   )$_0$  No  **(Skip to next section)**   (   )$_1$  Yes

| 4.    In the last seven days, how much did you drink of the following?: | Number: |
|---|---|
| a.  Cans, bottles or 12 oz. glass of beer | __ __ __ |
| b.  4 oz. glasses of wine | __ __ __ |
| c.  1 ½ oz. shots of hard liquor or drinks containing a shot of hard liquor | __ __ __ |

**ALCOHOL HISTORY**    (   )$_1$ Very good   (   )$_2$ Good   (   )$_3$ Fair (   )$_4$  Poor

**MEDICAL HISTORY: GENERAL**

*Now I would like to ask you some questions about your medical history and your health.*

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?

         ( )$_0$ No **(Skip to 3)**      ( )$_1$ Yes

2. What type of cancer(s)? _____ (cancer organ dictionary, add rows as needed)

3. What is your current weight?          ___ ___ ___ lbs

4. What was your weight 10 years ago? ___ ___ ___ lbs

5. What was your weight 2 years ago?    ___ ___ ___ lbs

6. How tall are you?              _____feet    ___ ___ inches

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**MEDICAL HISTORY: GENERAL**    ( )$_1$ Very good   ( )$_2$ Good   ( )$_3$ Fair   ( )$_4$ Poor

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## MEDICAL HISTORY (I)

1. Please answer the following questions about pain relievers that you may have taken regularly during the past 5 years, at least 1 pill/week for 2 months.

| Have you taken the following regularly - at least 1/week for 2 months during the past 5 years? | How many pills per day or week did you take regularly, during the past 5 years? | How long did you take regularly, during the past 5 years? | Did you take regularly one year prior to interview? |
|---|---|---|---|
| a.  Aspirin or aspirin containing compounds (such as Bufferin, Anacin, Ascriptin, Excedrin) ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know | _____ # pills per: ( )$_1$ day ( )$_2$ week ( )$_8$ Don't know | __ __ ( )$_1$ weeks ( )$_2$ months ( )$_3$ years ( )$_8$ Don't know | ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know |
| b.  Tylenol and acetaminophen compounds (such as Tylenol or Aspirin-free Anacin, or Excedrin-PM) ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know | _____ # pills per: ( )$_1$ day ( )$_2$ week ( )$_8$ Don't know | __ __ ( )$_1$ weeks ( )$_2$ months ( )$_3$ years ( )$_8$ Don't know | ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know |
| c.  Pain relievers not containing aspirin or Tylenol (such as Aleve, Ibuprofen, Motrin, Advil, Nuprin, Naprosyn, Feldene, Indocin, Clinoril) ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know | _____ # pills per: ( )$_1$ day ( )$_2$ week ( )$_8$ Don't know | __ __ ( )$_1$ weeks ( )$_2$ months ( )$_3$ years ( )$_8$ Don't know | ( )$_0$ no ( )$_1$ yes ( )$_8$ Don't know |

| 2. | Did a doctor ever tell you that you had? | Yes/No | How old were you when you were first diagnosed? DK = 888, condition at birth =000 |
|---|---|---|---|
| a. | Chronic bronchitis | ( )$_0$ No **(Skip to 1b)** ( )$_1$ Yes | ___ ___ ___ |
| b. | Emphysema | ( )$_0$ No **(Skip to 1c)** ( )$_1$ Yes | ___ ___ ___ |
| c. | Asthma (check all that apply) ( ) Childhood  ( ) Adult | ( )$_0$ No **(Skip to 1d)** ( )$_1$ Yes | ___ ___ ___ |

| | | | |
|---|---|---|---|
| d. | Tuberculosis | ( )$_0$ No **(Skip to 1e)** ( )$_1$ Yes | ___ ___ ___ |
| e. | Asbestosis | ( )$_0$ No **(Skip to 1f)** ( )$_1$ Yes | ___ ___ ___ |
| f. | COPD (Chronic obstructive Pulmonary Disease) | ( )$_0$ No **(Skip to 1g)** ( )$_1$ Yes | ___ ___ ___ |
| g. | Pneumonia | ( )$_0$ No **(Skip to 1h)** ( )$_1$ Yes | ___ ___ ___ |
| h. | Lung disease, other than cancer (specify) *do not include current lung cancer _____ | ( )$_0$ No **(Skip to 1i)** ( )$_1$ Yes | ___ ___ ___ |
| i. | Diabetes (check all that apply) ( ) Childhood ( ) Adult | ( )$_0$ No ( )$_1$ Yes | ___ ___ ___ |

**MEDICAL HISTORY (I)**    ( )$_1$ Very good   ( )$_2$ Good    ( )$_3$ Fair     ( )$_4$ Poor

**MEDICAL HISTORY (CIRCUMFERENCES)**

1. Interviewer will ask: *I would now like to measure your waist circumference.*

   Waist circumference (cm)

   | First | Second | Difference | Tolerance | Third |
   |-------|--------|------------|-----------|-------|
   | |__|__|__|.|__| | |__|__|__|.|__| | |__|__|__|.|__| | 2.0 | |__|__|__|.|__| |

2. Interviewer will ask: *I would now like to measure your hip circumference.*

   Hip circumference (cm)

   | First | Second | Difference | Tolerance | Third |
   |-------|--------|------------|-----------|-------|
   | |__|__|__|.|__| | |__|__|__|.|__| | |__|__|__|.|__| | 2.0 | |__|__|__|.|__| |

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**MEDICAL HISTORY CIRCUMFERENCES**  (   )$_1$ Very good  (   )$_2$ Good  (   )$_3$ Fair(   )$_4$ Poor

**FAMILY HISTORY: GENERAL**

*Now, I would like to learn about the members of your family.*

1. Has anyone in your family that is related to you by blood, ever been told they have cancer, include children, parents, grandparents, brothers, sisters?

( )$_0$  No **(Skip to next  section)**    ( )$_1$  Yes

Add rows as needed

| 2.  **Which relative?** | **First name** | **Where did the cancer start?** <br> **DK = 888** |
|---|---|---|
| a. shortened dictionary <br><br> ☐☐ | | (DICTIONARY ADDED INTO TABLET COMPUTERS) <br><br> ☐☐☐ |
| b. shortened dictionary <br><br> ☐☐ | | (DICTIONARY ADDED INTO TABLET COMPUTERS) <br><br> ☐☐☐ |

**FAMILY HISTORY: GENERAL**    ( )$_1$ Very good   ( )$_2$ Good    ( )$_3$ Fair      ( )$_4$ Poor

## REPRODUCTIVE HISTORY (I) (If male skip to next section)

*This next set of questions may seem personal, but remember that your answers are very important to us.*

1. Have you ever been pregnant?     ( )$_0$  No  **(Skip to 7)**     ( )$_1$  Yes

2. How many times have you been pregnant?  ___ ___

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3. **How old were when you became pregnant?** (Should be chronological) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4. **What was the outcome of this pregnancy?** (Check one for each pregnancy) | | | | | | | | | | | | |
| 01   Single live birth | | | | | | | | | | | | |
| 02   Multiple live birth, any living | | | | | | | | | | | | |
| 03   Multiple birth, none living | | | | | | | | | | | | |
| 04   Stillbirth | | | | | | | | | | | | |
| 05   Miscarriage | | | | | | | | | | | | |
| 06    Induced Abortion | | | | | | | | | | | | |
| 07   Ectopic or tubal | | | | | | | | | | | | |
| 08   Currently pregnant | | | | | | | | | | | | |
| 09   Other (specify)_____  (Write in tablet computers- don't code) | | | | | | | | | | | | |
| **If R had no live births, Skip to 7** | | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 5. Did you breast feed any of these babies for at least two weeks or longer?  ( )$_0$ No **(Skip to 7)**     ( )$_1$ Yes | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 6. For how many weeks did you breast feed these babies, until you stopped all together? | | | | | | | | | | | | |
| | | | | | | | | | | | | |

7. At what age did you have your first menstrual period?        ___ ___

8. At what age did your menstrual periods become regular?        ___ ___

(77 = period never became regular)

9. Has a doctor or other health professional ever told you that you had completed menopause or the change in life?      ( )$_0$  No          ( )$_1$  Yes

10.      Have you ever used hormonal medications just before, during or after menopause, such as pills, vaginal creams, shots, suppositories or skin patches?
( )$_0$  No  **(Skip to next section)**          ( )$_1$  Yes

|  |  | At what age did you start to use them? | Total number of years used?<br>77= still using |
|---|---|---|---|
| a.  Estrogen pills (Premarin, Estrace, Estratab, Ogen) | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| b.   Progresterone pills (Progestins, Provera,  Megace) | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| c.   Estrogen and progesterone pills (Prempo) | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| d.   Estrogen and testerone (Estratest) | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| e.   Estrogen vaginal cream | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| f.   Estrogen shots | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| g.  Estrogen skin patches (Estraderm) | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| h.  Estrogen patch and progesterone pills | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| i.   Suppository | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |
| j.Other  (Write in tablet computers- don't code)_____ | ( )$_0$ No ( )$_1$ Yes | ___ ___ | ___ ___ |

**REPRODUCTIVE HISTORY (I)**   ( )$_1$ Very good   ( )$_2$ Good   ( )$_3$ Fair      ( )$_4$ Poor

## REPRODUCTIVE HISTORY (II) (If male skip to next section)

1.  Have you used birth control or family planning during your life?

( )$_0$  No  **(Skip to 3)**          ( )$_1$  Yes

| 2. **What type of birth control or family planning, if any, have you used during your life?** | At what age did you start? | At what age did you stop? 77= still using |
|---|---|---|
| a.      Birth control pills <br> ( )$_0$  No **(Skip to b)** <br> ( )$_1$  Yes | __ __ | __ __ |
| b.      Birth control shots or injections <br> ( )$_0$  No **(Skip to c)** <br> ( )$_1$  Yes | __ __ | __ __ |
| c.   Implants, such as Norplant <br> ( )$_0$  No **(Skip to d)** <br> ( )$_1$  Yes | __ __ | __ __ |
| d.   IUD, intrauterine devise, such as a loop or coil <br> ( )$_0$  No <br> ( )$_1$  Yes | __ __ | __ __ |

3.  Did you ever have your tubes tied, sterilization? ( )$_0$ No **(Skip to 5)**  ( )$_1$ Yes

4.  When did the surgery take place?     __ __ / __ __ /__ __ __ __

5. Did you ever use birth control pills, shots or implant for any reason other than birth control? ( )$_0$ No **(Skip to 7)**  ( )$_1$ Yes

6. What was the reason? *Please answer yes or no to the following.*
   a. Regulate periods             ( )$_0$  No    ( )$_1$  Yes
   b. Acne                         ( )$_0$  No    ( )$_1$  Yes
   c. Cramps or painful ovulation  ( )$_0$  No    ( )$_1$  Yes
   d. Menopausal symptoms          ( )$_0$  No    ( )$_1$  Yes
   e. Other                        ( )$_0$  No    ( )$_1$  Yes
        specify _____ (write in do not code)

7. Have you had a menstrual period in the last 6 weeks?     ( )$_0$  No    ( )$_1$  Yes

8.  Are you still menstruating?    ( )$_0$  No   ( )$_1$  Yes  **(Skip to next section)**

9.  At what age was your last menstrual period?          ___ ___

10. What was the reason that your menstrual periods stopped?

    ( )$_1$ Change of life or natural Menopause
    ( )$_2$ Hysterectomy, still has ovaries
    ( )$_3$ Hysterectomy, ovaries removed
    ( )$_4$ Hysterectomy, don't know whether ovaries removed
    ( )$_5$ Currently pregnant
    ( )$_6$ Other reason (specify why): (Write in tablet computers- don't code)_____

**REPRODUCTIVE HISTORY (II)**  ( )$_1$ Very good  ( )$_2$ Good  ( )$_3$ Fair  ( )$_4$ Poor

## OCCUPATIONAL HISTORY

*Next, I would like to ask you some questions about your current and past jobs.*

1. Are you currently employed?  ( )$_0$ No **(Skip to 3)**  ( )$_1$ Yes

2. What is your current job title?_____  ☐☐☐

3. What is or was your usual occupation for your adult life?  That is, what occupation did you work at the longest during your adult life?

   **(If R never worked, Skip to next section)**  ☐ Never worked

   _____  ☐☐☐

4. What is or was your usual activities in this job? **(Relates to Question 3)**
   _____

5. In what kind of business or industry did you work the longest in your life?
   _____  ☐☐☐

| 6. Have you ever had a job in the following industries? | Fill in Yes or No | What was your job title? (Code) | In what year did you start working there? | What year were you last employed there? (Still employed=7777) |
|---|---|---|---|---|
| a. Shipbuilding | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| b. Construction | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| c. Fishing | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| d. Lumber, wood, furniture, manufacturing or paper | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| e. Petrochemical | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| f. Metal refining, manufacturing, polishing or plating | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| g. Chemical Manufacturing | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| h. Cement Manufacture | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| i. Demolition | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| j. Steel mill or foundry | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| k. Dye industry | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |
| l. Hazardous waste removal | ( )$_0$ No ( )$_1$ Yes | | __ __ __ __ | __ __ __ __ |

**OCCUPATIONAL HISTORY**  ( )$_1$ Very good  ( )$_2$ Good  ( )$_3$ Fair ( )$_4$ Poor

## SOCIO ECONOMIC INFORMATION

1.  What is your marital status?
    - ( )$_1$ Single, never married
    - ( )$_2$ Married
    - ( )$_3$ Divorced
    - ( )$_4$ Separated
    - ( )$_5$ Has a partner, living as married
    - ( )$_6$ Widowed

2.  What was the highest level of education that you completed?
    - ( )$_1$ Elementary School (5th or 6th grade)
    - ( )$_2$ Middle or Junior High School (7th, 8th or 9th grade)
    - ( )$_3$ 10th or 11th grade
    - ( )$_4$ High School or GED (12th grade)
    - ( )$_5$ Some College (includes AA degree)
    - ( )$_6$ Technical School
    - ( )$_7$ College
    - ( )$_8$ Professional School (includes MS, PhD, MD, etc)

3.  What is your current level of household income per year?
    - ( )$_1$ Less than $10,000
    - ( )$_2$ $10,000-29,999
    - ( )$_3$ $30,000-59,999
    - ( )$_4$ $60,000-90,000
    - ( )$_5$ Greater than $90,000
    - ( )$_8$ Don't Know/Refused

4.  How many people are currently supported in your household?

    ___ ___
    Fill in with 8s for Don't Know/Refused.

**GENERAL INFORMATION**

1.  Are you having any surgery in the near future? ( )$_0$ No (Skip to 4) ( )$_1$ Yes

2.  What kind of surgery are you having? _____   ☐☐☐ .☐☐

3.  When are you having this surgery? ___ ___ / ___ ___ /___ ___ ___ ___

4.  May we contact you again later if we need to clarify any of the information you have provided.          ( )$_0$ No     ( )$_1$ Yes

5.  Time ended: __ __ : __ ___          ( )$_1$ AM     ( )$_2$ PM

6.  Interviewer's Signature:    _____

**First get specimen samples and then provide reimbursement of $50.**

☐☐☐ Blood **Specimen Collected** ☐☐☐ Urine Specimen Collected

**INTERVIEWER REMARKS**

1.  Interview was conducted:    ( )$_1$  Home
    ( )$_2$  Hospital - inpatient
    ( )$_3$  Hospital - outpatient
    ( )$_4$  One of the Study Offices
    ( )$_5$   Other

2.  Respondent's cooperation was:
    ( )$_1$  Very good   ( )$_2$  Good ( )$_3$  Fair   ( )$_4$  Poor

3.  The overall quality of the interview was:
    ( )$_1$  Very good          ( )$_2$  Good ( )$_3$  Fair   ( )$_4$  Poor

4.  Did any of the following occur during the interview?
    a. R did not know enough information regarding the topics   ( )$_0$ No ( )$_1$ Yes
    b. R did not want to be more specific   ( )$_0$ No ( )$_1$ Yes
    c. R did not understand or speak English well   ( )$_0$ No ( )$_1$ Yes
    d. R was upset or depressed   ( )$_0$ No ( )$_1$ Yes
    e. R had poor hearing or speech   ( )$_0$ No ( )$_1$ Yes
    f.  R was confused by frequent interruptions   ( )$_0$ No ( )$_1$ Yes
    g. R was emotionally unstable   ( )$_0$ No ( )$_1$ Yes
    h. Others helped with the answers   ( )$_0$ No ( )$_1$ Yes
    i.  R required a lot of probing   ( )$_0$ No ( )$_1$ Yes
    j.  Patient was reserved   ( )$_0$ No ( )$_1$ Yes
    k. R was physically ill   ( )$_0$ No ( )$_1$ Yes
    l.  Other, specify _____   ( )$_0$ No ( )$_1$ Yes

5.  Comments/Remarks:_____