

LUNG PATIENT FACTORS – BASELINE
(to be completed pre-radiotherapy)

Study Number

RQ -

Patient Initials

Date of Birth (dd/mm/yyyy)

/ /

Date Completed (dd/mm/yyyy)

/ /

Name + Signature of Person completing the CRF

Patient Information

Gender

1=Male
2=Female

Height (cm)

Weight at cancer diagnosis (kg)

Age at start of radiotherapy (yrs)

Smoker

0=Never
1=Ex before cancer diagnosis
2=Ex since cancer diagnosis
3=Current
7=Do not wish to answer

If ever smoker

Duration of smoking (yrs)

No. of tobacco products a day

If ex smoker before cancer diagnosis:
Time since quitting smoking (yrs)

Tobacco product

Alcohol intake

0=Never
1=Previously consumed alcohol, but stopped BEFORE cancer diagnosis
2=Previously consumed alcohol, but stopped AT cancer diagnosis
3=Current
7=Do not wish to answer

Previous alcohol consumption:
Approximate number of alcoholic drinks a week

777=Do not wish to answer
888=Not applicable

Current alcohol consumption:
Approximate number of alcoholic drinks a week

777=Do not wish to answer
888=Not applicable

If female:

Menopausal status at time of cancer diagnosis

1=Pre
2=Post
3=Peri

If postmenopausal, age of menopause (yrs)

If postmenopausal, use of menopausal hormone replacement therapy?

0=No
1=Yes

Diabetes	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Systemic Lupus Erythematosus	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Other collagen vascular disease	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Hypertension	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
History of heart disease	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Depression	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Tuberculosis of the lung	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
COPD (GOLD)	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
<i>Medication at cancer diagnosis</i>				
On statin?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On other lipid-lowering drugs?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On ACE inhibitor?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On other anti-hypertensive drug?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On amiodarone?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On anti-diabetic drug?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On oral steroids?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On analgesics?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On anti-depressant?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
On immunosuppressant?	<input type="checkbox"/>	0=No 1=Yes	If yes, duration (yrs)	<input type="checkbox"/> <input type="checkbox"/>
Type of immunosuppressant	_____			
Family history of lung cancer in first degree relative	<input type="checkbox"/>	0=No 1=Yes	Family history of radiotherapy toxicity	<input type="checkbox"/> 0=No 1=Yes 9=Not known
Other co-morbidity	_____			

Previous Malignancies? 0=No
1=Yes

Which type?

ICD-10 / ICD-O-3 coding: □□□.□ / □□□□□/□

Date of diagnosis (dd/mm/yyyy) □□/□□/□□□□

Therapy received for previous malignancy

Surgery 0=No 1=Yes Hormonal therapy 0=No 1=Yes Chemo therapy 0=No 1=Yes Radio therapy 0=No 1=Yes
Other therapy 0=No 1=Yes No therapy 0=No 1=Yes

Date of last therapy for previous malignancy (dd/mm/yyyy) □□/□□/□□□□

Ethnicity 1=White (European or American European) 12=Other Asian
2=White and Black Caribbean Mixed 13=Black Caribbean
3=White and Black African Mixed 14=Black African
4=White and Asian Mixed 15=Northern African
5=Hispanic American 16=African American
6=Turkish 17=Jewish Ashkenazi
7=Indian 18=Jewish Sephardi
8=Pakistani 19=Any Other Ethnic Background; please specify _____
9=Bangladeshi 77=Patient refused to give answer
10=Chinese
11=Japanese

Highest educational/professional qualification received

1=Primary school
2=Secondary school (Please selection an option _____)
3=Professional school (e.g. technical. Please specify type _____)
4=University (or equivalent)
5=Others, please specify _____
7=Do not wish to answer

Options for "Secondary school":

a. UK: GSCE / O level
b. UK: A level
c. US: High school
d. B: Algemeen Secundair Onderwijs
e. GER: Hauptschule
f. GER: Realschule/Mittlere Reife
g. GER: Gymnasium/Abitur
h. CH: Realschule
i. CH: Sekundarschule

j. CH: Gymnasium / Matura
k. F: college
l. F: lycée/baccalaureate
m. I: scuola secondaria di primo grado
n. I: scuola secondaria di secondo grado
o. NL: voortgezet onderwijs
p. SP: Educación Secundaria Obligatoria/Bachillerato
q. Other, please specify _____

Net household income (average) per month

1=<1.000 €
2=1.000-<2.000€
3=2.000-<3.000€
4=3.000-<4.000€
5=4.000-<5.000€
6=5.000-<6.000€
7=6.000-<7.000€
8=7.000-<8.000€
9=8.000€ and higher
77= Do not wish to answer

Number of household members