1. **Who completed this form?** (Check one box)
   - 1 Self
   - 2 Staff
   - 3 Other person
   - 4 Not applicable, no items completed

2A. **Patient Race Category** (Check all that apply)
   - 01 Not Reported
   - 02 American Indian or Alaska Native
   - 03 Native Hawaiian or other Pacific Islander
   - 04 Unknown
   - 05 Asian
   - 06 White
   - 07 Black or African American

2B. **Patient Ethnic Group Category** (Check one box)
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Not Reported
   - Unknown

3. **Highest school grade completed** (Check one box)
   - 1 8th or less
   - 2 9 - 11th Grade
   - 3 High school graduate / GED
   - 4 Vocational / technical school
   - 5 Associate degree / some college
   - 6 Bachelor's degree
   - 7 Advanced degree
   - 8 Other, specify ____________
   - 9 I prefer not to answer

4. **Religion during childhood** (Check one box)
   - 1 Protestant
   - 2 Catholic
   - 3 Jewish
   - 4 Mormon/Latter Day Saints
   - 5 Muslim / Islam
   - 6 None
   - 7 Other, specify _______
   - 9 I prefer not to answer

5. **Marital status** (Check one box)
   - 1 Married
   - 2 Widowed
   - 3 Never married
   - 4 Divorced
   - 5 Domestic partnership
   - 6 Separated
   - 9 I prefer not to answer

6. **Where were you born?** (Check one box)
   - 1 USA, specify the 2 letter State code, eg NY
   - 2 Other country, specify ___________________ (168)

7. **Where did you live the longest?** (Check one box)
   - 1 USA, specify the 2 letter State code, eg NY
   - 2 Other country, specify ___________________ (169)

8. **Cigarette History?**
   A. Smoked at least 100 cigarette (5 packs) during lifetime
   - 1 No (Skip to #9)
   - 2 Yes, but quit (Answer B, C, D, E)
   - 3 Yes, currently smoke (Answer B, C, D, E)
   B. Age began smoking cigarettes
   C. Number of years smoked cigarettes
   D. Average number of cigarettes smoked per day
   E. If quit, age stopped smoking completely

9. **If you have had any of the illnesses listed below, please check yes for those that apply.**
   - Heart problems
   - Lung problems
   - High blood pressure
   - Bleeding problems
   - Circulation problems
   - Liver problems
   - Diabetes or sugar in urine
   - Kidney/urine problems
   - Stroke
   - Thyroid problems
   - Seizure
   - HIV/AIDS
   - Frequent infections
   - Psychological problems
   - Other
   - Specify other ___________________

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**Date Completed**

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**RTOG Study No. 0913**

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**Case #**
By Cancer Prevention Trials we mean studies in which healthy people, including cured cancer patients, volunteer to take part in experimental cancer prevention, such as the use of special diets and new drugs. People volunteer in order to obtain the newest prevention for themselves and to help scientists learn how well the new prevention methods work.

B. How likely would you be to volunteer to participate in Cancer Prevention Trials? (The numbers below allow you to rate your answer between 1 - never and 10 - extremely likely. Circle the number below that best describes your choice.)

1 ........ 2 ........ 3 ........ 4 ........ 5 ........ 6 ........ 7 ........ 8 ........ 9 ........ 10

Never would consider Extremely likely

<table>
<thead>
<tr>
<th>Blood relative with cancer</th>
<th>Age when first cancer diagnosed</th>
<th>Type of Cancer (✓ = yes (2))</th>
<th>Other (If other cancers, check box and specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td>Lung (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>Breast (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Brother #1</td>
<td></td>
<td>Colon (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Brother #2</td>
<td></td>
<td>Prostate (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Brother #3</td>
<td></td>
<td>Head &amp; Neck (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Brother #4</td>
<td></td>
<td>Non Melanoma Skin (✓)</td>
<td>Specify</td>
</tr>
<tr>
<td>Sister #1</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Sister #2</td>
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<tr>
<td>Sister #3</td>
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<tr>
<td>Sister #4</td>
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<tr>
<td>Child #1</td>
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<tr>
<td>Child #4</td>
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