

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

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?

- 1 Yes
- 2 No
- 8 Don't know/Not sure
- 9 Refused

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

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