


Lung Screening Study

<div style="border: 1px solid black; width: 100%; height: 80px; margin-bottom: 5px;"></div> PID Label	<h2 style="margin: 0;">Health Assessment Questionnaire</h2>	 HAQ
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Instructions: Please complete each question by placing a check (x) in the box next to the answer that best fits your situation. **Mark only one answer for each question.**

The date of your screening examination for the Lung Screening Study was ___/___/___.

Since that date, have you had any of the following **physical examinations or medical tests?**

1. A blood pressure check? 1 <input type="checkbox"/> Yes _____ → 2 <input type="checkbox"/> No (GO TO ITEM 2) 8 <input type="checkbox"/> Don't Know (GO TO ITEM 2)	1a. If yes, what was the main reason you had this blood pressure check? 1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam or as a screening exam*
2. A test to check your blood cholesterol level? 1 <input type="checkbox"/> Yes _____ → 2 <input type="checkbox"/> No (GO TO ITEM 3) 8 <input type="checkbox"/> Don't Know (GO TO ITEM 3)	2a. If yes, what was the main reason you had this test to check your blood cholesterol level? 1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam or as a screening exam*
3. A spiral CT examination for lung cancer, not including any spiral CT exam(s) you may have had for the Lung Screening Study? 1 <input type="checkbox"/> Yes _____ → 2 <input type="checkbox"/> No (GO TO ITEM 4) 8 <input type="checkbox"/> Don't Know (GO TO ITEM 4)	3a. If yes, what was the main reason you had this spiral CT screening examination? 1 <input type="checkbox"/> Because of a specific health problem 2 <input type="checkbox"/> Follow-up to a previous health problem 3 <input type="checkbox"/> Part of a routine physical exam or as a screening exam*

*A screening exam is a medical test used to detect a disease before symptoms have occurred. (OVER)

Instructions: Please complete each question by placing a check (☑) in the box next to the answer that best fits your situation. **Mark only one answer for each question.**

The date of your screening examination for the Lung Screening Study was ____/____/____.

Since that date, have you had any of the following **physical examinations or medical tests?**

4. An examination of your colon or rectum?

3 Yes →

2 No (GO TO ITEM 5)

8 Don't Know (GO TO ITEM 5)

4a. If yes, what was the main reason you had this examination of your colon or rectum?

1 Because of a specific health problem

2 Follow-up to a previous health problem

3 Part of a routine physical exam or as a screening exam*

5. A chest X-ray not including any chest X-ray(s) you may have had for the Lung Screening Study?

1 Yes →

2 No (GO TO ITEM 6)

8 Don't Know (GO TO ITEM 6)

5a. If yes, what was the main reason you had this chest X-ray?

1 Because of a specific health problem

2 Follow-up to a previous health problem

3 Part of a routine physical exam or as a screening exam*

6. What is your date of birth? |__|__| / |__|__| / |1|9|__|__|
 MO DAY YEAR

7. Today's date: |__|__| / |__|__| / |2|0|__|__|
 MO DAY YEAR

*A screening exam is a medical test used to detect a disease before symptoms have occurred.

Thank you for completing this questionnaire. Please return this form to:

SC Name
Address