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______________________________________

INTERVIEWER INITIALS, FIRST & LAST NAMES:  ___/___/___

INTERVIEWER CODE:  ___/___

PV  ___/___
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

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

<table>
<thead>
<tr>
<th>JOB 1</th>
<th>In what kind of industry?</th>
<th>In which year did he/she start?</th>
<th>In which year did he/she finish?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>ISCO</td>
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<tr>
<td>ISIC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOB 2</th>
<th>In what kind of industry?</th>
<th>In which year did he/she start?</th>
<th>In which year did he/she finish?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>ISCO</td>
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<td>ISIC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>JOB 3</th>
<th>In what kind of industry?</th>
<th>In which year did he/she start?</th>
<th>In which year did he/she finish?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td>ISCO</td>
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<td>ISIC</td>
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</tr>
</tbody>
</table>
### SECTION D. SIB MEDICAL HISTORY

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Yes</td>
<td>0.</td>
<td>No</td>
<td>9.</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

If YES,

<p>| | | | | | |</p>
<table>
<thead>
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<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In which site did it start?</td>
<td></td>
<td></td>
<td></td>
<td>ICD CODE</td>
<td></td>
</tr>
<tr>
<td>Age first diagnosis</td>
<td></td>
<td></td>
<td></td>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

**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?**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>YES</td>
<td></td>
<td>0.</td>
<td>NO</td>
</tr>
</tbody>
</table>

**IF YES,**

1. **HOSPITAL** _______________________________ **CITY** _______________________________ **PROVINCE** ________
   **DEPARTMENT** _______________________________ **HOSPITALIZATION DATE** ________/____/____

2. **HOSPITAL** _______________________________ **CITY** _______________________________ **PROVINCE** ________
   **DEPARTMENT** _______________________________ **HOSPITALIZATION DATE** ________/____/____

3. **HOSPITAL** _______________________________ **CITY** _______________________________ **PROVINCE** ________
   **DEPARTMENT** _______________________________ **HOSPITALIZATION DATE** ________/____/____
D3. Were any of your (brother’s, sister’s, wife’s, husband’s) children ever diagnosed with lung cancer? (we are interested in parents, sibs and children of the deceased sib with lung cancer, but we already collected information on parents, and sibs from the index case in the CAPI, so we can ask only for children, if you agree)

1. YES [ ] 0. NO [ ] 9. DON’T KNOW [ ]

If YES, how many?

Children [ ] Was he/she a smoker? 1. YES [ ] 0. NO [ ] 9. DON’T KNOW

[ ] Was he/she a smoker? 1. YES [ ] 0. NO [ ] 9. DON’T KNOW

[ ] Was he/she a smoker? 1. YES [ ] 0. NO [ ] 9. DON’T KNOW

Only if the NOK is a spouse (wife or husband) ask D4 and D5

D4. Were you ever diagnosed with lung cancer? 1. YES [ ] 0. NO [ ]

Age at first diagnosis [ ]

D5. In your entire life have you smoked at least 100 cigarettes (or 50 cigarillos, or 35 cigars or pipes)? 1. YES [ ] 0. NO [ ]

_______________________________________________________________________________________________________________________

ENDING TIME OF INTERVIEW [ ]/[ ]/[ ]

Thank you for your participation

INTERVIEWER NOTE

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________