

NEXT OF KIN QUESTIONNAIRE

March 25, 2002

Administered by phone

NB: The same questionnaire is always administered to the index case of multiplex family by the RPs (see note of February 14th, 2002)

SUBJECT IDENTIFICATION

(this part refers to the deceased sib with lung cancer)

FIRST NAME: _____

LAST NAME: _____

MAIDEN NAME : _____ (for women, write both last and maiden name)

BIRTHDATE : |_|_|/|_|_|/|_|_|_|_| PLACE OF BIRTH _____ PV |_|_|

GENDER : 1. |_| M 2. |_| F

SUBJECT CODE IGC-|_|_|-|_|_|_|_|

INTERVIEW INFORMATION:

INTERVIEW ADMINISTERED TO :

FIRST NAME: _____

LAST NAME: _____

MAIDEN NAME : _____ (for women, write both last and maiden name)

RELATIONSHIP TO SIB

- 1. Brother/Sister
- 2. Husband/Wife
- 3. Son/ Daughter
- 4. Mother/Father
- 5. Other (specify) _____

INTERVIEW DONE

IN HOSPITAL
 BY PHONE

DATE OF INTERVIEW: |_|_|/|_|_|/|_|_|_|_|

START TIME: |_|_|:|_|_|

Only if by phone

PHONE NUMBER |_|_|_|_|/|_|_|_|_|_|_|_|_|_|_|

BIRTHDATE |_|_|/|_|_|/|_|_|_|_| PLACE OF BIRTH _____ PV |_|_|

INTERVIEWER INITIALS, FIRST & LAST NAMES : |_|_|_|_|_| INTERVIEWER CODE: |_|_|_|

SECTION A. DECEASED SIB'S CHARACTERISTICS

A1. What's the highest level of schooling your (brother, sister, wife, husband, etc) have had? (check all that apply)

Educational Level

1. None
2. Elementary School
3. Lower Middle School
4. Teacher Training High School
5. Technical, Industrial, Commercial H. School
6. College Prep. High Schools (Classical, Science, Art)
7. Post H.S. Academies or Junior Colleges
8. Degree
9. Other _____

A2. At the time of death your: (brother, sister, wife, husband, etc) was (*check all that apply*):

1. Married and/or cohabiting
2. Separated
3. Widowed
4. Divorced
5. Single

SECTION B. TOBACCO SMOKING

Now I would like to ask you some specific questions about the type and amount of tobacco consumption of your (brother, sister, wife, husband etc)

Fill in each row of the table

B1. In <u>his/her</u> entire life has he/she smoked at least		B2. At what age did he/she start?	B3 How long did he/she smoke regularly?	B4 During the last year he/she smoked , what was the average number of cigarettes (cigarillos, cigars, pipes) he/she smoked?
a. 100 cigarettes?	<input type="checkbox"/> 1. YES (B2) <input type="checkbox"/> 0 NO (B1b)	_ _	_ _ _ or _ _ months years	_ / day (B1b) _ / week (B1b) _ / month (B1b)
b. 50 cigarillos?	<input type="checkbox"/> 1. YES (B2) <input type="checkbox"/> 0 NO (B1b)	_ _	_ _ _ or _ _ months years	_ / day (B1c) _ / week (B1c) _ / month (B1c)
c. 35 cigars?	<input type="checkbox"/> 1. YES (B2) <input type="checkbox"/> 0 NO (B1b)	_ _	_ _ _ or _ _ months years	_ / day (B1d) _ / week (B1d) _ / month (B1d)
d. 35 pipefuls of tobacco?	<input type="checkbox"/> 1. YES (B2) <input type="checkbox"/> 0 NO (B1b)	_ _	_ _ _ or _ _ months years	_ / day _ / week _ / month

SECTION C. OCCUPATIONAL HISTORY

Now, I'm going to ask you some basic information about the kinds of work your (brother, sister, wife, husband, etc) have done in his/her life

C1 Can you tell me the jobs that your (brother, sister, wife, husband, etc) has held longest (up to 3)?

JOB 1	In what kind of industry?	In which year did he/she start?	In which year did he/she finish?
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISCO _ _ _ _ _ </p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISIC _ _ _ _ _ </p>	<p> _ _ _ _ </p>	<p> _ _ _ _ </p>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISCO _ _ _ _ _ </p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISIC _ _ _ _ _ </p>	<p> _ _ _ _ </p>	<p> _ _ _ _ </p>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISCO _ _ _ _ _ </p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>ISIC _ _ _ _ _ </p>	<p> _ _ _ _ </p>	<p> _ _ _ _ </p>

SECTION D. SIB MEDICAL HISTORY

D1. Was your (brother, sister, wife, husband, etc) ever diagnosed with malignant tumor?

- 1. Yes
- 0. No
- 9. Don't know

If YES, In which site did it start?.....|_|_|_| Age first diagnosis |_|_| or Year |_|_|_|_|

ICD CODE

In which site did it start?.....|_|_|_| Age first diagnosis |_|_| or Year |_|_|_|_|

ICD CODE

In which site did it start?.....|_|_|_| Age first diagnosis |_|_| or Year |_|_|_|_|

ICD CODE

Only if by phone (the index case is not asked this question since information about it has already been collected in the sib form)

D2. Do you remember in which hospital has he/she been hospitalized for lung cancer?

- 1. YES
- 0. NO

IF YES,

1. HOSPITAL _____ CITY _____ PROVINCE |_|_|
 DEPARTMENT _____ HOSPITALIZATION DATE |_|_|/|_|_|/|_|_|_|_|

2. HOSPITAL _____ CITY _____ PROVINCE |_|_|
 DEPARTMENT _____ HOSPITALIZATION DATE |_|_|/|_|_|/|_|_|_|_|

3. HOSPITAL _____ CITY _____ PROVINCE |_|_|
 DEPARTMENT _____ HOSPITALIZATION DATE |_|_|/|_|_|/|_|_|_|_|

