

Lung Cancer HRA Questions



Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and Someone Else selected text if applicable.
Email Address		Optional - can toggle off email capture. Can also customize the page
Sex at Birth	Male Female	Required & Not Customizable
Height		Required & Not Customizable
Weight		Required - can customize whether you want BMI calculation shown on
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment.'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you smoke tobacco?	No, never No, I quit more than a year ago No, I quit in the past year Yes	Required and not customizable
How many years has it been since you quit smoking?	x years 'NA' (smoker = 'current' OR 'never' OR 'former_less') (not answered)	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking,
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs
Do you have a (specialist name)? Default: cardiologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name (label is customizable)	Physician Name	Optional additional question
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)	Required and not customizable
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)	Required and not customizable
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)	Required and not customizable

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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)	Required and not customizable
Do you have a parent, brother, sister, or child who has/had a smoking-related cancer?	Yes No I don't know (not answered)	Required and not customizable
Do you have any of these conditions? (check all that apply)	Chronic obstructive pulmonary disease (COPD) Pulmonary fibrosis Smoking-related cancer (but not lung cancer) None of these	Required and not customizable
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 Neither of these apply to me	Required and not customizable
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	Required and not customizable
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	Required and not customizable