LUNG CANCER QUESTIONNAIRE

Update Maryland Lung Questionnaire Module with Proposed Questions for e cig use
IDENTIFIER SHEET

1. Interviewer's name: _______  2. Interviewer's ID __ __

3. Hospital: __________

4. Date of interview: __ __ / __ __ / __ __ __ __

5. Start time: __ __:__ __ am/pm

6. Name _____________ / _____________ / _____________
   First    Middle    Last

7. Date of birth __ __ / __ __ / __ __ __ __

8. Gender: ( ) Male ( ) Female

9. Address

   ____________________________________________ Apt. No.
   Street                                     Apt. No.
   _______    ___  ___         ___ ___ ___ ___ ___ -  ___ ___ ___ ___
   City              State                Zip Code

10. Telephone number   Home :( __ __ __) __ __ __ - __ __ __ __

   Work: ( __ __ __) __ __ __ - __ __ __ __ Ext. __ __ __ __

11. What is the name; address and telephone number of a person who can help us contact you in the future or your next of kin?

   ____________________________________________ Relationship to patient
   ____________________________________________ Apt. No.
   ________________________________          __________________
   Street                                    Apt. No.
   ________________________________          __________________
   City              State                Zip Code

   Home telephone number ( __ __ __) __ __ __ - __ __ __ __
DEMOGRAPHIC

Now I would like to ask you some general information about you.

1. Do you consider yourself to be:
   (  )1 White/Caucasian
   (  )2 Black/African American
   (  )3 Asian
   (  )4 Native Hawaiian/Other Pacific Islander
   (  )5 American Indian/Alaska Native

2. Do you consider yourself Hispanic/Latino or Non Hispanic/Latino?
   (  )1 Hispanic/Latino
   (  )2 Non Hispanic/Latino

3. Most people in the United States have ancestors who came from other parts of the world. Please tell me what country or countries your ancestors came from.

   ____________________________

4. What is your age? _____ _____

5. How many cigarettes have you smoked in the last 48 hours? ___ ___ ___
TOBACCO HISTORY: GENERAL

Next, I would like to ask you some questions about any smoking history you may have.

1. Have you ever smoked more than 100 cigarettes, which is equivalent to five packs, in your life? ( )0 No (Skip to next section) ( )1 Yes

2. Please tell me about your smoking history. I will be asking you questions about any times you may have stopped or changed your patterns. Continue to add additional columns as needs on tablet computers.

<table>
<thead>
<tr>
<th>Period</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>In what year did you start smoking cigarettes or change your patterns?</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td>b.</td>
<td>What was the average number of cigarettes or packs per day you smoked during this time?</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )1 cigarettes</td>
<td>( )2 packs</td>
</tr>
<tr>
<td>c.</td>
<td>After starting, did you change your patterns or stop smoking for more than 6 months?</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )0 No (Skip to 3)</td>
<td>( )1 Stopped smoking</td>
</tr>
<tr>
<td></td>
<td>( )2 changed pattern</td>
<td>( )2 changed pattern</td>
</tr>
<tr>
<td>d.</td>
<td>In what year did you stop smoking or change your patterns for more than six months?</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>If this is a change of pattern, skip to 2a</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td>e.</td>
<td>Did you start smoking again?</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )0 No (Skip to 3)</td>
<td>( )1 Yes (Skip to 2a)</td>
</tr>
</tbody>
</table>

If R stopped smoking more than 6 months ago, Skip to next section

3. Have you increased or decreased your amount of cigarette smoking in the last 6 months? ( )0 No (Skip to next section) ( )1 Yes

<table>
<thead>
<tr>
<th>Period</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>How long ago did you change your level of smoking?</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )1 weeks</td>
<td>( )2 months</td>
<td>( )1 weeks</td>
</tr>
<tr>
<td>5a.</td>
<td>Since then, what is the average amount of cigarettes you smoked per day?</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )1 cigarettes</td>
<td>( )2 packs</td>
<td>( )1 cigarettes</td>
</tr>
<tr>
<td>5b.</td>
<td>Did you change your level of smoking again?</td>
<td>__ __ __ __</td>
<td>__ __ __ __</td>
</tr>
<tr>
<td></td>
<td>( )0 No</td>
<td>( )1 Yes (Skip to 4)</td>
<td>( )0 No</td>
</tr>
</tbody>
</table>

TOBACCO HISTORY: GENERAL ( )1 Very good ( )2 Good ( )3 Fair ( )4 Poor

Updated Maryland Lung Questionnaire Module with Proposed Questions for e cig use
TOBACCO HISTORY (I)

1. Can you tell me the brand name of the cigarettes that you smoked the longest? 
   __________________

2. What is the most recent brand that you smoked?  ________________

3. When you were last smoking regularly, can you tell me, how soon after you (wake/woke) up (do/did) you smoke your first cigarette? (Read Responses)
   ( ) 1 Within 5 minutes
   ( ) 2 6 - 30 minutes
   ( ) 3 31 - 60 minutes
   ( ) 4 After 60 minutes

4. (Do/Did) you find it difficult not to smoke in places where it is forbidden, such as a church, library, or public building?   ( ) 0 No   ( ) 1 Yes

5. Which cigarette would you (hate/have hated) most to give up?
   ( ) 0 None/can’t decide
   ( ) 1 The first one in the morning
   ( ) 2 All others
   ( ) 3 After Meals

6. (Do /Did) you smoke more frequently during the first hours after waking than during the rest of the day?   ( ) 0 No   ( ) 1 Yes

7. (Do/did) you smoke if you (are/were) so ill that you (are/were) in bed most of the day?
   ( ) 0 No   ( ) 1 Yes

8. During periods when you smoke(d), (do/did) you usually smoke filter or non-filter cigarettes?
   ( ) 1 Filter
   ( ) 2 Non-Filter
   ( ) 3 Both

9. During periods when you smoke(d), (do/did) you usually smoke menthol or non-menthol cigarettes?
   ( ) 1 Menthol
   ( ) 2 Non-Menthol
   ( ) 3 Both

10. When smoking cigarettes, do/did you usually inhale?
    ( ) 0 No (Skip to 12) ( ) 1 Yes

11. Did you inhale slightly, moderately, or deeply?
    ( ) 1 Slightly
    ( ) 2 Moderately
    ( ) 3 Deeply
12. During your childhood, until you moved out of your childhood home, did anyone in your home smoke cigarettes?
   (   )₀ No (Skip to 15)  (   )₁ Yes

13. How many people smoked in your home?  __ __

14. Who smoked in your home during childhood?
   Columns repeat on tablet computers as much as needed.
   
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is their first names. (Shortened dictionary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Would you say they smoked lightly, moderately, heavy or you do not know?</td>
<td>(   )₁ light</td>
<td>(   )₂ moderate</td>
<td>(   )₃ heavy</td>
</tr>
<tr>
<td>c. On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?</td>
<td>(   )₁ cigarettes</td>
<td>(   )₂ packs</td>
<td>(   )₃ cigars</td>
</tr>
<tr>
<td>d. For how many years did (he/she) smoke while you were in the home?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. As an adult, does or did your (wife/husband/partner) or anyone else smoke or smoked cigarettes in your home? (If smoking is done only outside the home, then do not include.)  (   )₀ No (Skip to 18)  (   )₁ Yes

16. How many people smoke or smoked in your home?  __ __
17. Who smoked in your home as an adult?
Columns repeat on tablet computers as much as needed

<table>
<thead>
<tr>
<th>Please tell me their first names.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is their relationship to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Would you say they smoked lightly, moderately, heavily or you do not know?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. On the average, how many cigars, pipes, cigarettes or packs per day (does/did) (he/she) smoke at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. For how many years did (he/she) smoke while you were in the home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Did (he/she) stop smoking while you were in the house?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. How long ago did (he/she) stop smoking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. During the last thirty days, how many cigars, pipes, or cigarettes per day did (he/she) smoke at home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Were you exposed to cigarette smoke in your work place during the last 48 hours?

( ) 0 No
( ) 1 Yes
( ) 2 Not at work in the last 48 hours
( ) 3 Not currently working (or retired)
19. In your workplace, were you employed at a job or jobs for more than five years where co-workers smoked cigarettes in your immediate area?
( ) 0 No ( ) 1 Yes

20. For how many years were you working a job where people smoked regularly in your immediate work area?
___ ___ ( If 00, skip to next section)

21. How long ago has it been since you were working at a job where people smoked regularly in your immediate work area?
( ) 1 Today
( ) 2 ___ ___ Day(s)
( ) 3 ___ ___ Month(s)
( ) 4 ___ ___ Year(s)

22. Would you say you were exposed at work to cigarette smoke lightly, moderately, heavy or you do not know?
( ) 1 Lightly
( ) 2 Moderately
( ) 3 Heavy
( ) 4 Do not know

TOBACCO HISTORY (I) ( ) 1 Very good ( ) 2 Good ( ) 3 Fair ( ) 4 Poor
1. Have you ever smoked at least one cigar a month for more than 6 months?
   ( ) 0 No  ( ) 1 Yes

2. Have you ever smoked a pipe on a daily basis for more than 6 months?
   ( ) 0 No  ( ) 1 Yes

TOBACCO HISTORY (II) ( ) 1 Very good ( ) 2 Good ( ) 3 Fair ( ) 4 Poor
TOBACCO HISTORY (III)

Introductory text
The next question is about electronic cigarettes or e-cigarettes. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used e-cigarettes EVEN ONE TIME?
1 Yes
2 No
-8 DON’T KNOW
-7 REFUSED

In what year did you start using an e-cigarette, even one or two times?
1 I___I___I___I
-8 DON’T KNOW
-7 REFUSED

On average, do you use (insert device used)
1 Every day
2 A few days a week
3 Rarely
4 Not at all
-8 DON’T KNOW
-7 REFUSED

In what year did you start using an e-cigarette using e-cigarettes fairly regularly?
1 I___I___I___I
-8 DON’T KNOW
-7 REFUSED

In what year did you start using an e-cigarette using e-cigarettes every day?
1 I___I___I___I
-8 DON’T KNOW
-7 REFUSED
Have you completely quit using e-cigarettes?
1 Yes
2 No
-8 DON’T KNOW
-7 REFUSED

If yes, in what year did stop using e-cigarettes?
1 I___I___I___I
-8 DON’T KNOW
-7 REFUSED

What kind of e-cigarette do you/did you most use? Record which kind of device was used, if more than one, record all.
1 Disposable e-cigarette
2 Cartridge e-cigarette
3 Tank cartridge system
4 e-cigar
5 Personal vaporizer
6 eGo electronic cigarette
7 Other _____________
-8 DON’T KNOW
-7 REFUSED

What concentration of nicotine do you/did you usually use in your disposable e-cigarettes/nicotine cartridge/tank?
1 Nicotine free or 0 mg
2 Low strength or 4-8 mg
3 Mid strength or 10-14 mg
4 High strength or 16-18 mg
5 Extra high strength or 24-36 mg
6 Very strong or 36-54 mg
-8 DON’T KNOW
-7 REFUSED
What brand of e-cigarette do you/did you most commonly use?

_________
-8 DON'T KNOW
-7 REFUSED

How soon after you wake up do you/did you use your first e-cigarette?
1 Within 5 minutes
2 6-30 minutes
3 31-60 minutes
4 After 60 minutes

Which e-cigarette would you hate to give up?
1 The first one in the morning
2 Any of the others

Do you use your e-cigarette more frequently during the first hours after waking than during the rest of the day?
1 Yes
2 No

How many cartridges or disposable e-cigarettes have you used in your entire life?
1 1-10
2 11-20
3 21-50
4 51-99
5 At least 100 or more
-8 DON'T KNOW
-7 REFUSED

In the past, have you ever used use both e-cigarettes and tobacco cigarettes at the same time?
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED
Do you currently use both e-cigarettes and tobacco cigarettes?
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED

Does anyone in your household smoke e-cigarettes?
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED

Does anyone in your workplace (i.e., your immediate surroundings) smoke e-cigarettes?
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED

These next questions are related to water pipe, Hookah and marijuana use. You do not need to answer this question if you would prefer not to.

Have you EVER smoked a water pipe, hookah filled with tobacco or bidi (beedee) EVEN ONE TIME? Fill in which device was used.
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED

On average, do you use a water pipe/hookah filled with tobacco/bidi (beedee)
1 Every day
2 A few days a week
3 Rarely
4 Not at all
-8 DON'T KNOW
In what year did you start using a water pipe/hookah filled with tobacco/bidi (beedee) (every day/a few days a week/rarely)?
1 I___I___I___I
-8 DON'T KNOW
-7 REFUSED

Have you completely quit using a water pipe/hookah filled with tobacco/bidi (beedee)?
1 Yes
2 No
-8 DON'T KNOW
-7 REFUSED

If yes, in what year did stop using a water pipe/hookah filled with tobacco/bidi (beedee)?
1 I___I___I___I
-8 DON'T KNOW
-7 REFUSED

TOBACCO HISTORY (III)  ( )1 Very good  ( )2 Good  ( )3 Fair  ( )4 Poor
Now, I would like to ask you some questions about any alcoholic beverages you may drink on a regular basis.

1. In your entire life, have you ever consumed more than 12 alcoholic beverages per year, such as beer, wine, wine coolers or liquor?  
   ( ) 0  No (Skip to 3)  
   ( ) 1  Yes

2. Tell me about the types of alcohol and when you were drinking them. *Continue to add additional columns as needed on tablet computer.*

<table>
<thead>
<tr>
<th>Period</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. At what age did you first start to drink/when you next began to drink?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>b. How many cans, bottles or 12 oz of beer did/do you drink?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>c. How many 4 oz glasses of wine did/do you drink?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>d. How many 1 ½ oz. shots of liquor, by itself or in a drink did/do you drink?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>e. Have you ever stopped drinking or changed your patterns for more than 12 months?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>f. What age did you stop drinking or change your patterns for more than 12 months?</td>
<td>___ ___</td>
<td>___ ___</td>
<td>___ ___</td>
</tr>
</tbody>
</table>
3. Have you had any alcoholic beverages such as beer, wine or liquor in the last 7 days?  
( 0 ) No  (Skip to next section)  ( 1 ) Yes

4. In the last seven days, how much did you drink of the following?:  

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cans, bottles or 12 oz. glass of beer</td>
<td>__ __ __</td>
</tr>
<tr>
<td>b. 4 oz. glasses of wine</td>
<td>__ __ __</td>
</tr>
<tr>
<td>c. 1 ½ oz. shots of hard liquor or drinks containing a shot of hard liquor</td>
<td>__ __ __</td>
</tr>
</tbody>
</table>

**ALCOHOL HISTORY**  ( 1 ) Very good  ( 2 ) Good  ( 3 ) Fair  ( 4 ) Poor
MEDICAL HISTORY: GENERAL

Now I would like to ask you some questions about your medical history and your health.

1. Have you ever been diagnosed with cancer (prior to your current diagnosis- if cancer case)?
   ( )0 No (Skip to 3) ( )1 Yes

2. What type of cancer(s)? __________________________ (cancer organ dictionary, add rows as needed)

3. What is your current weight? ___ ___ ___ lbs

4. What was your weight 10 years ago? ___ ___ ___ lbs

5. What was your weight 2 years ago? ___ ___ ___ lbs

6. How tall are you? _______ feet ___ ___ inches

MEDICAL HISTORY: GENERAL ( )1 Very good ( )2 Good ( )3 Fair ( )4 Poor
MEDICAL HISTORY (I)

1. Please answer the following questions about pain relievers that you may have taken regularly during the past 5 years, at least 1 pill/week for 2 months.

<table>
<thead>
<tr>
<th>Have you taken the following regularly - at least 1/week for 2 months during the past 5 years?</th>
<th>How many pills per day or week did you take regularly, during the past 5 years?</th>
<th>How long did you take regularly, during the past 5 years?</th>
<th>Did you take regularly one year prior to interview?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Aspirin or aspirin containing compounds (such as Bufferin, Anacin, Ascriptin, Excedrin)</td>
<td>______ # pills per:</td>
<td>__ ( ) weeks</td>
<td>( ) no ( ) yes ( ) Don’t know</td>
</tr>
<tr>
<td>( ) no ( ) yes ( ) Don’t know</td>
<td>( ) day</td>
<td>( ) months</td>
<td></td>
</tr>
<tr>
<td>( ) week</td>
<td>( ) years</td>
<td>( ) Don’t know</td>
<td></td>
</tr>
<tr>
<td>( ) Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tylenol and acetaminophen compounds (such as Tylenol or Aspirin-free Anacin, or Excedrin-PM)</td>
<td>______ # pills per:</td>
<td>__ ( ) weeks</td>
<td>( ) no ( ) yes ( ) Don’t know</td>
</tr>
<tr>
<td>( ) no ( ) yes ( ) Don’t know</td>
<td>( ) day</td>
<td>( ) months</td>
<td></td>
</tr>
<tr>
<td>( ) week</td>
<td>( ) years</td>
<td>( ) Don’t know</td>
<td></td>
</tr>
<tr>
<td>( ) Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pain relievers not containing aspirin or Tylenol (such as Aleve, Ibuprofen, Motrin, Advil, Nuprin, Naprosyn, Feldene, Indocin, Clinoril)</td>
<td>______ # pills per:</td>
<td>__ ( ) weeks</td>
<td>( ) no ( ) yes ( ) Don’t know</td>
</tr>
<tr>
<td>( ) no ( ) yes ( ) Don’t know</td>
<td>( ) day</td>
<td>( ) months</td>
<td></td>
</tr>
<tr>
<td>( ) week</td>
<td>( ) years</td>
<td>( ) Don’t know</td>
<td></td>
</tr>
<tr>
<td>( ) Don’t know</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. Did a doctor ever tell you that you had?  

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes/No</th>
<th>How old were you when you were first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chronic bronchitis</td>
<td>( ) No (Skip to 1b) ( ) Yes</td>
<td>____ ____ ____</td>
</tr>
<tr>
<td>b. Emphysema</td>
<td>( ) No (Skip to 1c) ( ) Yes</td>
<td>____ ____ ____</td>
</tr>
<tr>
<td>c. Asthma (check all that apply)</td>
<td>( ) No (Skip to 1d) ( ) Yes</td>
<td>____ ____ ____</td>
</tr>
<tr>
<td>( ) Childhood ( ) Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical History Question</td>
<td>Response Options</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>d.</td>
<td>Tuberculosis</td>
<td>(    ) No (Skip to e) (    ) Yes</td>
</tr>
<tr>
<td>e.</td>
<td>Asbestosis</td>
<td>(    ) No (Skip to f) (    ) Yes</td>
</tr>
<tr>
<td>f.</td>
<td>COPD (Chronic obstructive Pulmonary Disease)</td>
<td>(    ) No (Skip to g) (    ) Yes</td>
</tr>
<tr>
<td>g.</td>
<td>Pneumonia</td>
<td>(    ) No (Skip to h) (    ) Yes</td>
</tr>
<tr>
<td>h.</td>
<td>Lung disease, other than cancer (specify)</td>
<td>(    ) No (Skip to i) (    ) Yes</td>
</tr>
<tr>
<td>i.</td>
<td>Diabetes (check all that apply)</td>
<td>(    ) No (    ) Yes</td>
</tr>
</tbody>
</table>

**MEDICAL HISTORY (I)** (    ) Very good (    ) Good (    ) Fair (    ) Poor
MEDICAL HISTORY (CIRCUMFERENCES)

1. Interviewer will ask: *I would now like to measure your waist circumference.*

   Waist circumference (cm)

<table>
<thead>
<tr>
<th>First</th>
<th>Second</th>
<th>Difference</th>
<th>Tolerance</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>__</td>
<td>2.0</td>
<td>___</td>
</tr>
</tbody>
</table>

2. Interviewer will ask: *I would now like to measure your hip circumference.*

   Hip circumference (cm)

<table>
<thead>
<tr>
<th>First</th>
<th>Second</th>
<th>Difference</th>
<th>Tolerance</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>___</td>
<td>___</td>
<td>__</td>
<td>2.0</td>
<td>___</td>
</tr>
</tbody>
</table>

MEDICAL HISTORY CIRCUMFERENCES (    )1 Very good (    )2 Good (    )3 Fair(    )4 Poor
FAMILY HISTORY: GENERAL

Now, I would like to learn about the members of your family.

1. Has anyone in your family that is related to you by blood, ever been told they have cancer, include children, parents, grandparents, brothers, sisters?

   ( ) 0  No (Skip to next section)  ( ) 1  Yes

Add rows as needed

<table>
<thead>
<tr>
<th>2. Which relative?</th>
<th>First name</th>
<th>Where did the cancer start?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. shortened dictionary</td>
<td>☐ ☐ ☐</td>
<td>(DICTIONARY ADDED INTO TABLET COMPUTERS)</td>
</tr>
<tr>
<td>b. shortened dictionary</td>
<td>☐ ☐ ☐</td>
<td>(DICTIONARY ADDED INTO TABLET COMPUTERS)</td>
</tr>
</tbody>
</table>

FAMILY HISTORY: GENERAL  ( ) 1  Very good  ( ) 2  Good  ( ) 3  Fair  ( ) 4  Poor
REPRODUCTIVE HISTORY (I) (If male skip to next section)

This next set of questions may seem personal, but remember that your answers are very important to us.

1. Have you ever been pregnant? ( )0 No (Skip to 7) ( )1 Yes

2. How many times have you been pregnant? ___ ___

3. How old were when you became pregnant? (Should be chronological)

4. What was the outcome of this pregnancy? (Check one for each pregnancy)
   - 01 Single live birth
   - 02 Multiple live birth, any living
   - 03 Multiple birth, none living
   - 04 Stillbirth
   - 05 Miscarriage
   - 06 Induced Abortion
   - 07 Ectopic or tubal
   - 08 Currently pregnant
   - 09 Other (specify)________
     (Write in tablet computers- don’t code)

   If R had no live births, Skip to 7

5. Did you breast feed any of these babies for at least two weeks or longer? ( )0 No (Skip to 7) ( )1 Yes

6. For how many weeks did you breast feed these babies, until you stopped all together?

7. At what age did you have your first menstrual period? ___ ___

8. At what age did your menstrual periods become regular? ___ ___

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9. Has a doctor or other health professional ever told you that you had completed menopause or the change in life? ( )0 No ( )1 Yes

10. Have you ever used hormonal medications just before, during or after menopause, such as pills, vaginal creams, shots, suppositories or skin patches? ( )0 No (Skip to next section) ( )1 Yes

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>At what age did you start to use them?</th>
<th>Total number of years used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Estrogen pills (Premarin, Estrace, Estratab, Ogen)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>b. Progesterone pills (Progestins, Provera, Megace)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>c. Estrogen and progesterone pills (Prempro)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>d. Estrogen and testosterone (Estratest)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>e. Estrogen vaginal cream</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>f. Estrogen shots</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>g. Estrogen skin patches (Estraderm)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>h. Estrogen patch and progesterone pills</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>i. Suppository</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
<tr>
<td>j. Other (Write in tablet computers- don’t code)</td>
<td>( )0 No ( )1 Yes ___ ___</td>
<td>___ ___</td>
</tr>
</tbody>
</table>

REPRODUCTIVE HISTORY (I) ( )1 Very good ( )2 Good ( )3 Fair ( )4 Poor
REPRODUCTIVE HISTORY (II) (If male skip to next section)

1. Have you used birth control or family planning during your life?  
   ( )0  No (Skip to 3)  ( )1  Yes

2. What type of birth control or family planning, if any, have you used during your life?  
<table>
<thead>
<tr>
<th>At what age did you start?</th>
<th>At what age did you stop?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Birth control pills</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )0  No (Skip to b)</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )1  Yes</td>
<td>___ ___</td>
</tr>
<tr>
<td>b. Birth control shots or injections</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )0  No (Skip to c)</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )1  Yes</td>
<td>___ ___</td>
</tr>
<tr>
<td>c. Implants, such as Norplant</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )0  No (Skip to d)</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )1  Yes</td>
<td>___ ___</td>
</tr>
<tr>
<td>d. IUD, intrauterine devise, such as a loop or coil</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )0  No</td>
<td>___ ___</td>
</tr>
<tr>
<td>( )1  Yes</td>
<td>___ ___</td>
</tr>
</tbody>
</table>

3. Did you ever have your tubes tied, sterilization?  ( )0 No (Skip to 5)  ( )1 Yes

4. When did the surgery take place?  ___ ___ / ___ ___ / ___ ___ ___ ___

5. Did you ever use birth control pills, shots or implant for any reason other than birth control?  ( )0 No (Skip to 7)  ( )1 Yes

6. What was the reason? Please answer yes or no to the following.
   a. Regulate periods  ( )0  No  ( )1  Yes
   b. Acne  ( )0  No  ( )1  Yes
   c. Cramps or painful ovulation  ( )0  No  ( )1  Yes
   d. Menopausal symptoms  ( )0  No  ( )1  Yes
   e. Other  ( )0  No  ( )1  Yes
      specify ______________________ (write in do not code)

7. Have you had a menstrual period in the last 6 weeks?  ( )0  No  ( )1  Yes

8. Are you still menstruating?  ( )0  No  ( )1  Yes (Skip to next section)

9. At what age was your last menstrual period?  ___ ___
10. What was the reason that your menstrual periods stopped?
   (    )1 Change of life or natural Menopause
   (    )2 Hysterectomy, still has ovaries
   (    )3 Hysterectomy, ovaries removed
   (    )4 Hysterectomy, don’t know whether ovaries removed
   (    )5 Currently pregnant
   (    )6 Other reason (specify why): (Write in tablet computers- don’t code)________________________

REPRODUCTIVE HISTORY (II) (    )1 Very good (    )2 Good (    )3 Fair (    )4 Poor
OCCUPATIONAL HISTORY

Next, I would like to ask you some questions about your current and past jobs.

1. Are you currently employed? ( ) 0 No (Skip to 3) ( ) 1 Yes

2. What is your current job title? ________________________

3. What is or was your usual occupation for your adult life? That is, what occupation did you work at the longest during your adult life?
   (If R never worked, Skip to next section)  
   Never worked

4. What is or was your usual activities in this job? (Relates to Question 3)

5. In what kind of business or industry did you work the longest in your life?

<table>
<thead>
<tr>
<th>6. Have you ever had a job in the following industries?</th>
<th>Fill in Yes or No</th>
<th>What was your job title? (Code)</th>
<th>In what year did you start working there?</th>
<th>What year were you last employed there? (Still employed=7777)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Shipbuilding</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Construction</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Fishing</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lumber, wood, furniture, manufacturing or paper</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Petrochemical</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Metal refining, manufacturing, polishing or plating</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Chemical Manufacturing</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Cement Manufacture</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Demolition</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Steel mill or foundry</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Dye industry</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Hazardous waste removal</td>
<td>( ) 0 No ( ) 1 Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OCCUPATIONAL HISTORY  
( ) 1 Very good  ( ) 2 Good  ( ) 3 Fair  ( ) 4 Poor
SOCIO ECONOMIC INFORMATION

1. What is your marital status? ( )1 Single, never married
   ( )2 Married
   ( )3 Divorced
   ( )4 Separated
   ( )5 Has a partner, living as married
   ( )6 Widowed

2. What was the highest level of education that you completed?
   ( )1 Elementary School (5th or 6th grade)
   ( )2 Middle or Junior High School (7th, 8th or 9th grade)
   ( )3 10th or 11th grade
   ( )4 High School or GED (12th grade)
   ( )5 Some College (includes AA degree)
   ( )6 Technical School
   ( )7 College
   ( )8 Professional School (includes MS, PhD, MD, etc)

3. What is your current level of household income per year?
   ( )1 Less than $10,000
   ( )2 $10,000-29,999
   ( )3 $30,000-59,999
   ( )4 $60,000-90,000
   ( )5 Greater than $90,000
   ( )8 Don't Know/Refused

4. How many people are currently supported in your household?
   Fill in with 8s for Don't Know/Refused.
GENERAL INFORMATION

1. Are you having any surgery in the near future? ( )0 No (Skip to 4) ( )1 Yes

2. What kind of surgery are you having? __________________

3. When are you having this surgery? ___ ___ / ___ ___ / ___ ___ ___ ___

4. May we contact you again later if we need to clarify any of the information you have provided. ( )0 No ( )1 Yes

5. Time ended: ___ : ___ ( )1 AM ( )2 PM

6. Interviewer’s Signature: _______________________________

First get specimen samples and then provide reimbursement of $50.

Blood Specimen Collected

Urine Specimen Collected

INTERVIEWER REMARKS

1. Interview was conducted: ( )1 Home
   ( )2 Hospital - inpatient
   ( )3 Hospital - outpatient
   ( )4 One of the Study Offices
   ( )5 Other

2. Respondent’s cooperation was:
   ( )1 Very good ( )2 Good ( )3 Fair ( )4 Poor

3. The overall quality of the interview was:
   ( )1 Very good ( )2 Good ( )3 Fair ( )4 Poor

4. Did any of the following occur during the interview?
   a. R did not know enough information regarding the topics ( )0 No ( )1 Yes
   b. R did not want to be more specific ( )0 No ( )1 Yes
   c. R did not understand or speak English well ( )0 No ( )1 Yes
   d. R was upset or depressed ( )0 No ( )1 Yes
   e. R had poor hearing or speech ( )0 No ( )1 Yes
   f. R was confused by frequent interruptions ( )0 No ( )1 Yes
   g. R was emotionally unstable ( )0 No ( )1 Yes
   h. Others helped with the answers ( )0 No ( )1 Yes
   i. R required a lot of probing ( )0 No ( )1 Yes
   j. Patient was reserved ( )0 No ( )1 Yes
   k. R was physically ill ( )0 No ( )1 Yes
   l. Other, specify ________________________________ ( )0 No ( )1 Yes

5. Comments/Remarks:___________________________________________

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