

National Lung Screening Trial (NLST)

ANNUAL STUDY UPDATE – POST SCREENING (ASU-PS)

For Office Use Only

Screening Center ID: __ __ Screening Center Staff ID: __ __ __ __ Study Year: T __	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; background-color: #cccccc; padding: 5px;"> Initials Complete: _____ Initials QC: _____ </td> <td style="width: 40%;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 20px 0;"> <div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;">Participant ID Label</div> </td> </tr> </table>	Initials Complete: _____ Initials QC: _____		<div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;">Participant ID Label</div>	
Initials Complete: _____ Initials QC: _____					
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Please answer the following questions as best you can. If you cannot remember an exact date, please provide an approximate date.

- 1. In the period from (____/____/____) to the present, have you been diagnosed with cancer by a health care provider?** Yes
 (Do not include basal-cell or squamous-cell skin cancers.) No (If no, go to Item 4)

- 2. What type of cancer was diagnosed?** (Please record all cancers diagnosed during this period except basal-cell and squamous-cell skin cancers.)

Type/Site of Cancer (breast, lung, etc)	Date of Diagnosis	Hospital or Clinic Where the Cancer was Diagnosed
A. _____	____/____/____	_____
B. _____	____/____/____	_____
C. _____	____/____/____	_____

- 3. What is the name, phone number and address of the health care provider who diagnosed the most recent cancer?**

FULL NAME OF PROVIDER OR CLINIC

STREET ADDRESS 1

STREET ADDRESS 2

SUITE OR OFFICE NO

CITY

STATE

ZIP

TELEPHONE 1

TELEPHONE 2

FAX NUMBER:

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(OVER)

4. Have you smoked any cigarettes, even a puff, in the last seven days?

- Yes*
- No

***If you are a smoker and would like to quit smoking, we would like you to know that FREE information about quitting is available by calling 1-800/QUIT-NOW (1-800/784-8669) or by accessing www.smokefree.gov. They can provide information to you by mail or by telephone. They have helped many smokers, and, again, their services are free.**

5. Who completed this questionnaire? (Please mark one)

- Study Participant
- Spouse
- If someone else provided this information, please specify their name and relationship:

Name and Relationship: _____

6. What is today's date? |__|__| |__|__| |__|__|__|__|
MONTH DAY YEAR

7. Comments: _____

Thank you for completing this questionnaire. Please return this form in the enclosed envelope.

(SC Name)
(Address)