Registered User

Who is filling out the lung cancer questionnaire?
The patient (person diagnosed with lung cancer)
Spouse
Parent
Child
Legal guardian
Other relative
Other non-relative

What is the patient's marital status?
If patient has passed away, choose the marital status at the time of death.
Currently married/partnered
Divorced
Never married
Separated
Widowed
Unsure
Prefer not to answer

What is the highest level of school the patient has COMPLETED?
Less than 7th grade
Junior High School (7th, 8th, & 9th grade)
Partial High School (10th or 11th grade)
High School graduate
Partial college or specialized training
College or university graduate
Graduate professional training
Master's degree
Doctoral degree
Unsure
Prefer not to answer

Symptoms

What were the patient's symptoms before diagnosis of lung cancer? (Select all that apply.)
No symptoms
Cough
Shortness of breath
Fatigue
Weight loss
Wheezeing
Difficulty swallowing
Hoarseness
Pain
Unsure
Other (please specify)

Did the patient have a lung cancer screening exam (done by low-dose CT) to find the patient's cancer?
Yes
No
Unsure

Pre-Diagnosis

Who did the patient first see regarding symptoms?
Not applicable
Allergy/ENT
Cardiologist
Emergency room physician
Nurse practitioner
Orthopedics
Physician's assistant
Primary care physician
Pulmonologist
Urgent care
Unsure
Other (please specify)

How long did the patient have symptoms before being diagnosed with lung cancer?
Not applicable
Less than one month
1 month
2 months
3 months
4 months
5 months
6 months
7 months
8 months
9 months
10 months
11 months
12 months
13 - 15 months
16 - 18 months
19 - 21 months
22 - 24 months
25 - 27 months
28 - 30 months
31 - 33 months
34 - 36 months
More than 3 years
Unsure
Other

Did the patient receive initial treatment for something other than lung cancer?

Yes
No
Unsure

Non Lung Cancer Treatment

What was the patient treated for? (Select all that apply.)

Allergies
Asthma
Bronchitis
Chronic obstructive pulmonary disease COPD (including Emphysema)
Pneumonia
Unsure
Other (please specify)

How long was the patient treated for something other than lung cancer?

<table>
<thead>
<tr>
<th>Answer Columns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months/Years</td>
</tr>
<tr>
<td>Not applicable</td>
</tr>
<tr>
<td>Less than one month</td>
</tr>
<tr>
<td>1 month</td>
</tr>
<tr>
<td>2 months</td>
</tr>
<tr>
<td>3 months</td>
</tr>
<tr>
<td>4 months</td>
</tr>
<tr>
<td>5 months</td>
</tr>
<tr>
<td>6 months</td>
</tr>
<tr>
<td>7 months</td>
</tr>
<tr>
<td>8 months</td>
</tr>
<tr>
<td>9 months</td>
</tr>
<tr>
<td>10 months</td>
</tr>
<tr>
<td>11 months</td>
</tr>
<tr>
<td>12 months</td>
</tr>
<tr>
<td>13-15 months</td>
</tr>
<tr>
<td>16-18 months</td>
</tr>
<tr>
<td>19-21 months</td>
</tr>
<tr>
<td>22-24 months</td>
</tr>
<tr>
<td>25-27 months</td>
</tr>
<tr>
<td>28-30 months</td>
</tr>
<tr>
<td>31-33 months</td>
</tr>
<tr>
<td>34-36 months</td>
</tr>
</tbody>
</table>

Answers

Allergies
Asthma
Bronchitis
Chronic obstructive pulmonary disease COPD (including Emphysema)
Pneumonia
Other
Diagnosis

What type of lung cancer was the patient diagnosed with?
Non-Small Cell - Unsure what kind
Non-Small Cell - Adenocarcinoma
Non-Small Cell - Squamous cell carcinoma
Non-Small Cell - Large cell
Neuroendocrine/carcinoid
Small cell
Unsure
Other (please specify)

What was the date of the patient's diagnosis?
If you do not know the exact date please pick the closest date based on your best memory.

Date

What diagnostic tests did the patient have when being diagnosed with lung cancer?
(Select all that apply.)
Biopsy
Bone scan
Brain MRI
Bronchoscopy
CT
Liquid biopsy (blood, urine, sputum)
PET/CT
Surgery
X-ray
Unsure
Other (please specify)

What stage of lung cancer was the patient diagnosed with?
Stage definitions can vary. For example, some individuals receive a stage 1 diagnosis while others receive a 1A, 1B. Choose the stage that most closely represents the stage assigned at diagnosis.
Stage 0
Stage I
Stage I A
Stage I B
Stage II
Stage II A
Stage II B
Stage III
Stage III A
Stage III B
Stage III C
Stage IV
Stage IV A
Stage IV B
Small cell extensive
Small cell limited
Unsure
Other (please specify)

Where was the location of the patient's primary tumor at diagnosis? (Select all that apply.)
Upper LEFT lobe
Lower LEFT lobe
Upper RIGHT lobe
Middle RIGHT lobe
Lower RIGHT lobe
Unsure
Other (please specify)

Did the patient seek a second opinion after diagnosis?
Yes
No
Unsure

Has the patient been diagnosed with another type of cancer?
Note: This is a separate primary cancer, not a lung cancer that has spread to another part of a body.
Yes
No
Unsure

Other Cancer History
What other cancer has the patient had? (Select all that apply.)
Adrenal cancer
Anal cancer
Bile duct cancer
Bladder cancer
Bone cancer
Brain cancer (childhood)
Brain cancer (adult)
Breast cancer
Cancer of unknown primary origin (CUP)
Cervical cancer
Colon/rectal cancer
Endometrial (uterine) cancer
Esophagus cancer
Eye cancer (melanoma)
Eye cancer (retinoblastoma)
Gallbladder cancer
Gastrointestinal carcinoid tumor
Gastrointestinal stromal tumor (GIST)
Hodgkin's disease
Kaposi's sarcoma
Kidney cancer
Larynx/throat cancer
Leukemia (unknown type)
Leukemia (ALL)
Leukemia (AML)
Leukemia (CLL)
Leukemia (CML)
Leukemia (other type)
Liver cancer
Lymphoma (non-Hodgkin's)
Malignant mesothelioma
Multiple myeloma
Myelodysplastic syndrome
Nasopharyngeal cancer
Neuroblastoma
Oral cavity (mouth or tongue) cancer
Osteosarcoma
Ovarian cancer
Pancreatic cancer
Pituitary tumor
Prostate cancer
Rhabdomyosarcoma
Salivary gland cancer
Skin cancer - basal or squamous cell
Skin cancer - melanoma
Skin cancer - Merkel cell soft tissue sarcoma
Stomach cancer
Testicular cancer
Thymus cancer
Thyroid cancer
Uterine sarcoma
Vaginal cancer
Vulvar cancer
Waldenstrom macroglobulinemia
Wilm's tumor
Other (please specify)

**Biomarker Testing / Molecular Testing**

Which type of molecular, biomarker, or genomic testing did the patient have? (Select all that apply.)
Molecular tests are lab tests used to identify specific changes in your tumor. These tests can help guide treatment plans in some cases.

Not applicable - patient has not received biomarker / molecular testing.
Single gene tests (such as EGFR, ALK, or ROS1)
Broad tests for many genes (such as Oncomine DX or FoundationOne CDx)
Liquid biopsy (testing of blood, such as Guardant360)
Protein or IHC based testing (such as PD-L1)
Unsure
Other, (please specify)

**Known Biomarker / Molecular Markers**

When did the patient FIRST have biomarker testing (also known as molecular testing)?

At initial diagnosis
At progression
At recurrence
Unsure
Other (please specify)

Has the patient tested positive for any of the following? (Select all that apply.)

Did not test positive for a biomarker
ALK
BRAF
EGFR
HER2
KRAS
MEK
MET
NRAS
NTRK1/2/3
PD-L1
PIK3CA
RET
ROS1
MSI (Microsatellite Instability) Positive
TMB (Tumor Mutational Burden) High
Unsure
Other (please specify)

**EGFR**

Has the patient tested positive for any of the following? (Select all that apply.)

T790M
L858R
Exon 19 deletion
Exon 20 insertion
C797S
Unsure
Other, (please specify)

**ALK**

Has the patient tested positive for any of the following (Select all that apply.)

- G1202R
- L1196M
- F1174L
- E1210K
- G1202 deletion
- I1171T
- S1206Y
- Unsure
- Other, (please specify)

**KRAS**

Has the patient tested positive for any of the following? (Select all that apply.)

- G12C
- G12D
- G12V
- G13D
- Unsure
- Other, (please specify)

**ROS1**

Has the patient tested positive for any of the following? (Select all that apply.)

- G2032R
- D2033N
- S1986F
- S1986Y
- L2026M
- L1951R
- Unsure
- Other, (please specify)

**PD-L1**

What was the result of the patient’s PD-L1 test?

- 0
- Between 1% and 49%
- Greater than or equal to 50%
- Unsure

**Participant Status**

Is the patient living?
Deceased Information
What was the date of death?

Date

Treatment-Therapy
Was the patient offered treatment for the lung cancer?

Yes
No
Unsure

What is the patient's current line of therapy? *(If the patient is deceased, please provide their line of therapy at the time of passing.)*

A 'line of therapy' includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient's cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

*If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.*

Not applicable - patient not currently receiving treatment or therapy
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Unsure
Other, (please specify)

Current Chemotherapy 1
Is the patient currently receiving chemotherapy?

Yes
No
Unsure

Current Chemotherapy

What is the patient's CURRENT type of chemotherapy treatment? (Select all that apply.)

Bevacizumab (Avastin)
Carboplatin (Paraplat, Paraplatin)
Cisplatin (Platinol, Platinol AQ)
Docetaxel (Taxotere)
Doxorubicin (Adriamycin)
Epirubicin (Ellence)
Etoposide (Toposar, VePesid)
Everolimus (Afinitor)
Gemcitabine Hydrochloride (Gemzar)
Ifosfamide (Ifex)
Irinotecan (Camptosar, CPT-11)
Lurbinectedin (Zepsyre)
Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ)
Nab-paclitaxel (Abraxane)
Pemetrexed Disodium (Alimta)
Ramucirumab (Cyramza)
Temozolomide (Temodar)
Topotecan Hydrochloride (Hycamtin)
Vinblastine (Velban)
Vinorelbine (Navelbine)
Other
Unsure

How many cycles of chemotherapy has the patient had?

Treatment cycles: in medicine, a course of treatment that is repeated on a regular schedule with periods of rest in between. For example, treatment given for one week followed by three weeks of rest is one treatment cycle.

1
2
3
4
5
6
7
8
9
10
Unsure
Other (please specify)
Has the patient been placed on maintenance chemotherapy?
*Chemotherapy that is started immediately following the completion of another therapy in order to continue (or maintain) a response to the prior treatment.*

Yes
No
Unsure

If so, what type?
Not applicable, the patient was not placed on maintenance chemotherapy.
Pemetrexed Disodium (Alimta)
Bevacizumab (Avastin)
Other (please specify)

Current Chemotherapy - Bevacizumab (Avastin)
When did the patient start receiving Bevacizumab (Avastin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Carboplatin (Paraplat, Paraplatin)
When did the patient start receiving Carboplatin (Paraplat, Paraplatin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Cisplatin (Platinol, Platinol AQ)
When did the patient start receiving Cisplatin (Platinol, Platinol AQ) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Docetaxel (Taxotere)
When did the patient start receiving Docetaxel (Taxotere) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Doxorubicin (Adriamycin)
When did the patient start receiving Doxorubicin (Adriamycin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Epirubicin (Ellence)
When did the patient start receiving Epirubicin (Ellence) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Current Chemotherapy - Etoposide (Toposar, VePesid)
When did the patient start receiving Etoposide (Toposar, VePesid) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Chemotherapy - Everolimus (Afinitor)
When did the patient start receiving Everolimus (Afinitor) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Gemcitabine Hydrochloride (Gemzar)
When did the patient start receiving Gemcitabine Hydrochloride (Gemzar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Ifosfamide (Ifex)
When did the patient start receiving Ifosfamide (Ifex) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Irinotecan (Camptosar, CPT-11)
When did the patient start receiving Irinotecan (Camptosar, CPT-11) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Lurbinectedin (Zepsyre)
When did the patient start receiving Lurbinectedin (Zepsyre) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate
When did the patient start receiving Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Nab-paclitaxel (Abraxane)
When did the patient start receiving Nab-paclitaxel (Abraxane) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Pemetrexed Disodium (Alimta)
When did the patient start receiving Pemetrexed Disodium (Alimta) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Ramucirumab (Cyramza)
When did the patient start receiving Ramucirumab (Cyramza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Temozolomide (Temodar)
When did the patient start receiving Temozolomide (Temodar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Topotecan Hydrochloride (Hycamtin)
When did the patient start receiving Topotecan Hydrochloride (Hycamtin) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Vinblastine (Velban)
When did the patient start receiving Vinblastine (Velban) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Vinorelbine (Navelbine)
When did the patient start receiving Vinorelbine (Navelbine) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Other
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Chemotherapy - Unsure
When did the patient start receiving the drug treatment?
If you remember the start and end dates for a medication but do not recall the name, enter those dates below. If you do not remember treatment dates, click next at the bottom of the page.

Date started

Current Targeted Therapy 1
Is the patient currently receiving targeted therapy?

Yes
No
Unsure

Current Targeted Therapy
What is the patient's CURRENT type of targeted therapy?

Afatinib (Gilotrif)
Alectinib (Alecensa)
Brigatinib (Alunbrig)
Ceritinib (Zykadia)
Cetuximab (Erbitux)
Crizotinib (Xalkori)
Dabrafenib (Tafinlar)
Dacomitinib (Vizimpro)
Entrectinib (Rozlytrek)
Erlotinib (Tarceva)
Gefitinib (Iressa)
Larotrectinib (Vitrakvi)
Lorlatinib (Lorbrena)
Necitumumab (Portrazza)
Osimertinib (Tagrisso)
Pralsetinib (BLU-667)
Selpercatinib (LOXO-292)
Trametinib (Mekinist)
Other
Unsure

Current Targeted Therapy - Afatinib (Gilotrif)
When did the patient start receiving Afatinib (Gilotrif) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Targeted Therapy - Alectinib (Alecensa)
When did the patient start receiving Alectinib (Alecensa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Targeted Therapy - Brigatinib (Alunbrig)
When did the patient start receiving Brigatinib (Alunbrig) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Targeted Therapy - Ceritinib (Zykadia)
When did the patient start receiving Ceritinib (Zykadia) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

Current Targeted Therapy - Cetuximab (Erbitux)
When did the patient start receiving Cetuximab (Erbitux) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Crizotinib (Xalkori)
When did the patient start receiving Crizotinib (Xalkori) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Dabrafenib (Tafinlar)
When did the patient start receiving Dabrafenib (Tafinlar) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Dacomitinib (Vizimpro)
When did the patient start receiving Dacomitinib (Vizimpro) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Entrectinib (Rozlytrek)
When did the patient start receiving Entrectinib (Rozlytrek) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Erlotinib (Tarceva)
When did the patient start receiving Erlotinib (Tarceva) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Gefitinib (Iressa)
When did the patient start receiving Gefitinib (Iressa) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Larotrectinib (Vitrakvi)
When did the patient start receiving Larotrectinib (Vitrakvi) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Lorlatinib (Lorbrena)
When did the patient start receiving Lorlatinib (Lorbrena) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Targeted Therapy - Necitumumab (Portrazza)
When did the patient start receiving Necitumumab (Portrazza) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

**Current Targeted Therapy - Osimertinib (Tagrisso)**
When did the patient start receiving Osimertinib (Tagrisso) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Pralsetinib (BLU-667)**
When did the patient start receiving Pralsetinib (BLU-667) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Selpercatinib (LOXO-292)**
When did the patient start receiving Selpercatinib (LOXO-292) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Trametinib (Mekinist)**
When did the patient start receiving Trametinib (Mekinist) Treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Other**
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Current Targeted Therapy - Unsure**
When did the patient start receiving the drug treatment?
If you remember the start and end dates for a medication but do not recall the name, enter those dates below. If you do not remember treatment dates, click next at the bottom of the page.

Date started

**Current Immunotherapy 1**
Is the patient currently receiving immunotherapy?

*Yes*
*No*
*Unsure*

**Current Immunotherapy**
What is the patient's CURRENT immunotherapy treatment?
Atezolizumab (Tecentriq)
Avelumab (Bavencio)
Durvalumab (Imfinzi)
Ipilimumab (Yervoy)
Nivolumab (Opdivo)
Pembrolizumab (Keytruda)
Other
Unsure

Current Immunotherapy - Atezolizumab (Tecentriq)
When did the patient start receiving Atezolizumab (Tecentriq) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Avelumab (Bavencio)
When did the patient start receiving Avelumab (Bavencio) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Durvalumab (Imfinzi)
When did the patient start receiving Durvalumab (Imfinzi) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Ipilimumab (Yervoy)
When did the patient start receiving Ipilimumab (Yervoy) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Nivolumab (Opdivo)
When did the patient start receiving Nivolumab (Opdivo) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Pembrolizumab (Keytruda)
When did the patient start receiving Pembrolizumab (Keytruda) treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Current Immunotherapy - Other
Please specify the drug the patient is receiving:

When did the patient start receiving the above specified drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.
Date started
**Current Immunotherapy - Unsure**

When did you start receiving the drug treatment?
If you do not know the exact date please pick the closest date based on your best memory.

Date started

**Other Current Treatment or Therapy**

Is the patient CURRENTLY receiving any of the following treatments? (Select all that apply.)
If the patient is deceased please provide their last treatment prior to the time of passing.

Not applicable - not receiving treatment
Surgery
Radiation therapy
Clinical Trial
Other
Unsure

Has the patient's doctor or member of the care team discussed future treatment options?

Yes
No
Unsure

**Current Surgery**

What type of surgery did the patient have or is the patient having? (Select all that apply.)

Lobectomy or bilobectomy (removal of one or two lobes of the lung)
Lymph node dissection or lymphadenectomy (removal of one or more groups of lymph nodes)
Pneumonectomy (removal of an entire lung)
Segmental resection or segmentectomy (removal of one or more segments of the lung affected by lung cancer)
Wedge resection (removal of a small part of the lung)
Lymph node sampling by endobronchial ultrasound (EBUS) or esophageal ultrasound (EUS) (sampling lymph nodes with a needle through a scope in the airway or esophagus)
Lymph node sampling by mediastinoscopy (lymph node sampling through small incision in the lower neck)
Unsure
Other (please specify)

What is or was the date of the patient's surgery?
If you do not know the exact date please pick the closest date based on your best memory.

Date

How was or will the patient's lung cancer surgery be performed?

Less invasive surgery such as VATS (Video-Assisted Thoracic Surgery) or RATS (Robotic-Assisted Thoracic Surgery)
Open chest surgery/Thoracotomy
Unsure
Current Radiation Therapy
What area(s) are CURRENTLY being treated with radiation therapy? (Select all that apply.)
- Lung
- Brain
- Neck
- Spine
- Liver
- Pelvis
- Arms or legs
- Skin
- Other (please specify)

When did the patient start CURRENT radiation therapy?
If you do not know the exact date please pick the closest date based on your best memory.
DATE

What is the purpose of the CURRENT course of radiation therapy?
- Potential cure
- Relief of symptoms (palliation)
- Unsure

Is the CURRENT course of radiation therapy called "stereotactic"?
A type of radiation therapy that uses special equipment to deliver radiation very precisely to a tumor.
- Yes
- No
- Unsure

Current Clinical Trial
If you know the name of the clinical trial the patient is or was on please specify:

If you know the NCT number (long number beginning with the letters "NCT"; often found on the clinicaltrials.gov webpage for the trial) for the clinical trial the patient is or was on please specify:

When did the patient start the clinical trial?
If you do not know the exact date please pick the closest date based on your best memory.
Date started

Prior Treatment
Has the patient EVER received any of the following treatments? (Select all that apply.)
Please refer to the listing above to confirm the type of medication(s) (such as chemotherapy, targeted therapy, or immunotherapy) the patient has taken to answer the question. Note: Do not select the answers for the treatment that the patient is currently on.
Not applicable - patient has not received prior treatment
Surgery
Chemotherapy
Targeted therapy
Radiation therapy
Immunotherapy
Clinical trial
Unsure

Prior Treatment - Surgery
What type of surgery has the patient had in the past? (Select all that apply.)
Lobectomy or bilobectomy (removal of one or two lobes of the lung)
Lymph node dissection or lymphadenectomy (removal of one or more groups of lymph nodes)
Pneumonectomy (removal of an entire lung)
Segmental resection or segmentectomy (removal of one or more segments of the lung affected by lung cancer)
Wedge resection (removal of a small part of the lung)
Lymph node sampling by endobronchial ultrasound (EBUS) or esophageal ultrasound (EUS) (sampling lymph nodes with a needle through a scope in the airway or esophagus)
Lymph node sampling by mediastinoscopy (lymph node sampling through small incision in the lower neck)
Unsure
Other (please specify)

What line of therapy was this? (Select all that apply.)
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.)
How was the patient's lung cancer surgery performed?

Less invasive surgery such as VATS (Video-Assisted Thoracic Surgery) or RATS (Robotic-Assisted Thoracic Surgery)
Open chest surgery / Thoracotomy
Unsure

Prior Treatment - Chemotherapy

What types of chemotherapy treatment has the patient had in the past? (Select all that apply.)
Note: Do not select the answers for the treatment that the patient is currently on.

- Bevacizumab (Avastin)
- Carboplatin (Paraplat, Paraplatin)
- Cisplatin (Platinol, Platinol AQ)
- Docetaxel (Taxotere)
- Doxorubicin (Adriamycin)
- Epirubicin (Ellence)
- Everolimus (Afinitor)
- Etoposide (Toposar, VePesid)
- Gemcitabine Hydrochloride (Gemzar)
- Ifosamide (Ifex)
- Irinotecan (Camptosar, CPT-11)
- Lurbinectedin (Zepsyre)
- Methotrexate (Abitrexate, Folex, Folex PFS, Methotrex-ate LPF, Mexate, Mexate-AQ)
- Nab-paclitaxel (Abraxane)
- Pemetrexed Disodium (Alimta)
- Ramucirumab (Cyramza)
- Temozolomide (Temodar)
- Topotecan Hydrochloride (Hycamtin)
- Vinblastine (Velban)
- Vinorelbine (Navelbine)
- Unsure
- Other (please specify)

What line of therapy was this? (Select all that apply.)

A 'line of therapy' includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer
If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

Why did this line of therapy cease? (Select all that apply.)
- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

How many cycles of chemotherapy has the patient had?
Treatment cycles: in medicine, a course of treatment that is repeated on a regular schedule with periods of rest in between. For example, treatment given for one week followed by three weeks of rest is one treatment cycle.

1
2
3
4
5
6
7
Has the patient been placed on maintenance chemotherapy?
Chemotherapy that is started immediately following the completion of another therapy in order to continue (or maintain) a response to the prior treatment.

Yes
No
Unsure

If so, what type?
Not applicable, the patient was not placed on maintenance chemotherapy.
Pemetrexed Disodium (Alimta)
Bevacizumab (Avastin)
Other, (please specify)

Prior Treatment - Targeted Therapy
What type of targeted therapy has the patient had in the past? (Select all that apply.)
Afatinib (Gilotrif)
Alectinib (Alecensa)
Brigatinib (Alunbrig)
Ceritinib (Zykadia)
Cetuximab (Erbitux)
Crizotinib (Xalkori)
Dabrafenib (Tafinlar)
Dacomitinib (Vizimpro)
Entrectinib (Rozlytrek)
Erlotinib (Tarceva)
Gefitinib (Iressa)
Larotrectinib (Vitrakvi)
Lorlatinib (Lorbrena)
Necitumumab (Portrazza)
Osimertinib (Tagrisso)
Pralsetinib (BLU-667)
Selpercatinib (LOXO-292)
Trametinib (Mekinist)
Unsure
Other (please specify)

What line of therapy was this? (Select all that apply.)
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).
If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

Why did this line of therapy cease? (Select all that apply.)

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Currently stable or no evidence of disease (NED)
- Unsure
- Other, (please specify)

Prior Treatment - Radiation Therapy

What area(s) have been treated with radiation therapy in the past? (Select all that apply.)

- Lungs
- Brain
- Neck
- Spine
- Liver
- Pelvis
- Arms or legs
- Skin
- Other

What was the purpose of the course of radiation therapy?
Potential cure
Relief of symptoms (Palliation)
Unsure

Was your course of radiation therapy called "stereotactic"?
A type of radiation therapy that uses special equipment to deliver radiation very precisely to a tumor.
Yes
No
Unsure

What line of therapy was this? (Select all that apply.)
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working). If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Unsure
Other, (please specify)

Why did this line of therapy cease? (Select all that apply.)
Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)
Prior Treatment - Immunotherapy

What immunotherapy treatment has the patient had in the past? (Select all that apply.)

- Atezolizumab (Tecentriq)
- Avelumab (Bavencio)
- Durvalumab (Imfinzi)
- Ipilimumab (Yervoy)
- Nivolumab (Opdivo)
- Pembrolizumab (Keytruda)
- Unsure
- Other (please specify):

What line of therapy was this? (Select all that apply.)

A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

- Treatment no longer effective
- Side effects too severe
- Completed all planned cycles
- Unsure
- Other, (please specify)
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Prior Clinical Trial**

If you know the name of the clinical trial the patient was on please specify:

If you know the NCT number (long number beginning with the letters "NCT"; often found on the clinicaltrials.gov webpage for the trial) for the clinical trial the patient was on please specify:

**What line of therapy was this? (Select all that apply.)**
A ‘line of therapy’ includes all treatments, procedures, and drugs given as part of a single course of therapy to treat a patient’s cancer. A line of therapy “ends” when the treatments are completed or discontinued (commonly due to severe side effects or if the treatment is no longer working).

If a completely different treatment is started then it would be considered a new line of therapy. A change in the dose of a treatment is NOT considered a change in line of therapy.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Unsure
Other, (please specify)

**Why did this line of therapy cease? (Select all that apply.)**

Treatment no longer effective
Side effects too severe
Completed all planned cycles
Currently stable or no evidence of disease (NED)
Unsure
Other, (please specify)

**Hospital or Clinic Location**

**Country:**

UNITED STATES
AFGHANISTAN
ALAND ISLANDS
ALBANIA
ALGERIA
AMERICAN SAMOA
ANDORRA
ANGOLA
ANGUILLA
ANTARCTICA
ANTIGUA AND BARBUDA
ARGENTINA
ARMENIA
ARUBA
AUSTRALIA
AUSTRIA
AZERBAIJAN
BAHAMAS
BAHRAIN
BANGLADESH
BARBADOS
BELARUS
BELGIUM
BELIZE
BENIN
BERMUDA
BHUTAN
BOLIVIA
BOSNIA AND HERZEGOVINA
BOTSWANA
BOUVET ISLAND
BRAZIL
BRITISH INDIAN OCEAN TERRITORY
BRUNEI DARUSSALAM
BULGARIA
BURKINA FASO
BURUNDI
CAMBODIA
CAMEROON
CANADA
CAPE VERDE
CAYMAN ISLANDS
CENTRAL AFRICAN REPUBLIC
CHAD
CHILE
CHINA
CHRISTMAS ISLAND
COCOS (KEELING) ISLANDS
COLOMBIA
COMOROS
CONGO
CONGO, THE DEMOCRATIC REPUBLIC OF THE
COOK ISLANDS
COSTA RICA
C’TE D’IVOIRE
CROATIA
CUBA
CYPRUS
CZECH REPUBLIC
DENMARK
DJIBOUTI
DOMINICA
DOMINICAN REPUBLIC
ECUADOR
EGYPT
EL SALVADOR
EQUATORIAL GUINEA
ERITREA
ESTONIA
ETHIOPIA
FALKLAND ISLANDS (MALVINAS)
FAROE ISLANDS
FIJI
FINLAND
FRANCE
FRENCH GUIANA
FRENCH POLYNESIA
FRENCH SOUTHERN TERRITORIES
GABON
GAMBIA
GEORGIA
GERMANY
GHANA
GIBRALTAR
GREECE
GREENLAND
GRENADE
GUADELOUPE
GUAM
GUATEMALA
GUERNSEY
GUINEA
GUINEA-BISSAU
GUYANA
HAITI
HEARD ISLAND AND MCDONALD ISLANDS
HOLY SEE (VATICAN CITY STATE)
HONDURAS
HONG KONG
HUNGARY
ICELAND
INDIA
INDONESIA
IRAN, ISLAMIC REPUBLIC OF
IRAQ
IRELAND
ISLE OF MAN
ISRAEL
ITALY
JAMAICA
JAPAN
JERSEY
JORDAN
KAZAKHSTAN
KENYA
KIRIBATI
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF
KOREA, REPUBLIC OF
KUWAIT
KYRGYZSTAN
LAO PEOPLE'S DEMOCRATIC REPUBLIC
LATVIA
LEBANON
LESOThO
LIBERIA
LIBYAN ARAB JAMAHIRIYA
LIECHTENSTEIN
LITHUANIA
LUXEMBOURG
MACAO
MACEDONIA, THE Former YUGOSLAV REPUBLIC OF
MADAGASCAR
MALAWI
MALAYSIA
MALDIVES
MALI
MALTA
MARSHALL ISLANDS
MARTINIQUE
MAURITANIA
MAURITIUS
MAYOTTE
MEXICO
MICRONESIA, FEDERATED STATES OF
MOLDOVA
MONACO
MONGOLIA
MONTENEGRO
MONTSERRAT
MOROCCO
MOZAMBIQUE
MYANMAR
NAMIBIA
NAURU
NEPAL
NETHERLANDS
NETHERLANDS ANTILLES
NEW CALEDONIA
NEW ZEALAND
NICARAGUA
NIGER
NIGERIA
NIUE
NORFOLK ISLAND
NORTHERN MARIANA ISLANDS
NORWAY
OMAN
PAKISTAN
PALAU
PALESTINIAN TERRITORY, OCCUPIED
PANAMA
PAPUA NEW GUINEA
PARAGUAY
PERU
PHILIPPINES
PITCAIRN
POLAND
PORTUGAL
PUERTO RICO
QATAR
R?UNION
ROMANIA
RUSSIAN FEDERATION
RWANDA
SAINT BARTHELEMY
SAINT HELENA
SAINT KITTS AND NEVIS
SAINT LUCIA
SAINT MARTIN
SAINT PIERRE AND MIQUELON
SAINT VINCENT AND THE GRENADINES
SAMOA
SAN MARINO
SAO TOME AND PRINCIPE
SAUDI ARABIA
SCOTLAND
SENEGAL
SERBIA
SEYCHELLES
SIERRA LEONE
SINGAPORE
SLOVAKIA
SLOVENIA
SOLOMON ISLANDS
SOMALIA
SOUTH AFRICA
SOUTH GEORGIA AND THE SOUTH SANDWICH ISLANDS
SPAIN
SRI LANKA
SUDAN
SURINAME
SVALBARD AND JAN MAYEN
SWAZILAND
SWEDEN
SWITZERLAND
SYRIAN ARAB REPUBLIC
TAIWAN, PROVINCE OF CHINA
TAJIKISTAN
TANZANIA, UNITED REPUBLIC OF
THAILAND
TIMOR-LESTE
TOGO
TOLEGALAU
TONGA
TRINIDAD AND TOBAGO
TUNISIA
TURKEY
TURKMENISTAN
TURKS AND CAICOS ISLANDS
TUVALU
UGANDA
UKRAINE
UNITED ARAB EMIRATES
UNITED KINGDOM
UNITED STATES MINOR OUTLYING ISLANDS
URUGUAY
UZBEKISTAN
VANUATU
VATICAN CITY STATE
VENEZUELA
VIETNAM
VIRGIN ISLANDS, BRITISH
VIRGIN ISLANDS, U.S.
WALLIS AND FUTUNA
WESTERN SAHARA
YEMEN
ZAMBIA
ZIMBABWE

State (if within the United States):

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
Florida
Georgia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

**Hospital or Clinic details**
Hospital/Clinic Name
City
Postal / Zip Code

**Family Members**
*Have any of the patient's family members been diagnosed with cancer?*
Yes
No
Unsure

*If yes, what type of cancer(s)? (Select all that apply.)*
Adrenal cancer
Anal cancer
Bile duct cancer
Bladder cancer
Bone cancer
Brain cancer (childhood)
Brain cancer (adult)
Breast cancer
Cancer of unknown primary origin (CUP)
Cervical cancer
Colon/rectal cancer
Endometrial (uterine) cancer
Esophageal cancer
Eye cancer (melanoma)
Eye cancer (retinoblastoma)
Gallbladder cancer
Gastrointestinal carcinoid tumor
Gastrointestinal stromal tumor (GIST)
Hodgkin's disease
Kaposi's sarcoma
Kidney cancer
Larynx/throat cancer
Leukemia (unknown type)
Leukemia (ALL)
Leukemia (AML)
Leukemia (CLL)
Leukemia (CML)
Leukemia (other type)
Liver cancer
Lung cancer (unknown type)
Lung cancer (non-small cell)
Lung cancer (small cell)
Lung carcinoid tumor
Lymphoma (non-Hodgkin's)
Malignant mesothelioma
Multiple myeloma
Myelodysplastic syndrome
Nasopharyngeal cancer
Neuroblastoma
Oral cavity (mouth or tongue) cancer
Osteosarcoma
Ovarian cancer
Pancreatic cancer
Pituitary tumor
Prostate cancer
Rhabdomyosarcoma
Salivary gland cancer
Skin cancer - basal or squamous cell
Skin cancer - melanoma
Skin cancer - Merkel cell soft tissue sarcoma
Stomach cancer
Testicular cancer
Thymus cancer
Thyroid cancer
Uterine sarcoma
Vaginal cancer
Vulvar cancer
Waldenstrom macroglobulinemia
Wilm's tumor
Other (please specify)

**Symptoms and Side Effects**

**Skin**
- Easy bruising or bleeding
- Hives (itchy red bumps)
- Increased skin sensitivity to heat, cold, touch, or sunlight
- Itching
- Loss of skin color (vitiligo)
- Rash
- Skin dryness

**Blood**
- Blood clots
- Blood test abnormalities
- Low blood count
- Low magnesium level
- Low platelet count

**Pain**
- Abdominal pain
- Aching joints
- Aching muscles
- Back pain
- Bone pain
- Chest pain
- Pain at treatment site
- Pain (body aches, general pain)
- Headache

**Heart**
- Abnormal heart rhythm
- Heart condition
- Blood pressure changes

**Respiratory**
Cough (new or worsening)
Interstitial lung disease
Nosebleed
Post pneumonectomy syndrome
Pulmonary fibrosis
Shortness of breath
Throat problems
Upper respiratory infection
Vocal cord problems
Wheezeing

**Mental Health**
Anxiety/worrying
Confusion
Depression
Guilt
Stress

**Gastrointestinal**
Blood in stool
Constipation
Diarrhea
Feeling bloated
Loss of appetite
Mouth sores
Nausea
Reflux or heartburn
Taste change
Vomiting

**Vision**
Blurred vision
Eye problems

**Urogenital**
Frequent urination
Protein in urine

**Neurological**
Dizziness
Problems with balance or coordination
Problems with concentration
Problems with memory
Insomnia

**General**
Allergic reactions
Cachexia (muscle wasting)
Fatigue, tiredness, or lack of energy
Financial difficulties
Flu-like symptoms
Fluid retention
Fever
Hearing loss
Increased liver enzymes
Infection
Menopause
Nail changes/problems
Numbness or tingling in hands or feet
Shivering or shaking chills
Sleep problems
Swelling - Arm or leg
Swelling - face
Tinnitus (ringing in the ear)
Weakness in arms or legs
Weight gain
Weight loss

Quality of Life (EORTC-QLQ-C30)

We are interested in some things about you and your health. Please answer all of the questions yourself by choosing the number and description that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

1. Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?
2. Do you have any trouble taking a long walk?
3. Do you have any trouble taking a short walk outside of the house?
4. Do you need to stay in bed or a chair during the day?
5. Do you need help with eating, dressing, washing yourself or using the toilet?

During the past week:

6. Were you limited in doing either your work or other daily activities?
7. Were you limited in pursuing your hobbies or other leisure time activities?
8. Were you short of breath?
9. Have you had pain?
10. Did you need to rest?
11. Have you had trouble sleeping?
12. Have you felt weak?
13. Have you lacked appetite?
14. Have you felt nauseated?
15. Have you vomited?
16. Have you been constipated?
17. Have you had diarrhea?
18. Were you tired?
19. Did pain interfere with your daily activities?
20. Have you had difficulty in concentrating on things, like reading a newspaper or watching television?
21. Did you feel tense?
22. Did you worry?
23. Did you feel irritable?
24. Did you feel depressed?
25. Have you had difficulty remembering things?
26. Has your physical condition or medical treatment interfered with your family life?
27. Has your physical condition or medical treatment interfered with your social activities?
28. Has your physical condition or medical treatment caused you financial difficulties?

For the following questions please choose the number between 1 and 7 that best applies to you.

29. How would you rate your overall health during the past week?
30. How would you rate your overall quality of life during the past week?

Quality of Life (EORTC-QLQ-LC29)

Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by choosing the number and description that best applies to you.

During the past week:

31. Have you coughed?
32. Have you coughed up blood?
33. Have you been short of breath when you rested?
34. Have you been short of breath when you walked?
35. Have you been short of breath when you climbed stairs?
36. Have you had a sore mouth or tongue?
37. Have you had problems swallowing?
38. Have you had tingling hands or feet?
39. Have you had hair loss?
40. Have you had pain in your chest?
41. Have you had pain in your arm or shoulder?
42. Have you had pain in other parts of your body?
43. Have you had allergic reactions?
44. Have you had burning or sore eyes?
45. Have you been dizzy?
46. Have you had splitting fingernails or toenails?
47. Have you had skin problems (e.g. itchy, dry)?
48. Have you had problems speaking?
49. Have you been afraid of tumor progression?
50. Have you had thin or lifeless hair as a result of your disease or treatment?
51. Have you been worried about your health in the future?
52. Have you had dry cough?
53. Have you experienced a decrease in your physical capabilities?
54. Has weight loss been a problem for you?

Please answer the following questions only if you had surgery for lung cancer:

55. Have you had pain in the area of surgery?
56. Has the area of your wound been oversensitive?
57. Have you been restricted in your performance due to the extent of surgery?
58. Have you had any difficulty using your arm or shoulder on the side of the chest operation?
59. Has your scar pain interfered with your daily activities?

General Questions

Did the patient receive any education materials at diagnosis or during the treatment process?

Yes
No
Unsure

If the patient did receive educational materials, what type of educational materials were received at diagnosis? (Select all that apply.)

Not applicable - patient did not receive educational materials
Chemotherapy
Financial assistance
General lung cancer
Hospice care
Immunotherapy
Molecular testing
Nutrition
Palliative care (An area of medicine focused on pain and symptom management)
Radiation
Side effects
Support resources
Surgery
Unsure
Other (please specify)

What resources did the patient receive? (Select all that apply.)

Not applicable - patient did not receive any resources
Alternative medicine (Treatment used instead of conventional medicine that would be prescribed by an oncologist)
Complementary medicine/Integrative medicine (Treatment used in additional to conventional medicine as prescribed by an oncologist)
Counseling
Educational materials
Financial support
Nutrition
Palliative care (An area of medicine focused on pain and symptom management)
Support group
Transportation
Unsure
Other (please specify)

Did the patient receive assistance navigating care from a nurse, patient navigator or care coordinator?
Yes
No
Unsure

What type of US-based health insurance does the patient currently have? (Select all that apply.)
Not applicable - no US-based health coverage
Private health insurance or employer sponsored insurance
Medicare
Medi-gap
Medicaid
Military health care (Tricare/VA, Champ-VA)
Indian health service
State-sponsored health plan
Other government program
Single service plan (e.g. dental, vision, prescription)
No coverage
Unsure

Which of the following best describes the patient's occupation?
Architecture and Engineering
Arts, Design, Entertainment, Sports
Building and Grounds Cleaning and Maintenance Occupations
Business, Management, and Financial Operations
Community and Social Services
Computer and Mathematical
Construction and Extraction Occupations
Education, Training, and Library Occupations
Farming, Fishing, and Forestry Occupations
Food Preparation and Serving Related Occupations
Healthcare
Homemaker
Installation, Maintenance, and Repair Occupations
Legal Occupations
Media
Military-specific Occupations
Office and Administrative Support Occupations
Production Occupations
Protective Service
Retired
Sales and Related Occupations
Transportation and Material Moving Occupations
Unemployed
Other

Has the patient smoked at least 100 cigarettes (5 packs = 100 cigarettes) in the patient's entire life?
(We understand that people do not like to be asked about their smoking history; however this data is very important for a number of our research studies and can change over time, so we ask once a year to get the most up-to-date, accurate data as possible. We believe that nobody deserves lung cancer no matter what the question answers are and we encourage you to answer honestly.)

Yes
No
Unsure

Smoking History

How many total years have you smoked (or did you smoke) cigarettes? Do not count any time you may have stayed off cigarettes.
If you smoked less than one year, choose "1".

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
More than 50 years

**On average when you have smoked, about how many cigarettes do you (or did you) smoke per day?**

* A pack usually has 20 cigarettes in it.*
More than 50 cigarettes per day

**How long has it been since you last smoked a cigarette (even one or two puffs)?**

- I smoked a cigarette today (at least one puff)
- 1 to 7 days ago
- Less than 1 month ago
- Less than 3 months ago
- Less than 6 months ago
- Less than 1 year ago
- More than 1 year ago
- From 2 to 5 years ago
- From 6 to 10 years ago
From 11 to 15 years
More than 15 years ago
Don't know/Don't remember

General Questions 2

In the last 7 days, how would you generally rate the patient's activity?

Normal with no limitations
Not normal but able to be up and about with fairly normal activities
Able to do little activity & spend most of the day in bed or chair
Pretty much bedridden, rarely out of bed

Over the last month, have you been concerned about meeting the nutritional needs of the patient or the patient's family?

Yes
No
Unsure

In the last month, has the patient's illness been a financial hardship to the patient or the patient's family?

Not at all
A little bit
Somewhat
Quite a bit
Very much
Prefer not to answer

Personal Experience

To what degree has each of the following happened to you since your lung cancer diagnosis?

I have blamed myself for having lung cancer
My family or friends have blamed me for having lung cancer
It has been hard to tell people that I have lung cancer