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)**

<table>
<thead>
<tr>
<th>Deployment Country</th>
<th>Total Length of Deployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>2.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>3.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>4.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>5.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>6.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>7.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>8.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>9.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>10.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>11.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>12.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>13.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>14.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
<tr>
<td>15.</td>
<td>_____ weeks _____ months _____ years</td>
</tr>
</tbody>
</table>

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**

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Occupational Exposure</th>
<th>Total Number of Months/Years Worked</th>
<th>Indicate the amount of exposure you had</th>
<th>Indicate the effect of the exposure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ Asbestos</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>2.</td>
<td>☐ Burn Pits</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>3.</td>
<td>☐ Chemicals/Acids/Solvents</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>4.</td>
<td>☐ Coal Tar/Asphalt</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>5.</td>
<td>☐ Diesel Engine Exhaust</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>6.</td>
<td>☐ Dyes</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>7.</td>
<td>☐ Explosives</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>8.</td>
<td>☐ Formaldehyde</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>9.</td>
<td>☐ Gasoline Exhaust</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>10.</td>
<td>☐ Jet Fuel</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>11.</td>
<td>☐ Pesticides/Herbicides (agent orange)</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>12.</td>
<td>☐ Radioactive Materials</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>13.</td>
<td>☐ Sandstorms</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>14.</td>
<td>☐ Smoke</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>15.</td>
<td>☐ Textile Fibers/Dust</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>16.</td>
<td>☐ Well Water</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>17.</td>
<td>☐ Wood Dust</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>18.</td>
<td>☐ Other, specify ____________________________</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
<tr>
<td>19.</td>
<td>☐ None of the above</td>
<td>Months, Years</td>
<td>☐ Continuously ☐ Occasionally ☐ Regularly</td>
<td>☐ Not noticeable ☐ Mild ☐ Moderate ☐ Severe</td>
</tr>
</tbody>
</table>
Pt Questionnaire: Medical History - Conditions and Illnesses

6. What is your current weight? ______ lbs

7. How tall are you? ______ feet ______ inches

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

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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Cancer</th>
<th>If checked, provide your age when the doctor first told you that you had this cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Father</td>
<td>O No  O Yes  O Not applicable  O Unknown</td>
</tr>
<tr>
<td>2.</td>
<td>Mother</td>
<td>O No  O Yes  O Not applicable  O Unknown</td>
</tr>
<tr>
<td>3.</td>
<td>Brother(s), including half brothers</td>
<td>O No  O Yes  O Not applicable  O Unknown</td>
</tr>
<tr>
<td>4.</td>
<td>Sister(s), including half sisters</td>
<td>O No  O Yes  O Not applicable  O Unknown</td>
</tr>
<tr>
<td>5.</td>
<td>Children (biological)</td>
<td>O No  O Yes  O Not applicable  O Unknown</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bladder Cancer</td>
</tr>
<tr>
<td>2.</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>3.</td>
<td>Cervical cancer</td>
</tr>
<tr>
<td>4.</td>
<td>Colon-Rectal Cancer</td>
</tr>
<tr>
<td>5.</td>
<td>Esophageal Cancer</td>
</tr>
<tr>
<td>6.</td>
<td>Kidney Cancer</td>
</tr>
<tr>
<td>7.</td>
<td>Larynx Cancer</td>
</tr>
<tr>
<td>8.</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>9.</td>
<td>Mouth (Oral) Cancer</td>
</tr>
<tr>
<td>10.</td>
<td>Nasal Cancer</td>
</tr>
<tr>
<td>11.</td>
<td>Pancreatic Cancer</td>
</tr>
<tr>
<td>12.</td>
<td>Pharynx Cancer</td>
</tr>
<tr>
<td>13.</td>
<td>Stomach (Gastric) Cancer</td>
</tr>
<tr>
<td>14.</td>
<td>Thyroid Cancer</td>
</tr>
<tr>
<td>15.</td>
<td>Transition Cell Cancer</td>
</tr>
<tr>
<td>16.</td>
<td>Other Cancer, Specify</td>
</tr>
<tr>
<td>17.</td>
<td>Never diagnosed with cancer</td>
</tr>
</tbody>
</table>
### 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

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

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

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 cigarettes?

- O No
- O Yes
- O Unknown

63. Do you currently smoke any other forms of tobacco besides cigarettes?

- O No
- O Yes

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

64.

<table>
<thead>
<tr>
<th>#</th>
<th>Forms of Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>□ Pipe</td>
</tr>
<tr>
<td>2.</td>
<td>□ Cigar</td>
</tr>
<tr>
<td>3.</td>
<td>□ Tiparillos</td>
</tr>
<tr>
<td>4.</td>
<td>□ Other ( )</td>
</tr>
</tbody>
</table>
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?  __________________
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

<table>
<thead>
<tr>
<th>#</th>
<th>Extent of Assistance</th>
<th>Check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Read items to me</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Marked items as I responded</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Unknown/I prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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)