

National Lung Screening Trial (NLST)

ELIGIBILITY VERIFICATION FORM (EVF)

PART A: ADMINISTRATIVE SECTION

<p>Name: _____</p> <p style="text-align: center;">Last First Middle</p> <p>Date of Birth: _ _ - _ _ - _ _ MO DAY YR</p> <p>Gender (M = 1 / F = 3) _ _ </p> <p>Screening Center ID: _ _ </p> <p>Screening Center Staff ID: _ _ _ _ _ </p> <p>Pre-processing # _ _ _ _ _ - _ </p>	<div style="border: 1px solid black; width: 80%; margin: auto; padding: 20px;"> <p>Participant ID Label</p> </div>
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PART B: ELIGIBILITY VERIFICATION

SMOKING ELIGIBILITY CRITERIA

1. Smoking status (ES-Q3)

1 = Current smoker

3 = Former smoker → How long ago did s/he quit?

1 = More than 15 years ago

3 = 15 or fewer years ago

2. Pack-year tobacco exposure

At what age did this individual begin to smoke? (ES-Q4)

|_|_| YEARS OLD

During the times that this individual smoked, how many cigarettes did s/he usually smoke per day? (ES-Q5)

|_|_| # PER DAY

At what age did this individual quit smoking for the last time? (ES-Q6)

|_|_| YEARS OLD

In the years this individual smoked, was there ever a period of one year or more years in which s/he did not smoke cigarettes? (ES-Q7)

1 = YES ↓

3 = NO

If Yes, for how many years in total did s/he not smoke cigarettes? (ES-Q8)

|_|_| YEARS

Total pack-year tobacco exposure

|_|_| . |_|_| YEARS

ELIGIBILITY CRITERIA - CONTINUED	CHECK YES OR NO. IF YES IS CHECKED, STOP. IF NO IS CHECKED, CONTINUE.
3. Has this individual had a spiral CT scan of the lungs or chest in the past 18 months? (ES-Q9)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Is this individual currently participating in another cancer screening study, including the PLCO Cancer Screening Trial? (ES-Q10)	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is this individual currently participating in a cancer prevention study other than a study to help him/her stop smoking? (ES-Q11)	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Has this individual ever been diagnosed with lung cancer? (ES-Q12)	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Has this individual ever had any portion of the lungs surgically removed (not including a needle biopsy)? (ES-Q13)	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Has this individual undergone treatment for, or had evidence of, any cancer other than non-melanoma skin cancer and carcinoma in situ (except bladder carcinoma in situ and transitional cell carcinoma in situ) in the past 5 years? (ES-Q14)	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Is this individual unable to lie on the back with arms raised over the head? (ES-Q15)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Does this individual have metallic implants in the chest or back? (ES-Q16)	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Does this individual have a requirement for home oxygen supplementation? (ES-Q17)	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Has this individual had either unexplained weight loss of more than 15 pounds in the past 12 months or recent hemoptysis? (ES-Q18)	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Has this individual had pneumonia or an acute respiratory infection that was treated with antibiotics by a physician in the past 12 weeks? (ES-Q19)	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Is this individual unwilling or unable to sign the study consent form?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Is YES marked for any of the questions above (Q3 to Q14)?	MARK 1 FOR YES, 3 FOR NO <input type="checkbox"/> 1=YES <input type="checkbox"/> 3=NO

PART C: RANDOMIZATION AND ENROLLMENT

This individual can **only** be randomized and enrolled into the National Lung Screening Trial if s/he meets the age, smoking status and pack-year requirements AND "No" is marked for each of the questions above.

After randomization is complete, the Participant ID number and randomization group will be specified by the telephone randomization system. Please write the information in the space below. When the e-mail confirmation report is received, please verify the information against what is written below, then file the confirmation in the participant's study file.

Date of Randomization/Enrollment: - -
MO DAY YR

Participant ID: - -

Randomization Group (MARK ONE): Spiral CT
 Chest x-ray