F01102

ACTION	LOCAL ID	- Affix label here -
☐ A - New Data ☐ C - Corrected Data ☐ D - Delete Form	_____	Study Center/ID ___ ___ – ___ Acrostic ___ ___ First Name _____ MI ___ Last Name _____
INSTRUCTIONS: Review at participant's First Visit.		

Date ___-___-___ (M/D/Y)

Interviewer ___

FOR OFFICE USE

CARET
Cancer Prevention Study

Instructions:

This booklet asks you a variety of questions about your background, environment, and habits which may affect or be related to your health.

Please read each question carefully and answer all questions. There are no right or wrong answers. Complete responses to all the questions will improve the quality of this study, however, you may choose not to answer some questions. An interviewer will go over this booklet with you at your first visit.

Please use black or blue ink. Mark your answer with an **X** in the box.

Here is an example of how to mark an X in the boxes. If you mark a wrong box, draw a line through the box and mark the correct box.

Correct ☒ Incorrect ☒ ◉ ☑

Reminder

Please bring this booklet with you
to your first visit.
Thank you!

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COMMENTS

EQ1 Version 02 Revised: 4-15-91 Printing 1 2 3 4 5 6 7 8 9

KEYED VERIFIED BATCH

SMOKING HISTORY

We would like to ask you some questions about your smoking. The first five questions refer to cigarette smoking and do **not** include pipes, cigars, or snuff. Please mark an X in the box or fill in the answer.

1. Do you smoke cigarettes now? (Please answer yes if you have smoked **any** cigarettes in the past month.)

☐ 1 Yes—> 1.1 On the average, how many cigarettes a day do you smoke? _____ **cigarettes a day**

☐ 0 No—> 1.2 How old were you when you quit smoking cigarettes? _____ **years old**

2. How old were you when you first started smoking cigarettes? _____ **years old**

3. On the average of the entire time you smoked, how many cigarettes did you smoke per day? (Please consider both workdays and other days.) _____ **cigarettes per day**

4. Did you ever stop smoking cigarettes for at least one year and start smoking again?

☐ 0 No

☐ 1 Yes

5. What is the total length of time, in years, that you have smoked cigarettes? _____ **years**

6. Have you ever smoked cigars regularly?

☐ 0 No

☐ 1 Yes———> 6.1 For how many years? _____ **years**

7. Have you ever smoked a pipe regularly?

☐ 0 No

☐ 1 Yes———> 7.1 For how many years? _____ **years**

7.3 FOR OFFICE USE _____/5 × _____/3 ÷ 20 = _____

8. Have you ever been told by a doctor that you had any of the following conditions? *(Mark all that apply.)*

- ☐ 01 Anemia or low blood count
- ☐ 02 Angina (chest pains)
- ☐ 03 Arthritis or osteoporosis (thinning of bones)
- ☐ 04 Asbestosis
- ☐ 05 Asthma
- ☐ 06 Cancer
- ☐ 07 Chronic bronchitis or emphysema
- ☐ 08 Dermatitis or eczema
- ☐ 09 Diabetes
- ☐ 10 Epilepsy (spells, fits or seizures)
- ☐ 11 Gallstones or gall bladder disease
- ☐ 12 Glaucoma
- ☐ 13 Gout
- ☐ 14 Heart attack
- ☐ 15 Heart failure
- ☐ 16 Heart murmur
- ☐ 17 High blood pressure (hypertension)
- ☐ 18 Hives, hay fever, other allergies
- ☐ 19 Intestinal problems, for example colitis or diverticulosis
- ☐ 20 Kidney problems (nephritis, kidney infection, kidney stones, kidney failure)
- ☐ 21 Liver disease, yellow jaundice, hepatitis, cirrhosis
- ☐ 22 Migraine headaches
- ☐ 23 Nervous or emotional disorder
- ☐ 24 Pneumonia
- ☐ 25 Psoriasis
- ☐ 26 Serious chest injury
- ☐ 27 Stroke
- ☐ 28 Thyroid trouble (over active, under active, goiter)
- ☐ 29 Tuberculosis (TB)
- ☐ 30 Ulcers of the stomach or duodenum
- ☐ 31 *Women only:* Problems with breast
- ☐ 32 *Women only:* Problems of the female organs
- ☐ 33 *Men only:* Problems of the prostate (infection, enlargement)
- ☐ 34 Other conditions (specify):

  A. _____

  B. _____

  C. _____

☐ 35 **Never told by a doctor of any of these conditions**

9. How many of your brothers and sisters lived to at least age 21? number _____

10. How many of your children lived to at least age 21? number _____

11. Have any of your close relatives had cancer?

☐ 0 No

☐ 1 Yes →

Please fill this out for each blood relative who had cancer. Include only your natural parents, sisters, brothers, sons and daughters, and grandparents.

	One relative per line	If alive, give age	If dead, give age at death	Age at diagnosis	Type of cancer
Example:	*Grandmother*	*72*		*68*	*breast*

12. Have you ever been told by a doctor that you had cancer?

☐ 0 No

☐ 1 Yes →

12.1 What kind of cancer (lung, breast, skin, etc.)?

_____

12.2 When was it diagnosed? _____ - _____
month year

12.3 If you have had more than one cancer, which additional types have you had and when were they diagnosed?

Type	Year Diagnosed

WORK HISTORY

13. It is important that we know the types of jobs you have had. We are interested in all jobs. Because we are particularly interested in learning about the effects of asbestos, please indicate at the end of each line whether you had **asbestos exposure** during the time you worked in this job. (By asbestos exposure, we mean that you were likely in your job to have breathed asbestos dust.)

If you worked in the same type of job, even though for different employers, you can list this on one line. If the type of industry was different, however, please list them separately. Several examples are provided below for you to follow.

Please fill in one line for each type of job you have had, starting with the most recent job.

Job (Trade)	Type of Industry	Year Began	Year Ended	Asbestos Exposure No	Asbestos Exposure Yes
Example: Person A					
Shipfitter	*Shipyards*	*1970*	*1975*		X
Sheet Metal Worker	*Building Trades*	*1940*	*1970*		X
Example: Person B					
Salesperson	*Insurance*	*1940*	*1975*	X	
Homemaker	*Home*	*1932*	*1940*	X	

	Job (Trade)	Type of Industry	Year Began	Year Ended	Asbestos Exposure No	Asbestos Exposure Yes
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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13.6 1st Yr Exp ____

13.7 Total Yr Exp ____

13.8 Total Yr HR ____

14. **WORK SUMMARY**

14.1 What has been your usual occupation or job, the one you worked at the longest? (for example, pipefitter, carpenter, waitress, manager)

Job/occupation _____

14.2 Number of years in this job or occupation _____ years

14.3 Business, field or industry (for example, shipyard, construction, insurance, or homemaker)

_____

15. Did you ever file a claim for Workers' Compensation for any asbestos-related condition?

☐ 0 No
☐ 1 Yes
☐ 9 Don't know

16. Did you ever file a lawsuit (meaning a lawyer helped with workers' compensation or other legal actions) for any asbestos-related condition?

☐ 0 No
☐ 1 Yes
☐ 9 Don't know

17. Did you ever receive a financial settlement (from a workers' compensation claim or other lawsuit) for any asbestos-related condition?

☐ 0 No
☐ 1 Yes
☐ 9 Don't know

18. Race or ethnic background:

☐ 1 White, not of Hispanic origin
☐ 2 Black, not of Hispanic origin
☐ 3 Hispanic
☐ 4 Asian
☐ 5 Pacific Islander
☐ 6 American Indian or Alaskan Native
☐ 8 Other, specify: _____

19. Sex ☐ 0 Male ☐ 1 Female

20. Social Security Number *(for identification purposes only)* ___ ___ ___ - ___ ___ - ___ ___ ___ ___

21. What is the **highest** level of education you have completed? *(Mark one)*

☐ 1 No formal education
☐ 2 Grade school
☐ 3 Some high school
☐ 4 Completed high school
☐ 5 Some college
☐ 6 Completed college
☐ 7 Some graduate school
☐ 8 Completed graduate school

22. How many times have you moved or changed residences in the last ten years? _____ **times**

23. Do you live by yourself or do you live with other people?

☐ 1 I live alone
☐ 2 I live with a relative (spouse, son, daughter, etc.)
☐ 3 I live with a non-relative

24. Here is a list of reasons why some people may choose to be in this study. Why have you chosen to be in the study? *(Mark all that apply.)*

☐ 1 It may help others in the future.
☐ 2 It may help me be more healthy.
☐ 3 It may prevent lung cancer.
☐ 4 My husband, wife or others in my family want me to participate.
☐ 5 It allows me to keep smoking.
☐ 6 It makes me feel proud to be part of a study like this.
☐ 7 It gives me a chance to see someone about my health.
☐ 8 Other *(Please explain)* _____

If there is anything that you feel we should know about your health or personal events, please use this space to make additional comments.

Please take a moment to fill in any questions you may have skipped.

Thank you for completing this questionnaire. Please bring the questionnaire with you when you come to the Study Center for your first appointment.

Remember, if you have any questions, we will be glad to help you by phone or at the time of the appointment.