

Lung Cancer v3 HRA Questions



Questions	Potential Answers
Age	
Sex	Male Female
Height	
Weight	
Ethnicity	White African American Hispanic or Latino Asian or Pacific Islander American Indian or Alaska Native Other Unknown/no answer
What is your smoking status?	Never smoked Quit smoking (more than 1 year) Quit smoking (less than 1 year) Smoked within 30 days
How many years has it been since you quit smoking?	x years 'NA' (smoker = 'current' OR 'never' OR 'former_less')
Minutes of weekly exercise	x minutes of moderate activity x minutes of vigorous activity
Primary care physician My last checkup was	I do not have a primary care physician I have a primary care physician Less than 1 year ago 1 to 2 years ago More than 2 years ago N/A (primaryCarePhysician_has = '0')
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars

	Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)
What type of tobacco did/do you use and for how long?	Cigarettes Cigarillos Cigars Pipe Loose tobacco Water pipe (not answered) xx <history_type1> per day/week (not answered) for xx years (not answered)
Do you have a parent, brother, sister, or child who has/had a smoking-related cancer?	Yes No I don't know
Do you have any of these conditions? (check all that apply)	Chronic obstructive pummonary disease (COPD) Pulmonary fibrosis Smoking-related cancer (but not lung cancer) None of these
Do either of these apply to you? (check all that apply)	I've had radiation therapy to the chest I've been exposed to someone else's smoke (second-hand smoke) on a regular basis (daily or weekly) Neither of these applies to me
Have you had had regular (8+ hours a week) or prolonged (at least 1 year) exposure to these things? (check all that apply)	Air pollution Radon Asbestos None of these
Have you had had regular (8+ hours a week) or prolonged (at least 1 year) exposure to these workplace pollutants? (check all that apply)	Dusts Industrial substances Inhaled chemicals or minerals None of these