

[EPIDEMIOLOGIC & BASELINE QUESTIONNAIRE - INSTRUCTIONS FOR INTERVIEWER]

[INTRODUCTION]

Passages to be read out loud to the study subjects are indicated in bold Arial font. Coding to be recorded follows the question and is written in unbolded Arial font if unread, or in bold if read. Messages for the interviewer that are not to be read out loud are indicated in italics and [square brackets]. Sections headings are presented as landmarks for the interviewer and are not to be read out loud. They are indicated in [CAPITALIZED, BOLDED, ITALICIZED & UNDERLINED] font. For many questions, numbers in brackets follow possible answer choices. This is for coding purpose only. Note that the numbering sequence of questions is in order but is not sequential; it jumps by units of ten from one section to the next. The sequence of questions takes the order described in the Q ToC:

ABBREVIATIONS:

[DK: Don't know; For any question for which the respondent answers "Don't Know" or "Not sure", then enter 9 for single digit code or 99 for a double digit code.]

[START QUESTIONNAIRE] (scripts and questions begin on the next page):

Date started: Time interview started: Start Interviewer ID:
dd-MM-yyyy

To be filled when this interview session is over.

Date ended: Time interview ended: End Interviewer ID:
dd-MM-yyyy

Was interview completed satisfactory? No Yes

Will this questionnaire require completion at a later date or time? No Yes

Post-interview comments:

[SMOKING HISTORY]

I would like to start this interview/questionnaire by asking you a few questions about your smoking history.

[Q11] How old were you when you first started smoking cigarettes regularly? Years

[Q12] Have you mainly smoked filtered or unfiltered cigarettes or both roughly equally?

Filtered Non-Filtered Both Don't know

[Q13] Have you mainly smoked ultra-light, light, or regular cigarettes or a mixture of both types?

Ultra-light Light Regular Mixture Don't know

[Q14] Have you mainly smoked menthol or non-menthol cigarettes or a mixture of both types?

Menthol Non-menthol Mixed use Don't know

[Q15] Over the years that you smoked, on average, how many cigarettes did you smoke per day?

[If the participant responds, 1 or 1.5 or 2, then remind them that this question refers to number of cigarettes per day not packages.]

Cigarettes

[Q16] Do you smoke now? No [If no, go to Q41(Former Smokers)]

Yes [If yes, go to Q21(Current Smokers)]

[FORMER SMOKERS]

[Q41] How old were you when you most recently stopped smoking?

Years

[Q42] Thinking of the most recent time you quit smoking, did you use any of the following products?

Identify all of the following that you used.

- Nicotine gum: No Yes
- Nicotine patch: No Yes
- Nicotine nasal spray, or inhaler: No Yes
- Prescription pill such as Zyban, Bupropion, or Wellbutrin: No Yes
- Prescription pill such as Champix: No Yes
- None of these: No Yes
- Other, that is some other product or method: No Yes

Please identify or explain this alternative: _____

[Q43] When you were a smoker, how soon after you woke up did you usually smoke your first cigarette of the day?

- Within 5 mins 6 to 30 mins 31 to 60 mins More than 60 mins

[Q45] Did you find it difficult to refrain from smoking in places where it was forbidden, for example, in church, at the work-place, in the restaurant, in the cinema?

- No Yes

[Q46] Did you smoke more frequently during the first hours after waking than during the rest of the day?

- No Yes

[Q47] Did you smoke when you were so ill that you were in bed most of the day, or if you had a cold or the flu and had trouble breathing?

- No Yes

[Q48] Which cigarettes would you hate most to give up? The first one in the morning or any other?

- First Any other

For each of the following statements please tell me if it was true for you when you were a smoker.

[Q49] "I had trouble going more than a few hours without smoking."

- True False

[Q50] "Even in a bad rainstorm, if I ran out of cigarettes, I would probably go to the store to get some more."

- True False

[Q51] "When I go without smoking for a few hours, I experience craving."

- True False

[Q52] "If I were in a public place where smoking was not allowed, I would probably go outside to smoke a cigarette, even in cold or rainy weather?"

- True False

[CIGAR SMOKERS]

[Q55] Have you ever smoked cigars regularly, that is, one or more cigars a week for longer than six months?

- No [If No, go to Q61(Pipe Smokers)]
- Yes

[Q56] How old were you when you started smoking cigars regularly?

Years

[Q57] On average, how many cigars per week have you smoked?

Cigars

[Q58] Do you smoke cigars now?

- No
- Yes [If Yes, go to Q61(Pipe Smokers)]

[Q59] How old were you when you stopped smoking cigars regularly?

Years

[PIPE SMOKERS]

[Q61] Have you ever smoked a pipe regularly, that is, one or more pipefuls a week for longer than six months?

[Explanation: If asked, a pipeful is 2 ounces. There are approximately 10 pipefuls per pouch of pipe tobacco.]

- No [If No, go to Q71 (Secondhand Smoke Exposure)]
- Yes

[Q62] How old were you when you started smoking a pipe regularly?

Years

[Q63] On average, how many pipes per week have you smoked?

Pipes

[Q64] Do you smoke a pipe now?

- No
- Yes [If Yes, go to Q71(Secondhand Smoke Exposure)]

[Q65] How old were you when you stopped smoking a pipe regularly?

Years

[SECONDHAND SMOKE EXPOSURE]

The following questions are about your exposure to other people's smoke, often called "secondhand smoke".

[Q71] As a child and youth under the age of 18 years, was your exposure to secondhand smoke at home:

- Minimal or zero Mild Moderate Heavy

[Q72] As an adult, was your exposure to secondhand smoke at home:

- Minimal or zero Mild Moderate Heavy

[Q73] As an adult, was your exposure to secondhand smoke at work:

- Minimal or zero Mild Moderate Heavy

[Q74] As an adult, was your exposure to secondhand smoke at private social functions:

[If asked, examples would be at parties, weddings, meetings, private clubs.]

- Minimal or zero Mild Moderate Heavy

[Q75] As an adult, was your exposure to secondhand smoke at public places:

[If asked, examples would be in buses, bus stops, bingo halls, bars, clubs.]

- Minimal or zero Mild Moderate Heavy

[LUNG CANCER RISK PERCEPTION]

[Q76] How often do you worry about getting lung cancer? Would you say:

- Rarely or never Sometimes Often Much or all of the time

[Q77] Compared to others your age who currently smoke, what do you think are your chances of being diagnosed with lung cancer during your lifetime? Are you:

- At much less risk At less risk At the same risk At higher risk At much higher risk

[FAMILY HISTORY OF CANCER]

The following questions refer to blood relatives that you have or have had. That is both living and deceased. And we will ask about full blood relatives and half-blood relatives.

- [Q81a] How many full sisters have you had, both living and deceased? [Full sisters]
- [Q81b] How many half-sisters have you had, both living and deceased? [Half-sisters]
- [Q81c] How many full brothers have you had, both living and deceased? [Full brothers]
- [Q81d] How many half-brothers have you had, both living and deceased? [Half-brothers]
- [Q81e] How many daughters have you had, both living and deceased? [Daughters]
- [Q81f] How many sons have you had, both living and deceased? [Sons]

[Q82] Were any of your blood relatives, including half-sisters and half-brothers, ever diagnosed with cancer? Do not include cancers of the skin other than melanoma.

- No [If No, go to Q101(Occupation)]
- Yes [If Yes, complete the table below.]
- Don't know

[Explanation if needed: Blood relatives include mother, father, sisters, brothers, half-siblings and children.]

[COMPLETE ONE ROW FOR EACH RELATIVE WITH	What type(s) of cancer did he/she have? [MARK ALL THAT APPLY]	At what age was he/she diagnosed with first cancer?
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Half-sister <input type="radio"/> Half-brother <input type="radio"/> Daughter <input type="radio"/> Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know <input type="radio"/> Other: _____	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or <input type="radio"/> Don't know
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Half-sister <input type="radio"/> Half-brother <input type="radio"/> Daughter <input type="radio"/> Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know <input type="radio"/> Other: _____	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or <input type="radio"/> Don't know
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[FAMILY HISTORY OF CANCER]

The following questions refer to blood relatives that you have or have had. That is both living and deceased. And we will ask about full blood relatives and half-blood relatives.

[COMPLETE ONE ROW FOR EACH RELATIVE WITH CANCER]	What type(s) of cancer did he/she have? [MARK ALL THAT APPLY]	At what age was he/she diagnosed with first cancer?
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Half-sister <input type="radio"/> Half-brother <input type="radio"/> Daughter <input type="radio"/> Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know <input type="radio"/> Other: _____	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or <input type="radio"/> Don't know
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Half-sister <input type="radio"/> Half-brother <input type="radio"/> Daughter <input type="radio"/> Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know <input type="radio"/> Other: _____	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or <input type="radio"/> Don't know
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Half-sister <input type="radio"/> Half-brother <input type="radio"/> Daughter <input type="radio"/> Son	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't know <input type="radio"/> Other: _____	<input type="radio"/> Less than 40 <input type="radio"/> 40 to 49 <input type="radio"/> 50 to 59 <input type="radio"/> 60 to 69 <input type="radio"/> 70 to 79 <input type="radio"/> Age 80 or <input type="radio"/> Don't know

[OCCUPATION] - Part 1

The following questions refer to your past and current occupations and the occupational exposures you have had.

[Q] Have you ever worked in any of the following occupations or had the following occupational exposures?

[If yes, ask the following question(s):]

[Q101a] Mining, either on the surface or underground?

- No DK
 Yes

[Q101b] How long did you work at this job or have this exposure?

Days Months Years

[Q101c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q102a] With asbestos, in any industry?

- No DK
 Yes

[Q102b] How long did you work at this job or have this exposure?

Days Months Years

[Q102c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q103a] With arsenic?

- No DK
 Yes

[Q103b] How long did you work at this job or have this exposure?

Days Months Years

[Q103c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q104a] With chromium?

- No DK
 Yes

[Q104b] How long did you work at this job or have this exposure?

Days Months Years

[Q104c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q105a] With uranium?

- No DK
 Yes

[Q105b] How long did you work at this job or have this exposure?

Days Months Years

[Q105c] Do you work at this job or have this exposure currently?

- No Yes DK

[OCCUPATION] - Part 2

[Q] Have you ever worked in any of the following occupations or had the following occupational exposures?

[CONTINUED]

[If yes, ask the following question(s):]

[Q106a] With radium? No DK
 Yes

[Q106b] How long did you work at this job or have this exposure?
 Days Months Years

[Q106c] Do you work at this job or have this exposure currently?
 No Yes DK

[Q107a] In a smelter? No DK
 Yes

[Q107b] How long did you work at this job or have this exposure?
 Days Months Years

[Q107c] Do you work at this job or have this exposure currently?
 No Yes DK

[Q108a] In a steel mill? No DK
 Yes

[Q108b] How long did you work at this job or have this exposure?
 Days Months Years

[Q108c] Do you work at this job or have this exposure currently?
 No Yes DK

[Q109a] In a coke oven? No DK
 Yes

[Q109b] How long did you work at this job or have this exposure?
 Days Months Years

[Q109c] Do you work at this job or have this exposure currently?
 No Yes DK

[Q110a] In a foundry? No DK
 Yes

[Q110b] How long did you work at this job or have this exposure?
 Days Months Years

[Q110c] Do you work at this job or have this exposure currently?
 No Yes DK

[OCCUPATION] - Part 3

[Q] Have you ever worked in any of the following occupations or had the following occupational exposures?

[CONTINUED]

[If yes, ask the following question(s):]

[Q111a] In a nuclear power plant?

- No DK
 Yes

[Q111b] How long did you work at this job or have this exposure?

Days Months Years

[Q111c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q112a] In roofing?

- No DK
 Yes

[Q112b] How long did you work at this job or have this exposure?

Days Months Years

[Q112c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q113a] With tars or asphalt?

- No DK
 Yes

[Q113b] How long did you work at this job or have this exposure?

Days Months Years

[Q113c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q114a] In construction?

- No DK
 Yes

[Q114b] How long did you work at this job or have this exposure?

Days Months Years

[Q114c] Do you work at this job or have this exposure currently?

- No Yes DK

[Q115a] In road construction?

- No DK
 Yes

[Q115b] How long did you work at this job or have this exposure?

Days Months Years

[Q115c] Do you work at this job or have this exposure currently?

- No Yes DK

[OCCUPATION] - Part 4

[Q] Have you ever worked in any of the following occupations or had the following occupational exposures?

[CONTINUED]

[If yes, ask the following question(s):]

[Q116a] Exposed to diesel fuel or exhaust fumes?

- No
- DK
- Yes

[Q116b] How long did you work at this job or have this exposure?

Days Months Years

[Q116c] Do you work at this job or have this exposure currently?

- No
- Yes
- DK

[Q117a] Which if these categories best describe your current working situation?

- Working
- Retired
- Unemployed
- Disabled
- Extended sick leave
- Other

Other:

[Q117a1] What was the job you held most often in your adult life?

[Q117b_1] In what industry was this job?

[Q117c] For how many years did you work at this job?

Years

[Q118a] What was the job you held 2nd most often in your adult life?

[Q118b] In what industry was this job?

[Q118c] For how many years did you work at this job?

Years

[Q119a] What was the job you held 3rd most often in your adult life?

[Q119b] In what industry was this job?

[Q119c] For how many years did you work at this job?

Years

MEDICAL AND PERSONAL HISTORY

SYMPTOMS

The following questions relate to your medical history.

[Q] Have you had any of the following symptoms in the last 6 months?

If yes, ask the following questions:

[Q121a] Shortness of breath?	<input type="radio"/> No	<input type="radio"/> Yes	[Q121b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q122a] Cough?	<input type="radio"/> No	<input type="radio"/> Yes	[Q122b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q123a] Coughing up phlegm?	<input type="radio"/> No	<input type="radio"/> Yes	[Q123b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q124a] Coughing up blood?	<input type="radio"/> No	<input type="radio"/> Yes	[Q124b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q125a] Hoarseness or loss of voice?	<input type="radio"/> No	<input type="radio"/> Yes	[Q125b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q126a] Wheeze?	<input type="radio"/> No	<input type="radio"/> Yes	[Q126b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q127a] Chest pain?	<input type="radio"/> No	<input type="radio"/> Yes	[Q127b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q128a] Poor appetite?	<input type="radio"/> No	<input type="radio"/> Yes	[Q128b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q129a] Fatigue or tiredness?	<input type="radio"/> No	<input type="radio"/> Yes	[Q129b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
[Q130a] Weight loss?	<input type="radio"/> No	<input type="radio"/> Yes	[Q130b] How long ago did this begin?	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Days	Mths	Yrs
			[Q130c] How much weight did you lose?	<input type="text"/>	<input type="text"/>	
				Lbs	Kg	

MEDICAL HISTORY

[Q131] In the last year on how many occasions have you had chest x-rays taken?

[Q132] In the last three years on how many occasions have you had chest x-rays taken?

[Q133] In the last year on how many occasions have you had computed tomography or CT scans of your chest?

[Q134] In the last three years on how many occasions have you had computed tomography or CT scans of your chest?

For females only:

[Q135] Have you had an ovariectomy or ovarian tissue removed?

No Yes [If Yes, go to Q136]

DK/Refuses

[Q136] How many ovaries were removed?

Part of an ovary One ovary

Both ovaries DK/Refused

COMORBIDITIES - Part 1

[Q] Have you ever been diagnosed by a medical practitioner, such as a doctor or nurse, as having any of the following?

If Yes, ask the following questions:

[Q151a] Tuberculosis of TB?

No Yes

[Q151b] At what age were you first diagnosed?

Years

[Q152a] HIV/AIDS?

No Yes

[Q152b] At what age were you first diagnosed?

Years

[Q153a] Diabetes?

No Yes

[Q153b] At what age were you first diagnosed?

Years

[Q153c] Is your diabetes being treated with insulin?

No Yes

[Q153d] Have you had any organ damage resulting from your diabetes, such as eye, nerve, kidney, or blood vessel problems?

No Yes
 DK

If Yes to [Q153d]:

[Q153e] Which problems did you develop?

[Q154a] Thyroid disorder, such as goiter or hyper or hypothyroidism?

No Yes

[Q154b] At what age were you first diagnosed?

Years

[Q154c] What was or were the disorders?

[Q155a] Immune system disease or low or poor immunity?

No Yes

[Q155b] At what age were you first diagnosed?

Years

[Q155c] What was the immune problem or the reason for the immune problem?

[Q156a] Allergies?

No Yes

[Q156b] At what age were you first diagnosed?

Years

[Q156c] What do you have allergies to?

COMORBIDITIES - Part 2

[Q] Have you ever been diagnosed by a medical practitioner, such as a doctor or nurse, as having any of the following?

If Yes, ask the following questions:

[Q157a] Anemia?

No Yes

[Q157b] At what age were you first diagnosed?

Years

[Q158a] Blood disease other than or in addition to anemia?

No Yes

[Q158b] At what age were you first diagnosed?

Years

[Q158c] What was the name of this blood disease?

[Q159a] Stroke?

No Yes

[Q159b] At what age were you first diagnosed?

Years

[Q159c] Did the stroke lead to any paralysis?

No Yes

[Q160a] Brain or nervous system disease, such as Parkinson's disease, or

No Yes

[Q160b] At what age were you first diagnosed?

Years

[Q160c] Which ones were you diagnosed with?

[Q161a] Coronary heart disease or hardening of the arteries?

No Yes

[Q161b] At what age were you first diagnosed?

Years

[Q162a] Angina?

No Yes

[Q162b] At what age were you first diagnosed?

Years

[Q163a] Heart attack or infarction?

No Yes

[Q163b] At what age were you first diagnosed?

Years

[Q163a1] High cholesterol?

No Yes

[Q163b1] At what age were you first diagnosed?

Years

COMORBIDITIES - Part 2

[Continued]

[Q] Have you ever been diagnosed by a medical practitioner, such as a doctor or nurse, as having any of the following?

If Yes, ask the following questions:

[Q164a] High blood pressure?

No Yes

[Q164b] At what age were you first diagnosed?

Years

[Q165a] Arrhythmia or irregular heart beat?

No Yes

[Q165b] At what age were you first diagnosed?

Years

[Q166a] Heart valve disease?

No Yes

[Q166b] At what age were you first diagnosed?

Years

[Q167a] Congestive heart failure?

No Yes

[Q167b] At what age were you first diagnosed?

Years

[Q168a] Peripheral vascular disease?

No Yes

[Q168b] At what age were you first diagnosed?

Years

[Q169a] Asthma?

No Yes

[Q169b] At what age were you first diagnosed?

Years

[Q170a] Emphysema?

No Yes

[Q170b] At what age were you first diagnosed?

Years

[Q171a] Chronic bronchitis?

No Yes

[Q171b] At what age were you first diagnosed?

Years

[Q172a] Chronic obstructive pulmonary disease or COPD?

No Yes

[Q172b] At what age were you first diagnosed?

Years

[Q173a] Pneumonia as an adult?

No Yes

[Q173b] At what age were you first diagnosed?

Years

[Q173c] As an adult, how many times have you had pneumonia?

Times

COMORBIDITIES - Part 3

[Q] Have you ever been diagnosed by a medical practitioner, such as a doctor or nurse, as having any of the following?

If Yes, ask the following questions:

[Q174a] Pulmonary fibrosis?

No Yes

[Q174b] At what age were you first diagnosed?

Years

[Q175a] Respiratory failure?

No Yes

[Q175b] At what age were you first diagnosed?

Years

[Q176a] Gastrointestinal bleeding?

No Yes

[Q176b] At what age were you first diagnosed?

Years

[Q176c] What were the sources of your gastrointestinal bleeding?

[Q177a] Liver disease, such as hepatitis or cirrhosis?

No Yes

[Q177b] At what age were you first diagnosed?

Years

[Q177c] Which liver disease were you diagnosed with?

[Q178a] Kidney disease?

No Yes

[Q178b] At what age were you first diagnosed?

Years

[Q178c] Did you develop kidney failure?

No Yes
 DK

[Q179a] Osteoporosis or osteopenia?

No Yes

[Q179b] At what age were you first diagnosed?

Years

[Q180a] Arthritis?

No Yes

[Q180b] At what age were you first diagnosed?

Years

[Q180c] What type of arthritis was diagnosed, rheumatoid arthritis, osteoarthritis, or you are not sure what type?

MEDICATIONS - Part 1

[Q] Have you used any of the following medications or drugs:

If Yes, ask the following questions:

[Q181a] Inhaled corticosteroids, such as beclomethasone, fluticasone, budesonide?

No Yes DK

[Q181b] For how long have you used it?

Days Mths Yrs

[Q181c] On average, how often have you used this medication?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q181d] Are you currently regularly using this medication?

No Yes DK

[Q182a] Prednisone?

No Yes DK

[Q182b] For how long have you used it?

Days Mths Yrs

[Q182c] On average, how often have you used this medication?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q182d] Are you currently regularly using this medication?

No Yes DK

[Q183a] Bronchodilators, such as salbutamol, formoterol, salmeterol, ipratropium, and tiotropium?

No Yes DK

[Q183b] For how long have you used it?

Days Mths Yrs

[Q183c] On average, how often have you used this medication?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q183d] Are you currently regularly using this medication?

No Yes DK

MEDICATIONS - Part 2

[Q] Have you used any of the following medications or drugs:

If Yes, ask the following questions:

[Q184a] Aspirin or acetylsalicylic acid, such as Bayer, Bufferin, Anacin, and baby aspirin?

No Yes DK

[Q184b] For how long have you used it?

Days Mths Yrs

[Q184c] On average, how often have you used this medication?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q184d] When you took aspirin, which strength did you usually use?

Extra-strength Regular strength (usually 325 mg) Light or children's strength (usually 81 mg) Some other strength Don't know

[Q184e] Are you currently regularly using this medication?

No Yes DK

[Q185a] Ibuprofen, which is often sold under the brand names of Advil, Motrim, Ibutab, Medipren, Midol and Nuprin?

No Yes DK

[Q185b] For how long have you used it?

Days Mths Yrs

[Q185c] On average, how often have you used this medication?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q185d] When you took ibuprofen, which strength did you usually use?

Extra-strength Regular strength Light or children's strength Some other strength Don't know

[Q185e] Are you currently regularly using this medication?

No Yes DK

[Q186a] Non-steroidal anti-inflammatory drugs or NSAIDS of any kind other than aspirin or ibuprofen? These might include Naproxen, such as Aleve or Naprosyn, Indomethacin such as In?

No Yes DK

[Q186b] For how long have you used one or more of these drugs?

Days Mths Yrs

[Q186c] On average, how often have you used any of these drugs?

Less than 1 time per month 1 to 3 times per month 1 to 2 times per week 3 to 6 times per week 7 or more times per week

[Q186d] Which ones have you been using?

[Q186e] Are you currently regularly using one of these medications?

No Yes DK

MEDICATIONS - Part 3

[Q] Have you used any of the following medications or drugs:

If Yes, ask the following questions:

[Q187a] Statins, such as Lipitor, Zocor, Pravachol, Mevacor or Crestor?

No Yes DK

[Q187b] For how long have you used one or more of these drugs?

Days Mths Yrs

[Q187c] Are you currently regularly using one of these medications?

No Yes DK

The following questions are for women only.

[Q187a1] Did you ever take birth control pills?

No Yes DK

[Q187b1] For how long did you take birth control pills?

Yrs

[Q188a] Did you ever take hormone replacement therapy for menopause?

No Yes DK

[Q188b] For how long did you take hormone replacement medications?

Yrs

PERSONAL HISTORY OF CANCER

[Q191] Have you been diagnosed with any cancer(s)? Do not include cancers of the skin other than melanoma.

- No If No, go to Q201a (Race/Ethnicity)
 Yes If Yes, complete the table below.
 DK

Complete a separate row for each cancer:

	[Q] What type of cancer do you have?	[Q] At what age was your cancer diagnosed?
Cancer 1	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't Know <input type="radio"/> Other _____	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>
Cancer 2	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't Know <input type="radio"/> Other _____	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>
Cancer 3	<input type="radio"/> Breast <input type="radio"/> Lymphoma <input type="radio"/> Leukemia <input type="radio"/> Prostate <input type="radio"/> Colorectal <input type="radio"/> Lung <input type="radio"/> Endometrial <input type="radio"/> Ovarian <input type="radio"/> Bladder <input type="radio"/> Don't Know <input type="radio"/> Other _____	<div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div>

SELECTED DEMOGRAPHIC & EXPOSURE INFORMATION

The following is the last section of the questionnaire and it asks about your background and some exposures that are thought to influence health.

RACE/ETHNICITY

[Q201a] What race do you consider yourself to be? Select one or more of the following:

- | | |
|--|---|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Aboriginal | <input type="radio"/> Black or African Canadian |
| <input type="radio"/> Pacific Islander | |
| <input type="radio"/> Refusal or Do not know | <input type="radio"/> Other |

If Other: [Q201b] By Other what do you mean?

Assistance: If the subject asks for clarification regarding race, you can offer all or part of the following as is appropriate:

- White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Aboriginal: includes persons who are First Nation, Inuit or Metis.
- Black or African Canadian: a person having origins in any of the black racial group of Africa.
- Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Note: "Canadian" is not considered an adequate response.

[Q202a] Were you born in Canada?

- No Yes If Yes born in Canada, go to [Q203]
 Don't know

[Q202b] In what year did you come to live in Canada?

Enter 9999 if unknown

[Q203] In the last 20 years, in which Canadian province or territory have you lived in for the longest period of time?

- | | | |
|---|--|--|
| <input type="radio"/> Newfoundland/Labrador | <input type="radio"/> Ontario | <input type="radio"/> North West Territories |
| <input type="radio"/> Nova Scotia | <input type="radio"/> Manitoba | <input type="radio"/> Yukon |
| <input type="radio"/> New Brunswick | <input type="radio"/> Saskatchewan | <input type="radio"/> Unknown |
| <input type="radio"/> Prince Edward Island | <input type="radio"/> Alberta | |
| <input type="radio"/> Quebec | <input type="radio"/> British Columbia | |

EDUCATION

[Q211] What is the highest level of education you have completed?

- 8th grade or less 9th to 11th grade High school graduate Technical/Vocational school certificate
- Associate degree / some college Bachelor's degree Advanced degree Don't know or no response offered

ALCOHOL CONSUMPTION

[Q221] Have you in your life ever regularly consumed alcohol drinks, that is had more than one drink per week for a period of 6 months or more?

- No If No or DK/Refuses, skip to next section, go to [Q231].
- Yes If Yes, go to [Q222]
- DK/Refuses

[Q222] At what age did you first start drinking regularly?

[Q223] When you were drinking, on average, how many beers did you drink per week?

1 beer = 12 oz

[Q224] When you were drinking, on average, how many glasses of wine did you drink per week?

1 glass = 5oz

[Q225] When you were drinking, on average, how many shots of hard liquor did you drink per week?

1 shot = 1.5 oz

[Q226] Do you currently consume alcoholic drinks regularly?

- No If No, go to [Q227]
- Yes If Yes, go to [Q231], next section
- DK/Refuses

[Q227] At what age did you stop drinking regularly?

Years

MARIJUANA, HASHISH, & OTHER INHALED RECREATIONAL DRUG USE

[Q231] Have you ever regularly smoked marijuana or hashish, that is, on one or more occasions per month for three or more consecutive months?

- No Yes
 DK/Refuses

If No or DK/Refuses, go to [Q236]

[Q232] How old were you when you started smoking marijuana/hashish regularly?

Years

[Q233] For how many years did you smoke marijuana/hashish?

Years

[Q234] On average, how many times a month did you smoke marijuana/hashish?

Years

[Q235] Do you smoke marijuana/hashish now?

- No Yes

[Q236] Have you ever smoked cocaine, heroin, salvia or other recreational drugs regularly, that is, on one or more occasions per month for three or more months?

- No Yes
 DK/Refuses

If No or DK/Refuses, the Questionnaire/interview is over. Go to bottom of page to finish.

If Yes, complete table below.

Explanation: This question refers to crack cocaine, heroin smoking or smoking of salvia, a plant which is smoked to produce "psychedelic" effects. This study concerns risk of lung cancer and this question specifically refers to inhaled drugs, which might be related to lung damage and cancer risk.

[Q237] Which one(s) have you smoked?

FOR EACH RECREATIONAL DRUG, COMPLETE ONE ROW

[Q237] Recreational Drugs	[Q238] How old were you when you started smoking?	[Q239] For how long have you smoked?	[Q240] Do you smoke now?	[Q242] On average, how many times per month did you smoke?
<input type="radio"/> Cocaine <input type="radio"/> Heroin <input type="radio"/> Salvia <input type="radio"/> Other: _____	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 60px; height: 20px;" type="text"/>
<input type="radio"/> Cocaine <input type="radio"/> Heroin <input type="radio"/> Salvia <input type="radio"/> Other: _____	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 60px; height: 20px;" type="text"/>
<input type="radio"/> Cocaine <input type="radio"/> Heroin <input type="radio"/> Salvia <input type="radio"/> Other: _____	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input style="width: 60px; height: 20px;" type="text"/>

This ends the questionnaire. Thanks you very much for your participation and valuable contribution to medical research. Do you have any questions at this time?