

**ACRIN 4704  
Detection of Early Lung Cancer  
Among Military Personnel (DECAMP 2)**

Place Label Here

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_

Case No. \_\_\_\_\_

**Annual DECAMP-2 Patient Questionnaire**

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- Timepoint this form corresponds to:**
- 1 year after enrollment
  - 2 years after enrollment
  - 3 years after enrollment
  - 4 years after enrollment

**1. In the past year, have you been diagnosed with any of these conditions? (Check all that Apply)**

- Asbestosis
- Asthma – first diagnosed as an adult
- Asthma – first diagnosed as a child
- Bronchiectasis
- Chronic Bronchitis
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Emphysema
- Fibrosis of the Lung
- Heart Disease or Heart Attack
- High Blood Pressure (Hypertension)
- HIV infection
- Hodgkins Disease
- Pneumonia
- Sarcoidosis
- Silicosis
- Stroke
- Tuberculosis (TB)
- No new conditions diagnosed
- Other \_\_\_\_\_

**2. In the past year, have you been diagnosed with any of these cancers? (Check all that Apply)**

- Bladder Cancer
- Breast Cancer
- Cervical cancer
- Colon-Rectal Cancer
- Esophageal Cancer
- Kidney Cancer
- Larynx Cancer
- Lung cancer
- Mouth (Oral) Cancer
- Nasal Cancer
- Pancreatic Cancer
- Pharynx Cancer
- Stomach (Gastric) Cancer
- Thyroid Cancer
- Transition Cell Cancer
- Other Cancer \_\_\_\_\_

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3. Have you started any new medications (including inhalers) within the past year? check one

- No
- Yes

If yes provide information below:

Medication Name	Date Started
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
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	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____
	Month: _____ if unknown, record UNK Year: _____

*If additional medications have been taken, please record on a separate piece of paper or back of this form*

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**4. 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 shortness of breath, phlegm production or phlegm purulence)? \_\_\_\_\_ times**

*Enter 0 if none*

**5. Over the past year, how many COPD exacerbations required admission to the hospital? \_\_\_\_\_ admissions**

*Enter 0 if none*

**6. What is your current smoking status: check one**

- Current smoker (at least one puff in the last month)
- Former smoker [quit smoking > 1 month (not even a puff)]

**6a. For Current Smokers Only: Average # of cigarettes per day \_\_\_\_\_**

**6b. For Former Smokers Only: When was your last cigarette? Month: \_\_\_\_\_ Year: \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Person Completing This Form**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Date Form Completed** *MMM-dd-yyyy*