

Appendix 2-5  
Lung Screening Study

**ELIGIBILITY SCREENER**

Date Completed:   |\_|\_|-|\_|\_|-|2|0|\_|\_|  
                          MO      DAY      YEAR

Screening Center:   |\_|\_|

Screening Center Staff ID:   |\_|\_|\_|\_|

NAME: MR./MRS./MISS/MS.	FIRST	MIDDLE	LAST	(JR., SR., etc.)
CURRENT STREET ADDRESS:				APT. NO.
CITY		STATE	ZIP	
TELEPHONE NUMBER:				
HOME: (    )   (    )		WORK: (    )   (    )		OTHER: (    )   (    )

**1.**    What is your date of birth?

    |\_|\_| / |\_|\_| / 19 |\_|\_|  
    Month    Day    Year

CALCULATE AGE:   \_\_\_\_\_

**2.**    What is your gender?

Male  
 Female

**3.**    Have you had a spiral CT scan of your lungs or chest within the last 24 months? (CHECK YES OR NO)

Yes  
 No

**4.**    Are you currently participating in any other cancer screening study? (This includes the PLCO Cancer Screening Trial.) (CHECK YES OR NO)

Yes  
 No

**5.**    Are you currently participating in a primary prevention study other than a study to help you stop smoking? (CHECK YES OR NO)

Yes  
 No

**6.**    Have you ever been told by a physician that you have lung cancer? (CHECK YES OR NO)

Yes  
 No

**7.**    Have you ever had any portion of your lungs removed? (CHECK YES OR NO)

Yes  
 No

**8.**    Are you currently being treated for any kind of cancer other than non-melanoma skin cancer? (CHECK YES OR NO)

Yes  
 No

<b>9.</b>	Are you a current or former smoker? (CHECK THE APPROPRIATE BOX BELOW)
<input type="checkbox"/> Current Smoker <input type="checkbox"/> Former Smoker ↳ How long ago did you quit? <input type="checkbox"/> More than 10 years ago <input type="checkbox"/> 10 or fewer years ago <input type="checkbox"/> Never Smoked	

<b>10.</b>	At what age did you begin to smoke?						
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Age</td> </tr> </table>					Age		
Age							

<b>11.</b>	During the times that you've smoked, how many cigarettes did you usually smoke per day?						
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;"># cigarettes per day</td> </tr> </table>					# cigarettes per day		
# cigarettes per day							
CURRENT SMOKERS GO TO 13							
FORMER SMOKERS GO TO 12							

<b>12.</b>	At what age did you quit smoking for the last time?						
<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Age</td> </tr> </table>					Age		
Age							

<b>13.</b>	In the years you have smoked, was there ever a period of one year or more years in which you did not smoke cigarettes?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>14.</b>	Between when you started smoking and when you quit smoking or now, for how many years in total did you not smoke cigarettes?												
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Years													

READ: Thank you. Those are all the questions I have for now. Please give me a few minutes to review your answers and tell you if you are eligible for the study.

- COMPLETE THE **ELIGIBILITY WORKSHEET** (next page).
- IF PERSON IS **INELIGIBLE** READ: I'm afraid you do not meet the eligibility requirements. Thank you very much for your interest in the study.
- IF PERSON IS **ELIGIBLE** READ: You are eligible to participate in this study. If you are interested in participating, I will mail you information about the study as well as a consent form for you to read, sign and return to us. For your convenience, there will be a prepaid and preaddressed envelope for you to return the consent form. Meanwhile, if you have any questions, please feel free to call our study coordinator, [NAME] at [NUMBER]. Once again, thank you very much for your interest in this study.

# ELIGIBILITY WORKSHEET

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## A. CALCULATE AGE ELIGIBILITY

1. IF MONTH AND DAY OF BIRTH (IN Q1) IS **ON OR BEFORE** TODAY'S MONTH AND DAY, CALCULATE AGE:

a. Current Year..... | 2 | 0 | 0 | 0 |

b. MINUS Year of Birth (Q1) ..... | 1 | 9 | | |

c. EQUALS Age .....

2. IF MONTH AND DAY OF BIRTH (IN Q1) IS **AFTER** TODAY'S MONTH AND DAY, CALCULATE AGE:

a. Current Year..... | 2 | 0 | 0 | 0 |

b. MINUS Year of Birth (Q1) ..... | 1 | 9 | | |

c. MINUS 1..... | | | | 1 |

d. EQUALS Age

IF AGE LESS THAN 55 OR GREATER THAN 74, THE PERSON IS **INELIGIBLE**. (RETURN TO SCREENER)  
 IF AGE BETWEEN 55 AND 74, THE PERSON IS **ELIGIBLE** (CONTINUE BELOW)

## B. CALCULATE DURATION OF SMOKING HISTORY IN PACK YEARS.

1. ENTER Age (Q1 For Current Smokers) or Age Quit (Q12 for Former Smokers)..... \_\_\_\_\_

2. MINUS Age Started Smoking (Q10) ..... \_\_\_\_\_

3. EQUALS Years since start of smoking ..... \_\_\_\_\_

4. MINUS Years not Smoked (Q14) ..... \_\_\_\_\_

5. EQUALS **TOTAL YEARS SMOKED** .....

6. DIVIDE Average number of cigarettes per day (Q11) by 20 for **PACKS PER DAY**.....

7. MULTIPLY:  
**TOTAL YEARS SMOKED [5] X PACKS PER DAY [6] = PACK-YEARS**  
 \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

IF PACK-YEARS IS LESS THAN 30, THE PERSON IS **INELIGIBLE**.  
 IF PACK-YEARS IS EQUAL TO OR GREATER THAN 30, THE PERSON IS **ELIGIBLE**.  
 (RETURN TO SCREENER)

