Pre-test demographic, lung cancer risk and prior screening experiences survey

1. Please state your year of birth.
   ______

2. What is the highest grade or year of school you completed?
   1 Less than high school
   2 High school graduate
   3 Some training after high school
   4 Some college
   5 College graduate
   6 Postgraduate or professional degree

3. Which one or more of the following would you say is your race? [Check all that apply]
   1 African or Black American
   2 American Indian/Alaskan Native
   3 Asian
   4 Hispanic
   5 Indian
   6 White
   7 Other
   99 Refused

4. What is your height?
   _____ ft. _____ in.

5. What is your weight?
   ________ lbs.

6. At what age did you start smoking cigarettes?
   _____

7. Do you smoke cigarettes now?
   1 Yes (skip to Q. 10)
   2 No

8. At what age did you quit smoking for the last time?
   _____

9. For how many years total have you smoked cigarettes?
   _____

10. On average, how many cigarettes do/did you smoke per day?
    _____

11. Have you ever been told by a doctor that you have cancer?
1. Yes
2. No
8. Don’t know/Not sure
9. Refused

12. Does your family have a history of cancer?

1. Yes
2. No
8. Don’t know/Not sure
9. Refused

13. Have you ever been told by a doctor that you have chronic obstructive pulmonary disease (COPD)?

1. Yes
2. No
3. Don’t know/Not sure
4. Refused

14. Low-dose computed tomography (CT) screening is used to detect lung cancer. Have you read or heard about this type of lung cancer screening?

1. Yes
2. No [Skip to Q.16]
8. Don’t know/Not sure [Skip to Q.16]
9. Refused [Skip to Q.16]

15. From whom/where did you hear about lung cancer CT screening? [Mark all that apply]

1. Health care professional
2. Family
3. Friends/acquaintances
4. Internet
5. Newspaper/magazine
6. Social media
7. Other, please specify: __________
8. Don’t know/Not sure
9. Refused

16. Do you have internet access at home/work?

1. Yes
2. No
8. Don’t know/Not sure
9. Refused

17. Has a doctor or other health care provider ever suggested you undergo lung cancer screening?
18. Have you ever been screened for any other diseases?

1 Yes
2 No [Skip to Q.20]
8 Don’t know/Not sure [Skip to Q.20]
9 Refused [Skip to Q.20]

19. What have you been screened for?

1 Diabetes
2 Other types of cancer
3 Cholesterol
4 Other. Please specify: _______________
8 Don’t know/Not sure
9 Refused

20. In general, would you say your health is:

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

21. How often do you have someone (like a family member, friend, hospital/clinic worker, or caregiver) help you read hospital materials?

1 Always
2 Often
3 Sometimes
4 Occasionally
5 Never

22. How confident are you filling out medical forms by yourself?

1 Extremely
2 Quite a bit
3 Somewhat
4 A little bit
5 Not at all
23. How often do you have problems learning about your medical condition because of difficulty understanding written information?

1. Always
2. Often
3. Sometimes
4. Occasionally
5. Never

24. How often do you find numerical information to be useful?

1. Never
2. Rarely
3. Sometimes
4. Fairly often
5. Very often

i Questions 1 to 13 will be used as input to risk model to calculate personalized risk and benefits for lung cancer screening.