

Lung Screening Study

Specifications for Completion of the Participant Contact Form (PCF)
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This form is self-administered. It is to be completed at time of randomization or at the screening visit by all participants. However, in some SCs, the form will be included with the mailing of the consent form and completed by the potential participant at that time. Specifications for completing each item of the form are given below:

Completed by Screening Center (in advance of administration):

Participant ID: Affix a PID label to the space provided at the top of the form.

Completed by Participant:

Today's Date: This is the date the form is completed. Instruct the participant to enter the month, day, and year. Month and day should be zero filled, if applicable.

1. **What is your full name?** Instruct the participant to record his/her title (Dr., Mr., Ms., Mrs., Miss) first, middle, last name and suffix (Jr., Sr., III, Esq.).
2. **Are you known by any other last name (please include your maiden name and any previous married names)?** Instruct the participant to record any other last names such as a maiden name or any previous married names.
3. **What is your Social Security Number?** Instruct the participant to record his/her social security number in the boxes provided.

Box explaining request for Social Security Number: If the form is administered by SC staff, this statement should be read to the participant.

4. **What is the name, address and telephone number of your current primary care physician or clinic?** Instruct the participant that if the source of his/her health care is a clinic, we are interested in the name of the doctor at the clinic. Instruct the participant to record the full name of the physician (and clinic, if applicable), the full street address, including suite or office number, the city, state, and zip code, and full telephone number, including area code, in the space provided.

If the participant does not have a current source of primary care, such as a physician or clinic, instruct him/her to place a check (√) in the box and go to Question 7.

5. **It would be of great help to us if you could provide us with the names and addresses of two people who could give us your new address should you move. We would only contact these people if we were unable to reach you at your home address. It would be helpful to get the names of people who do not live with you.** This information will be used by the Screening Centers to trace a participant if s/he cannot be contacted at his/her residential address(es). Instruct the participant to provide the names of two people who do not live with the participant, and who could give us the new address if the participant were to move.

Instruct the participant to record the full name, street address including apartment number, city, state, zip code, and telephone number including area code, of each contact in the space provided. Instruct the participant to record the relationship of each contact to him/her in the space provided.

6. **If you spend a significant part of the year at another address, what is that address, telephone number, and the dates spent there?** Instruct the participant to record this address, including city, state, and zip code, telephone number at this address, and the months spent at this address through 2001.

After completing the form:

- Thank the participant for completing the form.
- Review the form for completeness and legibility.
- File the form in the participant's folder.