

Lung Screening Study

Specifications for Completion of the Health Assessment Questionnaire (HAQ)

This form is designed to be self-administered by all participants selected for the contamination survey. However, if the participant has difficulty completing the form, a SC staff member may assist the participant (by telephone). If the participant does not return a completed HAQ within 3 weeks of the initial mailing, a SC staff member should administer the HAQ by telephone. The specifications provide guidelines for the completion of each question on the form. Items 3, 5, 6 and 7 on the HAQ are critical data items necessary for analysis. Data retrieval must be performed for these items. Data retrieval is not necessary for the other items on the form. Specifications for each item on the form are given below:

Form Type: This information will be pre-printed in barcode format. The letters “HAQ” will also be pre-printed below the barcode. The barcode allows reading by a barcode reader (wand) during receipt of the form.

PID, Screening Date, SC Name and Address: The PID will be printed on the HAQ in both numeric and barcode format(s). The CC will insert the screening exam date on the HAQ and will also print the SC name and address after the last question on the form.

If the SC uses blank forms for non-respondents or data retrieval, then it is the responsibility of SC staff to affix the appropriate PID label on each form as well as to record the correct screening exam date from the participant’s tracking file.

Most of the HAQ concerns the participant’s physical exams or medical tests since the date of his/her screening exam for the Lung Screening Study. For each exam or medical test, the participant is asked if s/he had the exam or test since the date of screening and the reason for the exam or test. The participant should mark only one response for each question. The date of the screening exam is inserted on each side of the form in the space provided under the instructions. In addition, the text of the base question for all questions on the form is listed at the top of each page. The wording of that text is as follows:

The date of your screening examination for the Lung Screening Study was (INSERT DATE IN DD/MM/YYYY FORMAT).

Since that date have you had any of the following physical examinations or medical tests?

1. Have you had your blood pressure checked?

Mark the appropriate response. If “Yes,” skip to 1a. If “No” or “Don’t Know,” skip to 2.

1a. What was the main reason you had this blood pressure check?

Mark the box indicating the appropriate reason for the blood pressure check. The possible reasons include the following:

Because of a specific health problem: The participant had his blood pressure checked due to a particular health problem. It was not done as part of a regular or routine physical exam and not as part of a follow-up exam for a pre-existing or past health problem for which s/he has previously had an exam.

Follow-up to a previous health problem: The participant had his blood pressure checked due to a previous health problem and for follow-up purposes only. The exam was not due to a new health problem or part of a regular or routine physical exam.

Part of a routine physical exam or as a screening exam: The participant had his blood pressure checked during the course of and as part of a regular physical exam or as a screening exam. The exam was not performed as a result of a specific health problem or as a follow-up exam due to a specific health problem, but as one of many routine checks during the participant's regular office visit. An insurance physical is considered a routine physical exam.

2. Have you ever had a test to check your blood cholesterol level?

Mark the appropriate response. If "Yes," skip to 2a. If "No" or "Don't Know," skip to 3.

2a. What was the main reason you had this test to check your blood cholesterol level?

Mark the box indicating the appropriate reason for the blood cholesterol test. The possible reasons include the following:

Because of a specific health problem: The participant had a blood cholesterol test due to a particular health problem. It was not done as part of a regular or routine physical exam and not as part of a follow-up exam for a pre-existing or past health problem for which s/he has previously had an exam.

Follow-up to a previous health problem: The participant had a blood cholesterol test due to a previous health problem and for follow-up purposes only. The exam was not due to a new health problem or part of a regular or routine physical exam.

Part of a routine physical exam or as a screening exam: The participant had a blood cholesterol test during the course of and as part of a regular physical exam or as a screening exam. The exam was not performed as a result of a specific health problem or as a follow-up exam due to a specific health problem, but as one of many routine checks during the participant's regular office visit. An insurance physical is considered a routine physical exam.

3. Have you ever had a spiral CT examination for lung cancer not including any spiral CT exam(s) you may have had for the Lung Screening Study?

This is a critical data item.

This does not include any spiral CT screening exam received as part of the Lung Screening Study.

Mark the appropriate response. If “Yes,” skip to 3a. If “No” or “Don’t Know,” skip to 4.

3a. What was the main reason you had this spiral CT examination?

Mark the box for the appropriate reason for his spiral CT. The possible reasons include the following:

Because of a specific health problem: The participant had a spiral CT due to a particular health problem. It was not done as part of a regular or routine physical exam and not as part of a follow-up exam for a pre-existing or past health problem for which s/he has previously had an exam.

Follow-up to a previous health problem: The participant had a spiral CT due to a previous health problem and for follow-up purposes only. The exam was not due to a new health problem or part of a regular or routine physical exam.

Part of a routine physical exam or as a screening exam: The participant had a spiral CT during the course of and as part of a regular physical exam or a screening exam. The exam was not performed as a result of a specific chest problem or as a follow-up exam due to a specific chest problem, but as one of many routine checks during the participant’s regular office visit. An insurance physical is considered a routine physical exam.

4. Have you ever had an examination of your colon or rectum?

An exam of the colon or rectum could include a barium enema, flexible sigmoidoscopy, or colonoscopy.

A barium enema involves giving an enema containing barium, a white, chalky liquid and taking X-rays of the colon and rectum.

A flexible sigmoidoscopy exam involves the insertion of a thin, lighted viewing instrument into the rectum to look at the rectum and partial length of the colon.

A colonoscopy is a procedure in which a doctor or health care provider inserts a long, flexible viewing tube into the rectum to inspect the rectum and the entire length of the colon.

Mark the appropriate response. If “Yes,” skip to 4a. If “No” or “Don’t Know,” skip to 5.

4a. What was the main reason you had this examination of your colon or rectum?

Mark the box indicating the appropriate reason for the exam of your colon or rectum. The possible reasons include the following:

Because of a specific health problem: The participant had an exam of the colon or rectum due to a particular health problem. It was not done as part of a regular or routine physical exam and not as part of a follow-up exam for a pre-existing or past health problem for which s/he has previously had an exam.

Follow-up to a previous health problem: The participant had an exam of the colon or rectum due to a previous health problem and for follow-up purposes only. The exam was not due to a new health problem or a regular or routine physical exam.

Part of a routine physical exam or as a screening exam: The participant had an exam of the colon or rectum during the course of and as part of a regular physical exam or screening exam. The exam was not performed as a result of a specific health problem or as a follow-up exam due to a specific health problem, but as one of many routine checks during the participant's regular office visit. An insurance physical is considered a routine physical exam.

5. A chest X-ray not including any chest X-ray(s) you may have had for the Lung Screening Study?

This is a critical data item.

This does not include any chest X-ray the participant may have had as part of the Lung Screening Study.

Mark the appropriate response. If "Yes," skip to 5a. If "No" or "Don't Know," skip to 6.

5a. What was the main reason you had this chest X-ray?

Mark the box for the appropriate reason for his chest X-ray. The possible reasons include the following:

Because of a specific health problem: The participant had a chest X-ray due to a particular health problem. It was not done as part of a regular or routine physical exam and not as part of a follow-up exam for a pre-existing or past health problem for which s/he has previously had an exam.

Follow-up to a previous health problem: The participant had a chest X-ray due to a previous health problem and for follow-up purposes only. The exam was not due to a new health problem or a regular or routine physical exam.

Part of a routine physical exam or as a screening exam: The participant had a chest X-ray during the course of and as part of a regular physical exam or a screening exam. The exam was not performed as a result of a specific chest problem or as a follow-up exam due to a specific chest problem, but as one of many routine checks during the participant's regular office visit. An insurance physical is considered a routine physical exam.

6. **Date of Birth:** Instruct the participant to enter the month, day, and year s/he was born.

This is a critical data item.

7. **Today's Date:** This is the date the form is completed. Instruct the participant to enter the month, day, and year. Month and day should be zero filled, if applicable, and the year should be four digits.

This is a critical data item.

SC Instructions: If this item is incomplete or not answered, use the date of receipt of the form as the date of completion. Complete this information according to the following guidelines:

1. *If the participant left all parts of the date blank (month, day, and year), replace the blanks with the full receipt date (month, day, and year). Record this date in another color ink in the space provided. Note on the form that the date recorded is the receipted date.*
2. *If the participant wrote a partial date (e.g., month, day only) or a partially incorrect date (e.g., month and day fall prior to date questionnaire was sent to him/her), replace what the participant wrote with the full receipt date (month, day, and year). Record this date in another color ink in the white space near the participant's response. Do not replace part(s) of the completion date with part(s) of the receipt date.*