PT

ACRIN 4704

Patient Completed Questionnaire

ACRIN Study 4704

PLACE LABEL HERE

Institution _____ **Institution No.** _____

Case No. _____

If this is a revised or corrected form, please √ box. ☐

Pt Questionnaire: Military History

1. Indicate your current military status:

- Active Duty Military ☐
- Retired Military ☐
- Veteran ☐
- Family member of Active Duty / Veteran ☐

2. Have you ever been deployed? O No O Yes

3. If you have been deployed, please provide the location of deployment(s)

	Deployment Country	Total Length of Deployment
1.	_____	_____ weeks _____ months _____ years
2.	_____	_____ weeks _____ months _____ years
3.	_____	_____ weeks _____ months _____ years
4.	_____	_____ weeks _____ months _____ years
5.	_____	_____ weeks _____ months _____ years
6.	_____	_____ weeks _____ months _____ years
7.	_____	_____ weeks _____ months _____ years
8.	_____	_____ weeks _____ months _____ years
9.	_____	_____ weeks _____ months _____ years
10.	_____	_____ weeks _____ months _____ years
11.	_____	_____ weeks _____ months _____ years
12.	_____	_____ weeks _____ months _____ years
13.	_____	_____ weeks _____ months _____ years
14.	_____	_____ weeks _____ months _____ years
15.	_____	_____ weeks _____ months _____ years

If you've been deployed more than 15 times, please list the additional deployment countries on the back of this page

Pt Questionnaire: Occupational History

4. Please check the occupations that you have ever worked

#	Occupation	Total Number of Months/Years Worked		Did you wear a respirator?		
1.	☐ Airline Industry (pilot, flight attendant, and/or flight crew)	Months	Years	O No	O Yes	O Unknown
2.	☐ Baking	Months	Years	O No	O Yes	O Unknown
3.	☐ Butchering/Meat Packing	Months	Years	O No	O Yes	O Unknown
4.	☐ Chemical or plastics manufacturing	Months	Years	O No	O Yes	O Unknown
5.	☐ Coal Mining	Months	Years	O No	O Yes	O Unknown
6.	☐ Cotton or jute processing	Months	Years	O No	O Yes	O Unknown
7.	☐ Duty involving exposure to ionizing radiation	Months	Years	O No	O Yes	O Unknown
8.	☐ Farming	Months	Years	O No	O Yes	O Unknown
9.	☐ Fire Fighting	Months	Years	O No	O Yes	O Unknown
10.	☐ Flour, feed, or grain milling	Months	Years	O No	O Yes	O Unknown
11.	☐ Foundry or steel milling	Months	Years	O No	O Yes	O Unknown
12.	☐ Hard Rock Mining	Months	Years	O No	O Yes	O Unknown
13.	☐ Painting	Months	Years	O No	O Yes	O Unknown
14.	☐ Sandblasting	Months	Years	O No	O Yes	O Unknown
15.	☐ Welding	Months	Years	O No	O Yes	O Unknown
16.	☐ Wood working	Months	Years	O No	O Yes	O Unknown
17.	☐ Other, specify _____	Months	Years	O No	O Yes	O Unknown
18.	☐ None of the above					

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Pt Questionnaire: Occupational Exposure History

5. Please check any occupational exposure that you may have had

#	Occupational Exposure	Total Number of Months/Years Worked		Indicate the amount of exposure you had	Indicate the effect of the exposure
1.	☐ Asbestos	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
2.	☐ Burn Pits	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
3.	☐ Chemicals/Acids/Solvents	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
4.	☐ Coal Tar/Asphalt	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
5.	☐ Diesel Engine Exhaust	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
6.	☐ Dyes	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
7.	☐ Explosives	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
8.	☐ Formaldehyde	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
9.	☐ Gasoline Exhaust	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
10.	☐ Jet Fuel	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
11.	☐ Pesticides/Herbicides (agent orange)	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
12.	☐ Radioactive Materials	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
13.	☐ Sandstorms	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
14.	☐ Smoke	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
15.	☐ Textile Fibers/Dust	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
16.	☐ Well Water	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
17.	☐ Wood Dust	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
18.	☐ Other, specify _____	Months	Years	O Continuously O Regularly O Occasionaly	O Not noticeable O Moderate O Mild O Severe
19.	☐ None of the above				

Pt Questionnaire: Medical History- Conditions and Illnesses

6. What is your current weight? _____ lbs

7. How tall are you? _____ feet _____ inches

8. <u>Please check if your doctor has every told you that you have the listed conditions or illnesses</u>

#	Condition, Illness	If checked, provide your age when the doctor first told you that you had this illness
1.	☐ Asbestosis	
2.	☐ Asthma - first diagnosed as a child	
3.	☐ Asthma - first diagnosed as an adult	
4.	☐ Bronchiectasis	
5.	☐ Chronic Bronchitis	
6.	☐ Chronic Obstructive Pulmonary Disease	
7.	☐ Diabetes	
8.	☐ Emphysema	
9.	☐ Fibrosis of the Lung	
10.	☐ Heart Disease or Heart Attack	
11.	☐ High Blood Pressure (Hypertension)	
12.	☐ HIV infection	
13.	☐ Hodgkins Disease	
14.	☐ Pneumonia	
15.	☐ Sarcoidosis	
16.	☐ Silicosis	
17.	☐ Stroke	
18.	☐ Tuberculosis (TB)	
19.	☐ None of the above	

Pt Questionnaire: Medical History - Cancer

9. Have any of the following blood relatives ever had lung cancer?

1.	Father	O No	O Yes	O Not applicable	O Unknown
2.	Mother	O No	O Yes	O Not applicable	O Unknown
3.	Brother(s), including half brothers	O No	O Yes	O Not applicable	O Unknown
4.	Sister(s), including half sisters	O No	O Yes	O Not applicable	O Unknown
5.	Children (biological)	O No	O Yes	O Not applicable	O Unknown

10. <u>Please check if your doctor has ever told you that you have any of the cancers the listed below</u>

#	Cancer	If checked, provide your age when the doctor first told you that you had this cancer
1.	☐ Bladder Cancer	
2.	☐ Breast Cancer	
3.	☐ Cervical cancer	
4.	☐ Colon-Rectal Cancer	
5.	☐ Esophageal Cancer	
6.	☐ Kidney Cancer	
7.	☐ Larynx Cancer	
8.	☐ Lung cancer	
9.	☐ Mouth (Oral) Cancer	
10.	☐ Nasal Cancer	
11.	☐ Pancreatic Cancer	
12.	☐ Pharynx Cancer	
13.	☐ Stomach (Gastric) Cancer	
14.	☐ Thyroid Cancer	
15.	☐ Transition Cell Cancer	
16.	☐ Other Cancer, Specify _____	
17.	☐ Never diagnosed with cancer	

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ACRIN PA Study **4704**

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Institution _____ **Institution No.** _____

Case No. _____

Pt Questionnaire: Symptom History: Cough, Shortness of Breath, Exacerbations

Symptom History: Cough

11.	Do you usually have a cough?	O No	O Yes	O Unknown
12.	Do you usually cough as much as 4-6 times a day, 4 or more days out of the week?	O No	O Yes	O Unknown
13.	Do you usually cough at all upon getting up, or first thing in the morning?	O No	O Yes	O Unknown
14.	Do you usually cough at all during the rest of the day or night?	O No	O Yes	O Unknown
15.	Do you usually cough like this on most days for 3 consecutive months or more during the year?	O No	O Yes	O Unknown
16.	For how many years have you had this cough?	_____ years		

Symptom History: Shortness of Breath

17.	Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?	O No	O Yes	O Unknown
18.	Do you have to walk slower than people of your age on level ground because of breathlessness?	O No	O Yes	O Unknown
19.	Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on level ground?	O No	O Yes	O Unknown
20.	Are you too breathless to leave the house or do you get breathless upon dressing or undressing?	O No	O Yes	O Unknown
21.	For how many years have you experienced shortness of breath?	_____ years		

Symptom History: Exacerbations

22.	Over the past year, how many times did you require treatment with oral steroids and/or antibiotics for a COPD exacerbation (defined as an increase in dyspnea, sputum production or sputum purulence)?	_____ times
23.	Over the past year, how many of these COPD exacerbations required admission to the hospital?	_____ admissions to hospital caused by COPD exacerbations

Pt Questionnaire: Symptom History: Phlegm and Alcohol History

Symptom History: Phlegm

24. Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out-of doors. Exclude phlegm from the nose. Count swallowed phlegm.) *(If no, skip to Q30)* — O No O Yes O Unknown

24a. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? — O No O Yes O Unknown

25. Do you usually bring up phlegm at all on getting up, or first thing in the morning? — O No O Yes O Unknown

26. Do you usually bring up phlegm at all during the rest of the day or at night? — O No O Yes O Unknown

If yes to any of the above (Q24, Q24a, Q25, Q26), answer the following two questions; if no to all, skip to the next section.

27. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? — O No O Yes O Unknown

28. For how many years have you had trouble with phlegm? _____ years

General Alcohol History

29. Have you ever consumed alcoholic beverages? — O No O Yes O Unknown

30. Do you presently drink alcoholic beverages? — O No O Yes O Unknown

31. How long has it been since you last had an alcoholic drink (wine, beer, liquor)?

O Less than 1 year
O 1 year to 2 years
O More than 3 years

32. For how many years did you drink alcoholic beverages? _____ years

33. What was the usual number of drinks you had per week? (one drink means 1 beer or 1 glass or wine or 1 shot of liquor, record 0 if less than 1 drink per week) _____ per week

34. During the past 24 hours, how many drinks have you had? _____ within last 24 hours

35. Provide your average alcohol consumption

_____ drinks per week
_____ drinks in the last year
_____ drinks in the last 3 years

Pt Questionnaire: Smoking History Pt. 1

36. Current smoking status

- O Current smoker (one puff in the last month)
- O Former smoker [not smoking for ≥ 1 month(not even a puff)]
- O Never smoked - skip to next section

37. Please indicate your current smoking habit

- O Never smoked
- O Former smoker [not smoking for ≥ 1 month(not even a puff)]
- O Occasional smoker (≤ 6 cigarettes per week)
- O Regular smoker (≥ 7 cigarettes per week)

38. Average # cigarettes per day _____ per day

39. Number of years smoking _____ years

40. How old were you the first time you EVER smoked even a puff of a cigarette? _____ years old

41. When you first started smoking a few cigarettes (between 2-10), how much did you feel dizzy?

- O Not at all
- O A slight amount
- O A moderate amount
- O An intense amount
- O Don't know

42. When you first started smoking a few cigarettes (between 2-10), how much did you feel a pleasureable rush or buzz?

- O Not at all
- O A slight amount
- O A moderate amount
- O An intense amount
- O Don't know

43. How old were you when you began smoking daily (at least one cigarette per day or more)? _____ years old

For the next questions, think about the time period when you smoked most

44. Think about the time you smoked the most. How many cigarettes did you smoke per day? _____ cigarettes

45. During the time that you smoked, how many different times in your life did you go without smoking for THREE MONTHS or longer? _____ times

46. Did you find it difficult not to smoke in places where it is forbidden such as in church, at a library, or in a movie theater? O No O Yes O Unknown

47. Did you smoke MORE during the first hours after you woke up or during the rest of the day?

- O When I first woke up
- O During the rest of the day

Pt Questionnaire: Smoking History Pt. 2

48. How soon after you woke up in the morning did you smoke the first cigarette?

- O Within 5 minutes
- O Within 6 to 14 minutes
- O Within 15 to 29 minutes
- O Within 30 minutes but less than 1 hour
- O Within 1 hour but less than 2 hours
- O Within 2 hours but less than 8 hours
- O More than 7 hours

49. Did you smoke even if you were so ill that you were in bed most of the day? O No O Yes O Unknown

50. When you smoked the most, how often did you inhale?

- O None of the time
- O Some of the time
- O All of the time

51. Which cigarette of the day did you hate to give up the most?

- O First one in the morning
- O One later in the morning
- O One at mid day
- O One in the afternoon
- O One after work
- O One in the evening
- O One late at night
- O One before bedtime

52. When you smoked the most, what was your usual brand of cigarettes? _____

52a. Was the type: O Regular O Lights O Ultralights

52b. Was the flavor: O Regular O Menthol

52c. Was the packing: O Hard O Soft

52d. Were the cigarettes: O Filtered O Unfiltered

53. Have you ever switched to a low tar, low nicotine or ultralight cigarette?

- O No
- O Yes
- O Unknown

<u>Complete the following 2 questions only if you answered yes to the having switched to a low tar, low nicotine, or ultralight cigarette</u>

54. How old were you when you switched? _____ years old

55. During the time that you were smoking low tar, low nicotine, or ultralight cigarettes, about how many cigarettes did you usually smoke per day? _____ per day

56. How many years TOTAL did you smoke low tar, low nicotine, or ultralight cigarettes? _____ years old

Pt Questionnaire: Smoking Cessation

The next question contains statements that smokers have said about quitting

57. Please indicate which statement best represents what you think right now

- O I enjoy smoking so much I will never consider quitting no matter what happens
- O I never think about quitting but I might someday
- O I rarely think about quitting and have no specific plans to quit
- O I sometimes think about quitting but have no specific plans to quit
- O I often think about quitting but have no specific plans to quit
- O I plan to quit in the next 6 months
- O I plan to quit in the next 30 days
- O I have already begun to cut down and I have set a quit date
- O I have already quit and but I worry about slipping back or relapsing
- O I have quit and I am 100% confident that I will never smoke again
- O I decline to answer

57a. If you are planning to quit someday, did previous screenings with positive results play a role in your decision? O No O Yes O Not applicable O Unknown

Former Smokers Only

58. How old were you when you stopped smoking for good? _____ years old

59. When was your last cigarette?

- O Less than 6 months ago
- O 6 months to 1 year ago
- O 1 year to 4 years ago
- O 4 years to 10 years ago
- O 10 years to 15 years ago
- O More than 15 years ago

Current Smokers Only

60. How many time in the PAST YEAR have you quit smoking for 24 hours or longer? _____ times

61. Since you started smoking, what was the LONGEST period of time that you were able not to smoke cigarettes at all? Provide only one: _____ hours _____ days _____ weeks _____ years

All Participants

62. Have you EVER smoked any other forms of tobacco besides cigaretes? O No O Yes O Unknown

63. Do you currently smoke any other forms of tobacco besides cigaretes? O No O Yes

Check the form(s) of tobacco you did/do smoke

64.

#	Forms of Tobacco
1.	☐ Pipe
2.	☐ Cigar
3.	☐ Tiparillos
4.	☐ Other ( )

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Pt Questionnaire: Secondhand Smoke

The following questions are about exposure to other people's smoking, otherwise known as secondhand smoke

65.	Have you EVER lived with someone who smoked in your home?	O No	O Yes	O Unknown
66.	Do you currently live with someone who smokes in your home?	O No	O Yes	O Unknown
67.	Not including yourself, how many people smoke(d) in your home?	_____ people		
68.	Have you EVER worked in a place where you were exposed to other people's smoking?	O No	O Yes	O Unknown
69.	Do you currently work in a place where you are exposed to other people's smoking?	O No	O Yes	O Unknown
70.	Not including yourself, how many people smoke(d) at the place that you worked?	_____ other smoker(s)		
71.	Thinking about all of the times that you may have been exposed to other peoples smoking, about how many years in total would you say that you have been exposed to second hand smoke?	_____ years		

Pt Questionnaire: Demography

72. Indicate the highest grade or level of schooling completed

- O 8th grade or less
- O 9-11th grade
- O High school graduate or high school equivalency
- O Post high school training, other than college (for example, Vocational/technical school)
- O Associate degree/some college
- O Bachelors degree
- O Graduate or Professional School
- O Other, specify _____
- O Unknown / I prefer not to answer

73. Indicate your marital status

- O Never married
- O Married or living as married
- O Widowed
- O Separated
- O Divorced
- O Unknown / I prefer not to answer

74. Indicate household income

- O Less than $8,000 per year
- O $8,000 to 14,999 per year
- O $15,000 to $24,999 per year
- O $25,000 to $34,999 per year
- O $35,000 to $49,999 per year
- O $50,000 to $64,999 per year
- O $65,000 to $79,999 per year
- O $80,000 to $100,000 per year
- O >$100,000 per year
- O Unknown/I prefer not to answer

75. Including yourself, how many people are supported by the income listed above?

_____

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Case No. _____

Pt Questionnaire: Conclusion

76. Did you require any assistance completing this questionnaire — O No O Yes

76a. Please indicate the person who assisted you

- O ACRIN-DECAMP Staff Member
- O Family
- O Other _____
- O Unknown/I prefer not to answer

76b. Please check the extent of assistance

#	Extent of Assistance	Check all that apply
1.	Read items to me	☐
2.	Marked items as I responded	☐
3.	Unknown/I prefer not to answer	☐
4.	Other	☐

77. Specify the method used to complete this questionnaire

- O ACRIN-DECAMP Staff Member
- O At my appointment
- O By mail
- O By telephone
- O Unknown/I prefer not to answer
- O Other

78. Comments _____

Please check that you have completed every question. At the time you return this questionnaire, please date below.

Date Participant Completed Questionnaire: _____-_____-_____ *(mm-dd-yyyy)*