City of Hope

Demographic Data

inTeleScans powered by Teleform

Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

1. What was your age at your last birthday? Age

Gender

2. What is your gender? 1 Male 2 Female

3. Education e highest level of education you completed?
   1 Elementary School 2 Secondary/High school 3 College

4. MaritalStatus ent marital status?
   1 Single 3 Widowed 7 Divorced
   2 Separated 4 Married 8 Partnered

5. LiveWith do you live? (Fill in all that apply)
   LiveSpousePartner LiveOtherRelative ecify: SKFILiveOtherRelative
   LiveChildrenYounger ears or younger LiveAlone ne
   LiveChildrenOlder years or older LiveOther specify: SKFILiveOther
   LiveParents Parent(s)-In-Law

6. EmploymentStatus mployment status?
   1 Self-employed 5 Part-time student 9 Unemployed
   2 Employed ≥ 32 hours per week 6 Homemaker 10 Retired
   3 Employed < 32 hours per week 7 On medical leave 11 Other, specify: SKFIEmploymentStatus
   4 Full-time student 8 Disabled

7. Date of first lung cancer diagnosis: LungDxDate month year

8. ExerciseYN se routinely?
   1 Yes → If yes,
   0 No

   ExerciseFrequency eek:
   1 1 day 2 2 days 3 3 days
   4 4 days 5 5 days 6 6 days
   7 7 days

   ExerciseType (Fill in all that apply)
   ExerciseWalking ExerciseBicycling
   ExerciseRunning ExerciseOther fy: SKFIExerciseType
   ExerciseSwimming

HispanicLatinYN

9. Are you Hispanic/Latino? 1 Yes 0 No

10. RACE our race? (Fill in all that apply)
    Caucasian an Asian an Native American
    African American Middle Eastern Other er, specify: SKFIRace

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Carbits.dbo.NurseDemogData (vNurseDemogData)

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Protocol ID:	Research Participant #:	UPN:	Evaluation Code:	Nurse ID:	Institution:

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11. Religion ur religious preference?

- 1 Protestant (e.g. Baptist, Methodist, Lutheran, Episcopalian, Evangelical, etc.)
- 2 Buddhist
- 3 None
- 4 Catholic
- 5 Mormon/LDS
- 6 Other, specify: SKFIReligion
- 7 Jewish
- 8 Jehovah's Witness
- 9 Muslim
- 10 Seventh Day Adventist

12. FamilyIncome ual household income?

- 1 $10,000 or less
- 5 $10,001 to $20,000
- 2 $20,001 to $30,000
- 6 $30,001 to $40,000
- 3 $40,001 to $50,000
- 7 Greater than $50,000
- 8 Prefer not to answer

13. OtherCaDx now, or have you had, another cancer diagnosis besides lung cancer?

- 1 Yes → **If Yes,** What type? SKFIOtherCaDx
  Year diagnosed: OtherCaDxDate
- 0 No

Completed by Nurse

Patient Weight: PatientWeight lbs

Patient Height: PatientHeight Inches

BMI: BMI .

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