LIFE Study

Screener

Patient Initials: _____

LIFE ID #: ☐☐☐☐☐☐

Date: ☐☐ / ☐☐ / ☐☐☐☐
(month)　*(day)*　*(year)*

Physician: _____

Medical Record Number: _____

1. What is your date of birth? |__|__| / |__|__| / |__|__|__|__|
   (month)   *(day)*   *(year)*

2. How old are you? |__|__| **IF <35 - GO TO INELIGIBLE CLOSE**
   (AGE)

3. Are you Hispanic or Latino?

   ☐ **Yes**   ☐ **No**   ☐ **Refused**   ☐ **Don't know**

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

   ☐ **African American/Black**   ☐ **American Indian or Native American**

   ☐ **Asian**   ☐ **Native Hawiian or other Pacific Islander**

   ☐ **White**   ☐ **Other, specify:** _____ |__|__|__|

   ☐ **Refused**   ☐ **Don't know**

[IF FEMALE <55:]
5. Are you or could you be pregnant?   ☐ **Yes** ⟶ **GO TO INELIGIBLE CLOSE**

        ☐ **No**

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6. Have you ever been diagnosed with lung cancer?   ☐ **Yes**   ☐ **No** ⟶ **GO TO Q7**

   [IF YES:]

   a. Stage? _____ (medical record)

   b. Did you have lung surgery?   ☐ Yes   ☐ No

   c. What was the month and year of the diagnosis? |__|__| AND |__|__|__|__|
            (month)   *(year)*

   [IF > STAGE I, AND DIAGNOSIS > 1 YEAR, GO TO INELIGIBLE CLOSE.]

7. Have you ever had a diagnosis of head and/or neck carcinoma? ☐ **Yes** ☐ **No**

8. Have you ever been treated for Hodgkin's Disease? ☐ **Yes** ☐ **No**

9. Do you have a first degree relative with a history of bronchogenic carcinoma? ☐ **Yes** ☐ **No**

10. Have you ever had any other cancer diagnosis? ☐ **Yes** ☐ **No**

11. Are you or have you ever been a smoker? ☐ **Yes** ☐ **No**

> **[IF YES:]**
>
> a. How many years (did/have) you (smoke/smoked)? ☐☐☐ *(years)*
>
> b. (When you smoked,) how many cigarettes per day (did/do) you smoke? ☐☐☐ *(# CIGS/DAY)*

ANY ONE ITEM (Q6-Q9 or Q11) MUST BE CHECKED "YES" FOR ELIGIBILITY. OTHERWISE, IF ALL ITEMS ARE CHECKED "NO," THEN GO TO INELIGIBLE CLOSE.

[EXCLUDE ANY "YES" BELOW]

12. Chemotherapy or radiation within the last 6 months? ☐ **Yes** ☐ **No**

13. Current clinically detectable lung cancer present? ☐ **Yes** ☐ **No**

14. Contraindications to bronchoscopy? ☐ **Yes** ☐ **No**

Eligible Closing:

Thank you for answering these questions. Now I would like to begin the interview. Do you have any questions for me now?

Ineligible Closing:

Thank you for answering these questions. We are currently looking for patients who fit a speciifc category. According to the information you have provided, we will not be able to interview you for our study. Thank you again for your time.