LIFE Study Questionnaire

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REC 0	1 SUB	0 0	BLANK
FORM 0	1 VER	0 1	
START TIME:		AM PM	
FINISH TIME:		AM PM	
INTERVIEW LENGTH:	mir	nutes	
Interviewer:			

Good morning (afternoon/evening). Thank you for agreeing to take part in this study. Our questions will cover your smoking habits, some family history and medical history, and your jobs.

Many of the questions will ask you to think back in time. We understand that some things will be difficult to remember. We would like to have your best possible answer, so please take the time you need to think things over.

Everything you tell me in the interview will be kept private and confidential, as is required by law. Your name does not go on this form, only an ID number does. But, if for any reason you would rather not answer a question, we can skip it and go to the next.

Do you have any questions before we begin?

FOR OFFICE USE ONLY:

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1

Section A: Personal and Family Background

A1. [CIRCLE THE GENDER OF THE PARTICIPANT:]

MALE.....1 FEMALE.....2

First, I'm going to ask you a few questions about your background.

A2. What is your date of birth? [WRITE DATE ON FRONT FLAP. CONFIRM AGE AND WRITE ON FRONT FLAP.]

A3. Were you born in the United States?

YES	[A3b]1
NO	[A3a]2
REFUSED	[A4]7

Т

[IF NO:] A3a. In what country were you born?

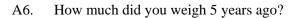
	COUNTRY	
[IF YES:] A3b. What state were you born in?	STATE	
A3c. Which town or county?	TOWN/CITY	
	COUNTY. IF RURAL	

A4. Are you Hispanic or Latino?

A5. Which of these best describes your race? I will read you a list and you may select more than one. [READ CHOICES.]

YES.....1

NO2 REFUSED7 DON'T KNOW8



A7. How much do you weigh now?

A8. How tall are you?

Section B: Smoking History

Next I have some questions about cigarettes and other tobacco products. We ask for a lot of detail in this section because the information is very important to the study.



LBS



Section B: Smoking History

B1. Have you ever smoked at least 100 cigarettes in your lifetime? [CIRCLE 1, 2, OR 8 BELOW.] **[IF YES:]** With your help, I will complete this calendar of your smoking habits.

[IF YES:]

- **B2.** Let me confirm that your age now is ____
- B3. What age did you first smoke cigarettes regularly? [CIRCLE START AGE IN SMOKING AGES ROW.]
- **B4.** Sometimes people quit smoking and start again. Did you ever stop for at least 6 months and start again? [CIRCLE 1, 2, OR 8.] [IF NO, GO TO B8.]

[IF YES:]

- B5. At what age did you stop the first (second/third/etc.) time? [CIRCLE AGES SMOKED.]
- **B6.** At what age did you start again? [CIRCLE START AGE.]
- B7. Did you ever stop and start again? [CIRCLE 1, 2, OR 8.] [REPEAT 5, 6, AND 7 UNTIL 'NO,' THEN SKIP TO B10.]
- B8. Are you still smoking? [IF YES, CIRCLE 1 AND CIRCLE AGES THROUGH CURRENT AGE THEN GO TO B12; ELSE CIRCLE 2 OR 8.]

[IF NO:]

B9. At what age did you stop? [CIRCLE AGES THROUGH STOP YEAR.]

B10. Was there a reason why you stopped smoking (the first/second/third/etc. time)? [CIRCLE 1, 2, OR 8.]

[IF YES:]

B11. What was the reason? [RECORD REASON(S) IN BOX UNDER AGE(S) STOPPED.]

B1. Smoked?	Υ 1		N 2	DK 8																														
[IF YES:] B2. Age now:	[CIR 5		AGE] 7	8	} (9 1	0 1	1 1:	2 1	3 1	4 1	5 16	6 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
B3. Age first smoked:	[CIR	CLE	STAR	T AGI	E IN SI	MOKIN	IG ROV	W]																										
B4. Start/stop?	Y 1		N 2	DK 8																														
[IF YES:] B5. Age stop:																																		
B6. Age start again:																																		
B7. Start/stop again?	Υ 1		N 2	DK 8		IF YES	5, REPI	EAT B5,	B6, A	ND B7.	.]																							
B8. Still smoke?	Y 1		N 2	DK 8																														
[IF NO:] B9. Age last stopped:				(ING) E	AGE(S		0 1	1 1:	21	31	4 1	5 10	6 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
B10. Reason?	Y 1		N 2	DK 8																														
[IF YES:]	5	6	7	8	8 9	9 1	0 1	1 12	2 1	3 1	4 1	5 16	5 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
B11. Reason: [CODE FROM LIST]																																		
B12& B13. Portion of year: [CODE F OR P]																																		
B14. # of cigs: [# FOR EACH]																																		
B15. Per D = day W = week M = month T = in total																																		
B16. Inhale?	5	6	7	8	3 9	9 1	0 1	1 12	2 1	3 1	4 1	5 16	5 17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
[CODE Y/N FOR EACH]																		<u> </u>																<u> </u>
B17. Filtered/unfiltered? [CODE F/U FOR EACH]																																		

[FOR EACH TIME OR GROUP OF YEARS SMOKED, ASK:]

B12. When you were [AGE], did you smoke the whole year or part of the year? [CODE F = FULL, P = PARTIAL]

[IF STOPPED:]

- **B13.** How about when you were [AGE], about how much of that year did you smoke? [CODE F = FULL, P = PARTIAL]
- **B14.** Tell me about how many cigarettes a day did you smoke during each of those years? [RECORD # CIGS IN BOXES FOR EACH YEAR SMOKED.]
- B15. [IF # CIGS < 0, ASK:] How many cigarettes did you smoke per month or year?
- **B16.** Did you inhale during those years?
- [RECORD Y = YES, N = NO FOR EACH YEAR SMOKED.]B17. Did you smoke filtered or unfiltered cigarettes during those years?[RECORD F = FILTERED OR U = UNFILTERED FOR EACH YEAR SMOKED.]

[REPEAT B12 - B17 IF SMOKED AGAIN.]

Reason Stopped List

- V voluntarily quit
- **D** doctor's advice
- L lung cancer diagnosis
- E emphysema diagnosis
- ${\bf H}\,$ heart disease
- ${\mathbf O}~$ other medical reason

39 40 41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
39 40 41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
39 40 41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
39 40 41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

B18b.[TYPE OR OTHER DESCRIPTIONS FOR BRAND:]

	[IF YES:]		[IF > 1 YEAR:]	
B19.	B20.	B21.	B22.	B23.
Have you <u>ever</u> smoked any of the following tobacco products on a regular basis, i.e., at least once a day for as long as 6 months?	How old were you when you first started smoking (TOBACCO PRODUCT)? [DK = 98]	How old were you when you last smoked (TOBACCO PRODUCT)? [DK = 98]	During that time, how many total years did you smoke (TOBACCO PRODUCT)? [<1 YR = 00, DK = 98]	On average, how many (pipefuls/ cigars) (did/do) you smoke per day? [<1/DAY = 00, DK = 98]
Y N DK	AGE	AGE	# YEARS	# PER DAY
a. Pipe 1 2 8				
b. Cigar 1 2 8				

					[IF YES:]		[IF > 1 YEAR:]	
	B	24.			B25.	B26.	B27.	B28.
follo regu	e you ever used owing tobacco lar basis, i.e., a las long as 6 mo	product	s on a		How old were you when you first started using (TOBACCO PRODUCT)? [DK = 98]	How old were you the last time you used (TOBACCO PRODUCT)? [DK = 98]	During that time, how many total years did you use (TOBACCO PRODUCT)? [<1 YR = 00, DK = 98]	On average, how many hours per day (did/do) you have (TOBACCO PRODUCT) in your mouth? [<1/DAY = 00, DK = 98]
		Y	Ν	DK	AGE	AGE	# YEARS	# HOURS
a.	Chewing tobacco	1	2	8				
b.	Snuff	1	2	8				

C1. During the past year, have you taken any vitamins or supplements?

Yes, fairly regularly	1
Yes, but not regularl	y2
No	

[IF YES:]

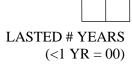
C2.				C	23.						C4.			
Did you take	How	often o	lid you	ı take [VITA	MIN]?					ave you AMIN	ı been this of	ften?	
Multiple Vitamins	None (01)	1-3 per wk (02)	4-6 per wk (03)	1 per day (04)	2 per day (05)	3 per day (06)	4 per day (07)	5+ per day (08)	Less than 1 yr (1)	1-2 yrs (2)	3-5 yrs (3)	6-9 yrs (4)	10+ yrs (5)	
a. One-a-day type	(01)	(02)	(03)	(04)	(03)	(00)	(07)	(00)	(1)	(2)	(3)	(4)	(5)	
b. Stress-tabs type														
c. Therapeutic, Theragran type														
Other Vitamins	None	1-3 per wk	4-6 per wk	1 per day	2 per day	3 per day	4 per day	5+ per day	Less than 1 yr	1-2 yrs	3-5 yrs	6-9 yrs	10+ yrs	
d. Vitamin A	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(1)	(2)	(3)	(4)	(5)	
e. Vitamin C														
f. Vitamin E														
g. BetaCarotene														
Other Vitamins	None	1-3 per wk	4-6 per wk	1 per day	2 per day	3 per day	4 per day	5+ per day	Less than 1 yr	1-2 yrs	3-5 yrs	6-9 yrs	10+ yrs	
	(01)	(02)	(03)	(04)	(05)	(06)	(07)	(08)	(1)	(2)	(3)	(4)	(5)	
h. Other #1														
[IF YES:] Specify:														
i. Other #2														
[IF YES:] Specify:														

C5. During the past year, how often did you eat	Never or <1 per mo (01)	1 per mo (02)	2-3 per mo (03)	1 per wk (04)	2 per wk (05)	3-4 per wk (06)	5-6 per wk (07)	Daily (08)	
a. leafy greens (lettuce, cabbage, collards, spinach, etc.)?									
b. vegetables (beans, corn, peas, potatoes, etc.)?									
c. fruits or fruit juices?									
d. cold cereals?[IF YES:] Which cereal did you eat mostly?									

Section D: Alcohol and Coffee Consumption

Now I am going to ask you about alcoholic beverages. One drink is defined as a 12 ounce glass of beer, 4 ounces of wine or a shot of hard liquor.

- D1. In your entire life, have you had at least 12 drinks YES1 of any kind of alcoholic beverage? NO......[D8]......2 DON'T KNOW8 In your thirties, on average, how many drinks PER DAY.....1 D2. did you have per day (week, month, or year)? WEEK......2 **# DRINKS** MONTH.....3 YEAR4 During the last year, on average, how many DAY.....1 D3. PER alcoholic drinks did you have per day **# DRINKS** WEEK......2 (week, or month)? MONTH.....3 IN TOTAL..4 YES1 D4. Was there ever a time that you drank significantly more than (D2/D3 RESPONSE)? NO......[D8].....2 DON'T KNOW8 [IF YES:] How old were you then? D5. AGE
 - D6. How long did that period last?



D7.	During that period, how many drinks did you		PER	DAY1
	have per day (week, month, or year)?	# DRINKS		WEEK2
				MONTH3

D8. In your entire life, have you had at least 12 cups of coffee?

YES	1
NO	[SECTION E]2
DON'T KNOW	8

YEAR4

D9. In your thirties, on average, how many cups of coffee did you have per day (week, month, or year)?

	DED	
# CUPS	PER	DAY1 WEEK2
		MONTH3
		YEAR4

[IF NONE, CODE '000' AND SKIP TO D11.]

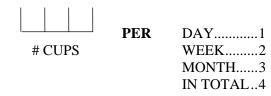
D10. Were those _____ (#) cups of caffeinated or decaffeinated coffee? [RECORD # CUPS OF EACH.]



CUPS CAF

CUPS DECAF

D11. During the last year, on average, how many cups of coffee did you have per day (week, or month)?



[IF NONE, CODE '000' AND SKIP TO D13.]

D12. Were those _____ (#) cups of caffeinated or decaffeinated coffee? [RECORD # CUPS OF EACH.]

	AND			
# CUPS CAF		# CUP	S DECAF	7

D13. Was there ever a time that you drank significantly more than (D9/D11 RESPONSE)?

YES		1
NO	[SECTION E]	2
DON'T KNOW		8

[IF YES:] D14. How old were you then?

D15. How long did that period last?

D16. During that period, how many cups of coffee did you have per day (week, month, or year)?

			1	D
# (CUF	PS	.]	Γ

DAY	1
WEEK	2
MONTH	3
YEAR	4

8

AGE

LASTED # YEARS (<1 YR = 00)

PER

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Section E: Family History

Now I'm going to ask a few questions about the health of your blood relatives. We will not ask about adoptive or step relatives. First I'll ask about your parents.

E1. Were you adopted?

YES		1
NO	[E2]	2
DON'T KNOW	[E2]	8

[IF YES:]

E1a. Sometimes people were adopted but still know some things about their biological parents. Do you have any knowledge of your biological parents?

YES		1
NO		
DON'T KNOW	[E10]	8

	E2.		E3.		E4.
	In what year was your	Is (s/he)) still		[IF YES:] How old is (s/he) now? [DK=998]
	(mother/father) born?	living?			[IF NO:] How old was (s/he) when (s/he) died?
					What was the cause of death?
	YEAR	Y	N	DK	
		1	2	8	AGE:
MOTHER:	YEAR				CAUSE OF DEATH:
					[IF CANCER, PROBE AND WRITE WHAT KIND.]
		1	2	8	AGE:
FATHER:	YEAR				CAUSE OF DEATH:
					[IF CANCER, PROBE AND WRITE WHAT KIND.]

			[IF YE	ES:]								[IF YES:]		
(mo fath smo cig	E5 d you other her) o oke arett N 2	ir / ever	Can ye estima many (s/he) Y	E6. ou ate l yea	now rs oked? <u>NS</u> 3	estin man per o smo Y	nate) y cig day (sked? <u>N</u> 2	n you how arettes s/he)	Did your (m ever have ca Y Under the second		father) DK 8	[IF YES:] Did it spread else? [IF YES OR Where did it Y 1 ↓ [SPECIFY:]	NOT S	
1	2	8	↓ ↓ ↓	2 ⁄EA	3 ↓ .RS	1		3 J DAY	1 ↓ What kind?	2	8	1 ↓ [SPECIFY:]	2	3

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Now I'd like to find out about whether you had brothers and sisters. We would like to know about brothers and sisters that had the same parents you had. We will not ask about step, half or adopted siblings.

E10.	Do you have any full-blooded brothers or sisters?	YES		1
		NO	[E19]	2
		DON'T KNOW		

[IF YES:]

E10a. How many full brothers do you have, either living or deceased?

#BF	ROTI	HER	S

E10b. How many full sisters do you have, either living or deceased?

E10c. Were you part of a multiple birth?

#	SIS	TER	S

YES*	1
NO	2

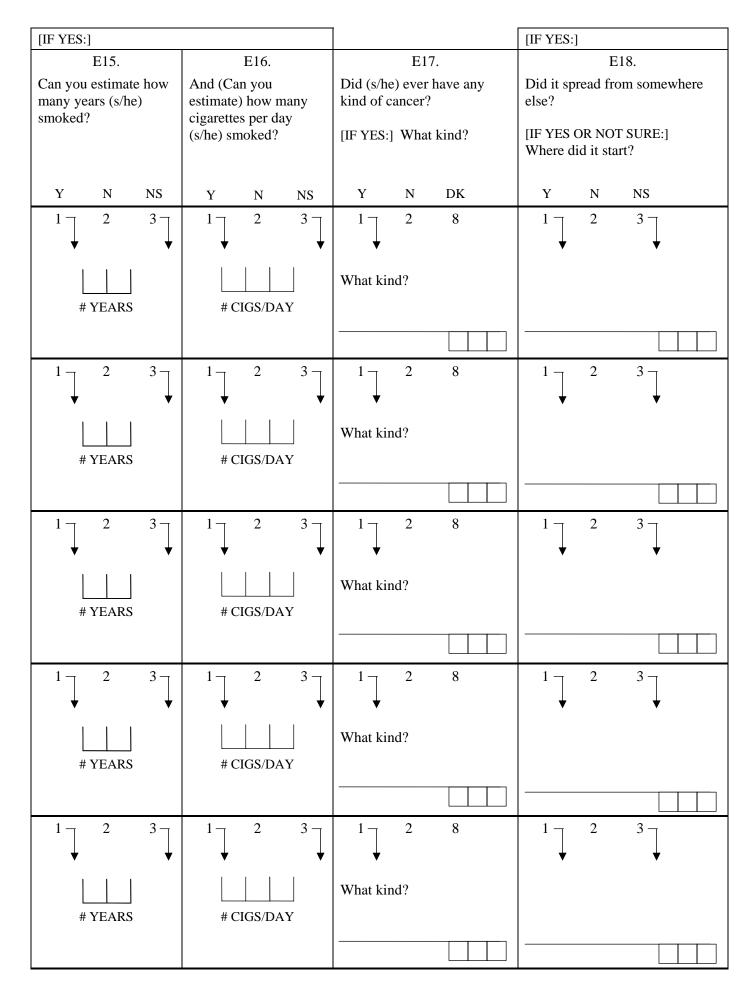
I'm going to ask a few questions about (your/each)(brother/and/sister). Please tell me the first name(s) or initials of (your/each)(brother/and/sister). Let's start with the oldest first.

* [IF RESPONDENT WAS PART OF A MULTIPLE BIRTH, ASK HIM/HER TO INDICATE WHICH SIBLING(S) ARE HIS/HER TWIN, TRIPLET, ETC.]

			[IF YES TO E10c:]	[IF AGI	E <u>></u> 10:]	
E1	1.	E12.	E13.		E14.	
Is your (old sibling a bi sister? Is (living?	rother or a	[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	(Is/Was) this(brother/sister) a twin,triplet, etc. to you?[IF YES:] Were youidentical or fraternal?	Was (s/l smoker?		a
Sibling?	Living?					
B S	Y N		Y N DK	Y	Ν	DK
1 2	1 2	AGE:		1	2	8
01		CAUSE OF DEATH:	IDENTICAL1 FRATERNAL2 DK8			
1 2	1 2	AGE:		1	2	8
02		CAUSE OF DEATH:	IDENTICAL1 FRATERNAL2 DK8			
1 2	1 2	AGE:		1	2	8
03		CAUSE OF DEATH:	IDENTICAL1 FRATERNAL2 DK8			
1 2	1 2	AGE:		1	2	8
04		CAUSE OF DEATH:	IDENTICAL1 FRATERNAL2 DK8			
1 2 05	1 2	AGE: CAUSE OF DEATH:	1 2 8 IDENTICAL1 FRATERNAL2	1	2	8
			DK8			

SUB [IF YES:] [IF YES:] E15. E16. E17. E18. Can you estimate how And (Can you Did (s/he) ever have any Did it spread from somewhere estimate) how many kind of cancer? many years (s/he) else? smoked? cigarettes per day (s/he) smoked? [IF YES OR NOT SURE:] [IF YES:] What kind? Where did it start? Y Y Ν NS Ν NS Y Ν DK Y Ν NS 2 2 2 2 8 3-3-3 -1 1 -1 -1-What kind? **# YEARS** # CIGS/DAY 2 3 -2 3 -2 8 2 3 -1 -1 -1 -1 -What kind? # CIGS/DAY **# YEARS** 2 2 2 3 -8 2 3 -1 3 -1 -1 -1 -What kind? # CIGS/DAY **# YEARS** 2 3-2 3 -2 8 2 3 -1 -1 -1 – 1 -What kind? **# YEARS** # CIGS/DAY 2 8 2 2 2 3 – 3 – 3 – 1 – 1 – 1 -1 – What kind? **# YEARS** # CIGS/DAY

Is your oldestriewer sister? IF YES; How old is (she) now? [DK = 998] [K(Na) is (horder) sister?] Tel4. Wat was the source of death? Sibling al-bridge Living? If YES; How old was (she) when (s.hc) ideo? What was the cause of death? Y N Maker? Y N <th></th> <th></th> <th></th> <th>[IF YES TO E10c:]</th> <th>[IF AGE</th> <th>E <u>></u> 10:]</th> <th></th>				[IF YES TO E10c:]	[IF AGE	E <u>></u> 10:]	
sibling brother or a singer? IIF NO.1 How old was (s/he) when (s/he)	Е	11.	E12.	E13.		E14.	
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $			[IF YES:] How old is (s/he) now? [DK = 998]				a
living? Living? Juving?					smoker?)	
Sibling: IIF YES: Were you identical or fratemal? Y N DK Y N DK Y N DK Y N DK Y N DK Y N DK Y N DK O6 I I 2 AGE: I I 2 8 I I I CAUSE OF DEATH: IDENTICAL		(\$/110) \$111	died? What was the cause of death?				
B S Y N DK Y N DK 1 2 1 2 AGE: 1 2 8 1 2 8 06 CAUSE OF DEATH: IDENTICAL1 IFRATERNAL2 DK	C			-			
1 2 1 2 AGE:	Sibling?	Living?		identical or fraternal?			
06	B S	Y N		Y N DK	Y	Ν	DK
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	1 2	1 2	AGE:		1	2	8
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	06		CAUSE OF DEATH	IDENTICAL 1			
I I			CAUSE OF DEATH.				
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $				DK 0			
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	1 2	1 2		1 - 2 8	1	2	8
Image: Index of DEATH: Image: Ima			AGE:				
Image: Index of DEATH: Image: Ima							
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1 2 1 2 AGE: 1 2 8 1 2 8 08				FRATERNAL 2			
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$\begin{array}{c c c c c c c c c c c c c c c c c c c $							
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$1 2 1 2 AGE: \square \square$			AGE:	↓ ↓			
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$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	09		CAUSE OF DEATH:	IDENTICAL 1			
$1 2 1 2 \\ AGE: \square \square$				FRATERNAL 2			
10 AGE:				DK 8			
10 CAUSE OF DEATH: IDENTICAL	1 2	1 2			1	2	8
IDENTICAL I			AGE:	↓			
IDENTICAL I	10						
			CAUSE OF DEATH:				
FRATERNAL 2							
DK 8				DK 8			



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E19. Have you had biological children, that is, children YES1 who are not step or adopted children? NO [SECTION F]2 DON'T KNOW [SECTION F]8

[IF YES:] E19a. How many daughters have you had?

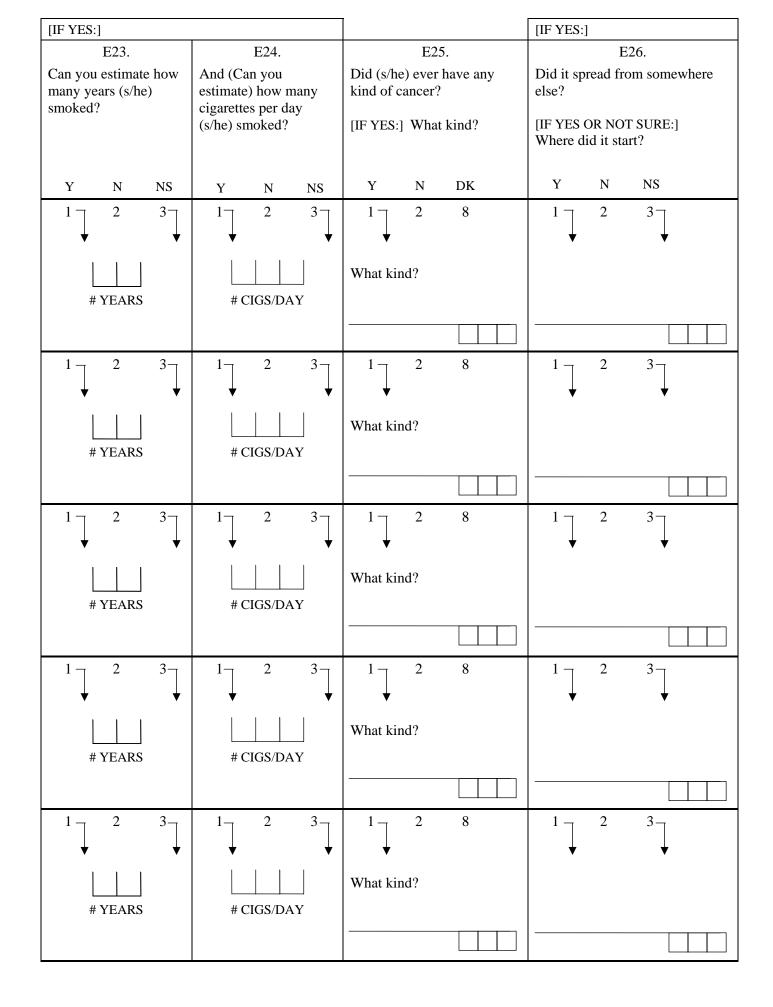


E19b. How many sons have you had?

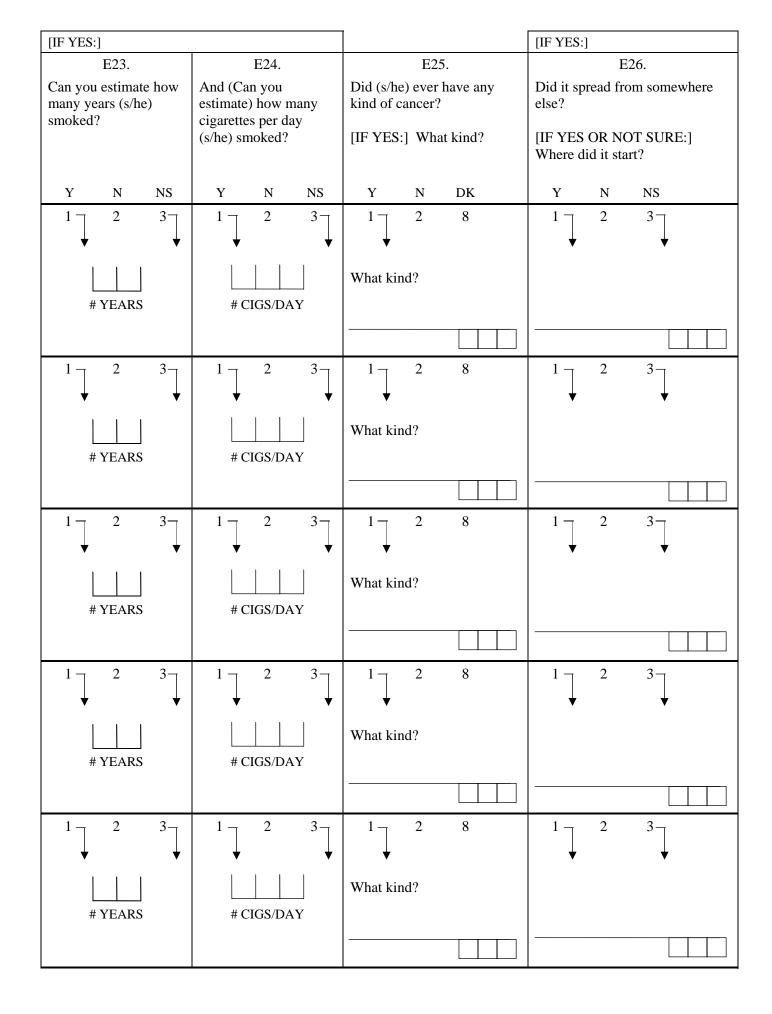
I'm going to ask questions, as I have before, about each child. Let's start with your oldest.

SONS

			[IF AGI	E <u>></u> 10:]	
E	20.	E21.			E22.
Was your next) chil a daughte (s/he) still	d a son or r? Is	[IF YES:] How old is (s/he) now? [DK = 998] [IF NO:] How old was (s/he) when (s/he) died? What was the cause of death?	Was (s/	he) ever	r a smoker?
Child? S D	Living? Y N		Y	N	DK
1 2	1 2	AGE:	1	2	8
01		CAUSE OF DEATH:			
1 2	1 2	AGE:	1	2	8
02		CAUSE OF DEATH:			
1 2	1 2	AGE:	1	2	8
03		CAUSE OF DEATH:			
1 2	1 2	AGE:	1	2	8
04		CAUSE OF DEATH:			
1 2	1 2	AGE:	1	2	8
05		CAUSE OF DEATH:			



			[IF AG	E <u>≥</u> 10:]		
E	20.	E21.			E22.	
Was your		[IF YES:] How old is (s/he) now? [DK = 998]	Was (s/	he) evei	a smoker?	
next) chil	d a son or	[IF NO:] How old was (s/he) when (s/he) died?				
a daughte	r? Is	What was the cause of death?				
(s/he) still	l living?					
Child?	Living?					
S D	Y N		Y	N	DK	
	1					
1 2	1 2		1	2	8	
		AGE:				
06						
00		CAUSE OF DEATH:				
1 2	1 2		1	2	8	
		AGE:				
07						
07		CAUSE OF DEATH:				
1 2	1 2		1	2	8	
		AGE:				
08		CAUSE OF DEATH:				
1 2	1 2		1	2	8	
		AGE:				
09		CAUSE OF DEATH:				
1 2	1 2		1	2	8	
		AGE:				
10		CAUSE OF DEATH:				



Section F: Medical History

I would now like to ask you about your medical history. Again, if you cannot recall exact answers, please give me your best recollection.

				[IF YES OR NOT	SURE, T	THEN AS	SK F2 - F4.]	
	F1.			F2.	F	3.	I	F4.
Did a doctor or other health care provider ever tell you that you had [CONDITION]?			How old were you when this condition was first diagnosed? AGE	Were y hospita		special di	n or other for this ? (A might be a	
CONDITION	YES	S NOT SURI	E NO	noL	Y	Ν	Y	N
a. heart disease or attack	a heart 1	3	2		1	2	1	2
b. congestive hear (or fluid in your		3	2		1	2	1	2
c. high blood pres	sure 1	3	2		1	2	1	2
d. diabetes	1	3	2		1	2	1	2
e. pneumonia	1	3	2		1	2	1	2
f. asthma	1	3	2		1	2	1	2
g. emphysema	1	3	2		1	2	1	2
h. chronic bronchi	tis 1	3	2		1	2	1	2
i. a blood clot in y (pulmonary em)		3	2		1	2	1	2
j. a tumor that wa cancer (benign		3	2		1	2	1	2
k. cancer of the pl (mesothelioma)		3	2		1	2	1	2
1. lung cancer	1	3	2		1	2	1	2
m. any other kind of[IF YES, SPECIFY1.		3	2					
					1	2	1	2
2					1	2	1	2

					[IF YES OR NOT	SURE, T	HEN AS	SK F2 - F4.]	
	F1.				F2.	F	3.	F	4.
	d a doctor or other health card t you had [CONDITION]?	e provid	er ever tell you	u	How old were you when this condition was first diagnosed? AGE	Were y hospita		Were you medication treatment condition? treatment special die changes in	for this (A might be a
	CONDITION	YES	NOT SURE	NO	AGE	Y	Ν	Y	N
n.	sarcoidosis	1	3	2		1	2	1	2
0.	tuberculosis	1	3	2		1	2	1	2
p.	non-tubercular mycobacterial infection (a cousin of tuberculosis)	1	3	2		1	2	1	2
q.	a fungal infection of the lung (for example, aspergillus)	1	3	2		1	2	1	2
r.	pulmonary fibrosis (interstitial lung disease, scarring of the lungs)	1	3	2		1	2	1	2
s.	systemic lupus erythematosus (SLE)	1	3	2		1	2	1	2
t.	Wegener's disease	1	3	2		1	2	1	2
u.	lung abscess	1	3	2		1	2	1	2
v.	a collapsed lung (or pneumothorax)	1	3	2		1	2	1	2
w.	gunshot to the lung or any other lung trauma	1	3	2		1	2	1	2
x.	any other health condition that has been a serious problem for you [IF YES, SPECIFY:]	1	3	2					
	1				1.	1. 1	2	1. 1	2
	2				2.	2. 1	2	2. 1	2
	3				3.	3. 1	2	3. 1	2

F5. Have you ever had lung surgery?

YES	1
NO	2
DON'T KNOW	8

YES		1
NO	[F8]	2
DON'T KNOW		

[IF YES:]

	-				
F7.	What part of your body was radiated?	a.	 _	 _	
		h			
		υ.			
		с.	 		

F8. Have you ever had chemotherapy?

YES		1
NO	[F10]	2
DON'T KNOW	[F10]	8

[IF YES:]

F9.	For what condition did you receive chemotherapy?	a	
		b	
		c. –	

F10. Have you ever had a cough productive of sputum most mornings for at least three months of the year?

YES	1
NO	[SECTION G]2
DON'T KNOW	[SECTION G]8

[IF YES:]

F11. During how many years (did/have) you (have/had) this cough?

YEARS (<1 YR = 00)

Section G: Occupational History

Now I would like to ask you about <u>any work</u> that you may have done either paid or unpaid. Include all part-time and full-time jobs you had for at least two years. If you worked on a farm that sold crops or animals, please include that experience as well.

G1.	Have you ever worked at a job for at	YES1
	least 2 years?	NO2
	[IF NO:]	
	G2. Have you worked in a job training	YES1
	program for at least 2 years?	NO2

Let's start with the first job (or job training program) you held for at least 2 years. Also tell me about jobs you might have held seasonally for a few years.

G3.	G4.	G5.
What was the job title of the	What kind of company or	What were your main activities or
(1st/2nd/etc.) job you held for 2 years or longer?	organization (did/do) you work for? [IF CONGLOMERATE:]	duties as a (JOB TITLE)? PROBE: Can you tell me more about
	What did your part of the (co./org.)	that?
	specialize in, that is, what did they make or do?	
01.		
JOB TITLE	INDUSTRY	OCCUPATION
02.		
JOB TITLE	INDUSTRY	OCCUPATION
03.		
JOB TITLE	INDUSTRY	OCCUPATION
04.		
JOB TITLE	INDUSTRY	OCCUPATION
05.		
JOB TITLE	INDUSTRY	OCCUPATION

G6.	G7.	G8.	G9.
In what year did you start working at that job?	In what year did that job end?	How many hours per week (did/do) you work?	How many months per year (did/do) you work at this job?
START YEAR	STOP YEAR	L HOURS/WK	MONTHS/YR
START YEAR	STOP YEAR	L HOURS/WK	MONTHS/YR
START YEAR	STOP YEAR	L HOURS/WK	MONTHS/YR
START YEAR	STOP YEAR	L HOURS/WK	MONTHS/YR
START YEAR	STOP YEAR	L HOURS/WK	MONTHS/YR

G3.	G4.	G5.
What was the job title of the	What kind of company or	What were your main activities or
(6th/7th/etc.) job you held for 2 years or longer?	organization (did/do) you work for? [IF CONGLOMERATE:]	duties as a (JOB TITLE)? PROBE: Can you tell me more about
	What did your part of the (co./org.)	that?
	specialize in, that is, what did they make or do?	
06.		
JOB TITLE	INDUSTRY	OCCUPATION
07.		
JOB TITLE	INDUSTRY	OCCUPATION
08.		
08.		
JOB TITLE	 INDUSTRY	OCCUPATION
09.		
JOB TITLE	INDUSTRY	OCCUPATION
10.		
JOB TITLE	INDUSTRY	OCCUPATION



Just to be sure that we haven't missed any jobs that might have been part of your working experience, I would like to read you a list of some industries. Please tell me if you ever worked whether you got paid or not, in any of these industries, even if you have already told me about specific jobs in that industry, or even if you worked for only a few months.

					[IF YES:]		
	G10. I you ever work at any of these jobs YES, ASK G11 - G13.]				G11. At what age were you first employed in (INDUSTRY)?	G12. How many years did you work in (INDUSTRY)? [01 = < 1 YR]	G13. About how many months per year did you work?
		Y	N	DK	AGE	#YEARS	#MOS/YR
a.	farmworker or farmer?	1	2	8			
b.	textile, clothing or hosiery manufacture?	1	2	8			
c.	insulation manufacturing or installation?	1	2	8			
d.	heating and cooling systems, installation or repair?	1	2	8			
e.	shipyard worker?	1	2	8			
f.	construction worker?	1	2	8			
g.	driver of car, truck, bus, or other vehicle? (not for personal use)	1	2	8			
h.	underground miner?	1	2	8			
i.	floor installation?	1	2	8			
j.	sandblasting?	1	2	8			
k.	roofing?	1	2	8			
1.	coke oven worker?	1	2	8			
m.	refinery worker?	1	2	8			
n.	welder?	1	2	8			
0.	smelter?	1	2	8			

				[IF YES:]		
G10.				G11.	G12.	G13.
Did you ever work at any of these jobs [IF YES, ASK G11 - G13.]				At what age were you first employed in (INDUSTRY)?	How many years did you work in (INDUSTRY)? [01 = < 1 YR]	About how many months per year did you work?
	Y	Ν	DK	AGE	#YEARS	#MOS/YR
p. foundry worker?	1	2	8			
q. plasterer?	1	2	8			
r. engine mechanic?	1	2	8			
s. house or building painter?	1	2	8			
t. rubber industry?	1	2	8			
u. boiler maker?	1	2	8			
v. leather worker?	1	2	8			
w. rocket fuel manufacturing?	1	2	8			

Now I would like to read you a list of materials that you may have used on any jobs, in a hobby, or around the house.

nouse.				[IF YE	S:]			
G14. At least once a week, have you used or worked with, or were you exposed to [IF YES, ASK G15 - G19.]			G15. Were you exposed to (MATERIAL) on a job, or in a hobby or around the house?				G16. What age were you when you were first exposed to	
	Y	N	DK	JOB	HOBBY/ HOUSE	BOTH	DK	(MATERIAL)? AGE
a. engine exhaust?	1	2	8	1	2	3	8	
b. asbestos?	1	2	8	1	2	3	8	
c. insulation materials?	1	2	8	1	2	3	8	
d. paint thinner or stripper?	1	2	8	1	2	3	8	
e. petroleum or other organic solvents?	1	2	8	1	2	3	8	
f. soot, coal, tar, or coke tar?	1	2	8	1	2	3	8	
g. nickel?	1	2	8	1	2	3	8	
h. chromate (chromium plating, chrome pigment)?	1	2	8	1	2	3	8	
i. vinyl chloride?	1	2	8	1	2	3	8	
j. arsenic?	1	2	8	1	2	3	8	
k. cadmium?	1	2	8	1	2	3	8	
1. fiberglass?	1	2	8	1	2	3	8	
m. pesticides?	1	2	8	1	2	3	8	
n. cotton dust or any other kind of dust?	1	2	8	1	2	3	8	
o. Is there any other substance you were exposed to that you would like to tell us about?	1	2	8					
SPECIFY: 1				1	2	3	8	
2				1	2	3	8	

G17.	G18.		G19.	
How many years in total were you exposed to (MATERIAL)? [ADD YEARS.] [00 = <1 YR]	During (that year/those (#) years), how many days per year were you exposed to it?	While working (with/around) (MATERIAL), did you usually special protective clothing, suc coveralls, gloves, or masks?		usually use ing, such as
# YEARS	# DAYS PER YEAR	YES	NO	DK
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
		1	2	8
			_	
1.		1	2	8
2.		1	2	8

H1. Considering the kinds of questions we've asked in this interview, is there anything else you think we need to know?

These are all the questions I have for you. Thank you very much for your patience and cooperation.

Please understand that the questions I've asked you about working with chemicals and about different lifestyle habits are standard questions in this type of research study. It is not known whether any of these things can cause any particular medical problems.

Section I: Interviewer Remarks

I-1.	Was the subject helped by a pr	coxy?	YES NO[I-4]	
	[IF YES:] I-2. Proxy's relationship to	subject:		
	I-3. To what extent did the information?	proxy contribute	Low Medium High	2

I-4. The overall quality of responses was:

High quality	[I-7]	1
Generally reliable	[I-7]	2
Questionable	[I-5]	3
Unsatisfactory	[I-5]	4
Other		5
SPECIFY:		

[IF CODE 3, 4, OR 5 ABOVE:]

I-5. The main reason for questionable or unsatisfactory quality of information was because the respondent:

Did not know enough information regarding the topic	01
Did not want to be more specific	02
Sounded bored or uninterested	03
Sounded upset, depressed or angry	04
Had poor hearing or speech	05
Was confused or distracted by frequent interruptions	
Was inhibited by others around him or her	
Was embarrassed by the subject matter	
Was emotionally unstable	09
Was physically ill	10
Other	
SPECIFY:	

I-6.	The respondent had trouble with the following sections:	Y	Ν	DK
			-	
	A. Personal and Family Background	1	2	8
	B. Smoking History	1	2	8
	C. Dietary	1	2	8
	D. Alcohol and Coffee Consumption	1	2	8
	E. Family History	1	2	8
	F. Medical History	1	2	8
	G. Occupational History	1	2	8
	H. Closing	1	2	8

I-7. Use this space for any other comments you have which may affect the interpretation of this respondent's answers.