Survey Date

Survey Type

Age

Weight (lbs)

Height (ft, in)

Sex

Gender

Race

Ethnicity

Education

Marital Status

Signs or Symptoms

Smoking Status

Smoking in Household?

Starting Age

Quitting Age

Years Smoked

Average cigarettes/day

Maximum cigarettes/day

Environmental exposure to toxins

Clinical History

Lung Cancer History

Relatives’ Lung Cancer History

Other Cancer History

Relatives’ Other Cancer History

Other Medical Conditions