

**MAJOR STRESSFUL EVENTS (SE) AND RISK OF DEVELOPING LUNG, HEAD/NECK AND
PANCREATIC CANCER**

(B-14-104/HSC-14-0568)

STUDY QUESTIONNAIRE (CASES)

Step 1: Patient Information

Serial Number	
Patient Identifier (MR #)	
Date of Birth (MM/DD/YYYY)	
Gender (circle one)	Male Female
Ethnicity (circle one)	White not Hispanic African-American Hispanic Asian Other
Height (inches)	
Weight (pounds)	
BMI	
Maximum education	Some school High school Some college College degree Masters PhD
Marital status	Married Single Separated Divorced Widowed
Family history of lung, head/neck or pancreatic cancer	Yes No
If yes, please list family member/s with cancer	

Step 2: General Health Information

Do you have any of the following diseases?

Diabetes mellitus	Yes	No
High blood pressure (hypertension)	Yes	No
Chronic obstructive pulmonary disease (COPD)	Yes	No
Inflammatory arthritis/SLE (rheumatoid arthritis)	Yes	No
Cardiovascular disease (heart disease)	Yes	No
Major Depression	Yes	No

Step 3: Medications (to be completed by staff member)

Is the patient taking any of the following medications?

Beta-blockers	Yes	No
Metformin	Yes	No
NSAIDS	Yes	No
ACE inhibitors	Yes	No
Statins	Yes	No
Antidepressants (SSRI, SNRI, TCA, MAOI, etc.)	Yes	No
Anxiolytics (benzodiazepines, antipsychotics, barbiturates, hydroxyzine, etc.)	Yes	No

Step 4: Smoking History

Have you ever been a smoker?	Yes No
How old were you when you started smoking?	
How old were you when you quit smoking? (Leave blank if current smoker)	
For how many years in total did you smoker?	10-19 years 20-29 years 30-39 years 40-49 years ≥ 50 years
How many cigarettes did you typically smoke each day during this time period? (circle one)	<1 pack/day ≥1 to < 2 packs/day ≥ 2 to < 3 packs/ day ≥ 3 packs/day

To be completed by staff:

Smoking exposure (years)	
Smoking exposure (years * cigarettes/day)	

Step 5: Life Events (Modified from Holmes and Rahe stress scale)

Have any of the following events ever happened in your life prior to lung cancer diagnosis? If Yes, please chose:

A) In past 5 years (B) in past 10 years or (C) Ever?

Death of spouse	Yes	No	A)	B)	C)
Death of child or immediate family member Please circle child or family member	Yes	No	A)	B)	C)
Serious life-threatening personal illness other than lung, head/neck or pancreatic cancer	Yes	No	A)	B)	C)
Serious life-threatening illness of an immediate family member	Yes	No	A)	B)	C)
Divorce or separation	Yes	No	A)	B)	C)
Loss of job	Yes	No	A)	B)	C)
Being caregiver to a seriously ill family member	Yes	No	A)	B)	C)
Significant financial difficulties	Yes	No	A)	B)	C)
Move to different city/state/country	Yes	No	A)	B)	C)
Significant stress at Job	Yes	No	A)	B)	C)
Detention/Incarceration	Yes	No	A)	B)	C)
Retirement	Yes	No	A)	B)	C)

To be completed by staff:

Life events score	
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Step 6: UNC-Duke Social Support

Please circle one of the choices for each question.

I have people who care what happens to me.	As much as I would like Almost as much as I would like Some, but would like more Less than I would like Much less than I would like
I get love and affection.	As much as I would like Almost as much as I would like Some, but would like more Less than I would like Much less than I would like
I get chances to talk to someone about problems at work or with my housework.	As much as I would like Almost as much as I would like Some, but would like more Less than I would like Much less than I would like
I get chances to talk to someone I trust about my personal or family problems.	As much as I would like Almost as much as I would like Some, but would like more Less than I would like Much less than I would like

I get chances to talk about money matters.	<p>As much as I would like</p> <p>Almost as much as I would like</p> <p>Some, but would like more</p> <p>Less than I would like</p> <p>Much less than I would like</p>
I get invitations to go out and do things with other people.	<p>As much as I would like</p> <p>Almost as much as I would like</p> <p>Some, but would like more</p> <p>Less than I would like</p> <p>Much less than I would like</p>
I get useful advice about important things in life.	<p>As much as I would like</p> <p>Almost as much as I would like</p> <p>Some, but would like more</p> <p>Less than I would like</p> <p>Much less than I would like</p>
I get help when I am sick in bed.	<p>As much as I would like</p> <p>Almost as much as I would like</p> <p>Some, but would like more</p> <p>Less than I would like</p> <p>Much less than I would like</p>

To be completed by staff:

Social support score	
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Step 7: Belief System

Do you practice a religion or belief system in your daily life?	Very strongly Strongly Somewhat Occasionally Never
Do you believe in an afterlife?	Very strongly Strongly Somewhat Occasionally Never
Does your practice of a religion or belief system give you hope?	Very strongly Strongly Somewhat Occasionally Never
Do you regularly (at least once a month) visit a place or worship?	Yes No
Do you have associates or friends from your place of worship?	Yes No

To be completed by staff:

Belief system score	
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Cancer History (Cases Only):

1. Date of diagnosis: ____ / ____ / ____

2. Histology:
- (1) Adenocarcinoma
 - (2) Squamous cell carcinoma
 - (3) Large cell carcinoma
 - (4) Adenocarcinoma in situ
 - (5) Poorly differentiated carcinoma
 - (6) Small cell carcinoma
 - (7) Other

3. Stage at diagnosis:

T= _____

N= _____

M= _____

4. (1) Stage I (2) Stage II (3) Stage III (4) Stage IV

5. Molecular studies:

(1) K-ras 1) Yes 2) No

(2) HPV p(16) 1) Yes 2) No

(3) Other mutations _____

6. Treatment: _____

7. Surgery:

a) _____

b) _____

c) _____

1. Chemotherapy:

- (1) Adjuvant
- (2) Concurrent with radiation
- (3) Neo-adjuvant
- (4) Palliative

Chemotherapy regimen:

- a) _____
Number of chemotherapy cycles _____
- b) _____
Number of chemotherapy cycles _____
- c) _____
Number of chemotherapy cycles _____
- d) _____
Number of chemotherapy cycles _____

8. Radiation:

- (a) Curative
Dose _____
- (b) Palliative
Dose _____

Patient's Physiological function at diagnosis:

- A) Weight loss prior to diagnosis
 - (1) _____ lbs
- (b) Percentage weight loss as compared to diagnosis
 - (1) No weight loss (2) <5% (3) >5%

B) CBC

Hb _____ mg/dL

WBC _____ k/cmm

Absolute neutrophil count _____ k/cmm

Absolute lymphocyte count _____ k/cmm

Platelet _____ k/cmm

C) Serum Albumin _____ g/dL D

D) Serum creatinine _____ mg/dL

E) CA 19-9 _____ U/mL