UK Lung Cancer Screening Questionnaire

All the information you give us is treated as strictly confidential and will only be used in our research

Please complete the questionnaire in black ink and return in the freepost envelope provided

HOW TO FILL IN THIS QUESTIONNAIRE

This questionnaire will be processed automatically. For this reason it is important that:
- the questionnaire does not crease;
- this questionnaire is filled out with a ***black*** or ***blue pen*** (no red or green felt pen)

Example 1:
Gender ☐ Male ☒ Female (you have indicated that you are a female)

If you have ticked accidentally the wrong checkbox, you must shade this box entirely.
Gender ☒ Male ■ Female (you have now indicated that you are a male)

SECTION 1 Questions about your health and job

1. ***Have you ever been diagnosed with any of the following conditions?***
(If yes, please indicate the age at diagnosis for that condition)

	Yes	No	Age at Diagnosis: Less than 40	40-49	50-55	56-60	61-65	66-70	70+
Asthma	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bronchitis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Emphysema	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pneumonia	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐	☐	☐	☐	☐
Chronic Obstructive Pulmonary Disease (COPD)	☐	☐	☐	☐	☐	☐	☐	☐	☐

2. ***Have you ever had any of the following masses, lumps or tumours that were diagnosed as malignant or cancerous?***

	Yes	No
Hodgkins Disease	☐	☐
Leukaemia	☐	☐
Lymphoma	☐	☐
Mesothelioma	☐	☐
Skin growths	☐	☐

3. if you have been diagnosed with cancer, please complete the appropriate section

Type of cancer	Tumour	*Years since diagnosis* Within 5 years	Greater than 5 year
Brain	☐	☐	☐
Head/Neck	☐	☐	☐
Oesophagus	☐	☐	☐
Lung	☐	☐	☐
Breast	☐	☐	☐
Colon (Bowel)	☐	☐	☐
Other	☐	☐	☐

4. Can you recall any job or activity in which you were exposed to asbestos?

☐ Yes ☐ No

If yes, how many years in total were you exposed to asbestos?

☐1 ☐2 ☐3 ☐4+

SECTION 2 Family history of cancer

1. How many brothers, sisters, sons and daughters (first degree relatives) do you have?

Please skip this question if you are adopted

	1	2	3	4+
Brothers	☐	☐	☐	☐
Sisters	☐	☐	☐	☐
Sons	☐	☐	☐	☐
Daughters	☐	☐	☐	☐

2. Have any of your first degree relatives (including parents) had a diagnosis of cancer?

☐ Yes ☐ No (If Yes, please provide details below. If No please go to section 3)

Type of cancer	Father		Mother		brother		sister		son
Age at diagnosis	less than 60 yrs	greater than 60 yrs	less than 60 yrs	greater than 60 yrs	less than 60 yrs	greater than 60 yrs	less than 60 yrs	greater than 60 yrs	or daughter
Brain	☐	☐	☐	☐	☐	☐	☐	☐	☐
Head/Neck	☐	☐	☐	☐	☐	☐	☐	☐	☐
Oesophagus	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lung	☐	☐	☐	☐	☐	☐	☐	☐	☐
Breast	☐	☐	☐	☐	☐	☐	☐	☐	☐
Colon (Bowel)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐	☐	☐	☐	☐

SECTION 3 Questions about your smoking history

1. ***Have you ever smoked more than 10 cigarettes per week regularly?***

☐ Yes ☐ No (If No please go to question 5)

2. ***How old were you when you first started smoking more than 10 cigarettes each week?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+

3. ***How old were you when you stopped smoking cigarettes?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+ ☐ Still smoking

4. ***Please indicate which types of cigarette and the number you have smoked***

				Number per day					
	Filter	Plain	Hand rolled	0-9	10-19	20-29	30-39	40-49	50+
High Tar	☐	☐	☐	☐	☐	☐	☐	☐	☐
Low Tar	☐	☐	☐	☐	☐	☐	☐	☐	☐
Don't know	☐	☐	☐	☐	☐	☐	☐	☐	☐

5. ***Have you ever smoked one or more cigars per day regularly?***

☐ Yes ☐ No (If No please go to question 9 below)

6. ***How old were you when you first started smoking one or more cigars per day?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+

7. ***How old were you when you stopped smoking cigars?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+ ☐ Still smoking

8. ***How many cigars did you smoke per day?***

☐ 1-5 ☐ 6-10 ☐ 11-15 ☐ More than 15

9. ***Have you ever smoked one or more pipes of tobacco per day regularly?***

☐ Yes ☐ No (If No please go to section 4)

10. ***How old were you when you first started smoking a pipe?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+

11. ***How old were you when you stopped smoking a pipe?***

☐ 10-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50+ ☐ Still smoking

12. ***How many ozs did you smoke each day?***

☐ 1/2 ☐ 1 ☐ 2 ☐ More than 2

SECTION 4 PREVIOUS X RAYS

1. ***Have you had a previous X Ray of your chest in the last 12 months***

   ☐ Yes ☐ No

2. ***Have you had a previous CT scan of your chest in the last 12 months***

   ☐ Yes ☐ No

SECTION 5 Lung Cancer Screening

1. ***If you are invited to have Lung Cancer Screening using a CT scan, how likely is it that you will accept an invitation?***

   Highly likely ☐
   Quite likely ☐
   Unlikely ☐
   Definitely not ☐

2. ***If you are a smoker, are you considering giving up smoking?***

   Yes definitely ☐
   Yes possibly ☐
   Not really ☐
   Definitely not ☐

نقوم بإجراء تجارب فحص سرطان الرئة في منطقتك، وقد حصلنا على التفاصيل الخاصة بك من أمانة الرعاية الأولية (PCT) الخاصة بك. إذا كنت ترغب في معرفة المزيد عن التجارب، وتود كذلك التفكير في المشاركة، يرجى إرسال اسمك وعنوانك واللغة المفضلة إلىUKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

我們現正在你所在之地區進行肺癌普查，並已透过PCT獲得了閣下的個人資料。如閣下希望了解更多詳情及參加是次普查活動，請將姓名、地址及所選語言等資料郵寄至UKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

हम आपके क्षेत्र में फेफड़े के कैंसर का स्क्रीनिंग परीक्षण कर रहे हैं, और आपके ब्यौरे हमें आपके PCT से प्राप्त हुए थे। यदि आप इस परीक्षण के बारे में और जानना चाहते हों तथा इसमें भाग लेना चाहते हों, तो अपना नाम, पता और पसंदीदा भाषा निम्नलिखित को भेजें: UKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

我们正在您所在地区进行肺癌筛查试验，PCT为我们提供了您的详细资料。如果您想了解更多有关该试验的信息，并可以考虑参与，请将您的姓名、地址和首选语言发送到UKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

Waxaannu aaggaaga ka samaynaynaa baarid tijaabo ah oo kansarka sambabbada ah, waxaana xogtaada ina siiyey PCT. Haddii aad jeclaan lahayd in aad wax badan ka ogaato tijaabada oo aad rabi lahayd in aad ka fikirto ka-qaybgelid, fadlan ku soo dir magacaaga, cinwaankaaga iyo luqadda aad doorbiddid halkaan : UKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

ਅਸੀਂ ਤੁਹਾਡੇ ਇਲਾਕੇ ਵਿਚ ਫੇਫੜੇ ਦੇ ਕੈਂਸਰ ਦੇ ਮੁਆਇਨੇ ਲਈ ਸਕ੍ਰੀਨਿੰਗ ਕਰ ਰਹੇ ਹਾਂ ਅਤੇ ਤੁਹਾਡੇ ਵੇਰਵੇ, ਤੁਹਾਡੇ ਫ਼ਓ ਵਲੋਂ ਉਪਲਬਧ ਕਰਾਏ ਗਏ ਹਨ। ਜੇ ਤੁਸੀਂ ਇਸ ਮੁਆਇਨੇ ਬਾਰੇ ਹੋਰ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਅਤੇ ਹਿੱਸਾ ਲੈਣ ਬਾਰੇ ਵਿਚਾਰਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਆਪਣਾ ਨਾਂ, ਪਤਾ ਅਤੇ ਤਰਜੀਹੀ ਭਾਸ਼ਾ ਇਥੇ ਭੇਜੋ ਪ ਓਂਛ, ਓਅਜਤਕਗਤਜਵਥ ਹਾਂ ਜਤਕਗਥਰਰ;. ਨ;ਰਚਾ ਙ. ਗੁਵਕਗੀਰਚਤਕ ਨਚਜ;ਦਜਅਪ,1-3 ਨਗਗਮਅ;ਗਮ ਛਵਗਕਕਵ, ਜਤਕਗਥਰਰ;. :69 3ਤ

Okolica, w której mieszkasz, została objęta pilotażowym programem badań przesiewowych w zakresie wczesnej diagnostyki raka płuc. Twoje dane osobowe zostały przekazane przez centrum opieki zdrowotnej PCT. Jeśli chcesz otrzymać więcej informacji na ten temat lub jesteś zainteresowany/-a wzięciem udziału w badaniach, wyślij imię i nazwisko, adres i język, którym chcesz się posługiwać, na adres:, UKLS, University of Liverpool, Block C, Waterhouse Building,1-3 Brownlow Street, Liverpool, L69 3GL

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