

Thank you for participating in our survey. Please tick the appropriate response.

Q1. Have you ever regularly smoked cigarettes? Yes No

If you have NEVER SMOKED CIGARETTES, STOP HERE. Do not complete the rest of the form.

Q2. Have you ever been diagnosed with lung cancer? Yes No

IF YOU HAVE BEEN DIAGNOSED WITH LUNG CANCER, STOP HERE. Do not complete the rest of the form.

Q3. What is your age? _____ years old

You must be aged between 55-80 to complete this survey.

IF YOU ARE LESS THAN 55 YEARS OLD OR MORE THAN 80 YEARS OLD, STOP HERE. Do not complete the rest of the form.

Q4. What is your gender? tick one Male Female

Q5. What is the highest level of education that you have completed? tick one

- Less than end of high school
- End of high school
- Certificate III or IV (TAFE)
- Diploma or Advanced Diploma
- Bachelors University Degree
- Postgraduate degree (Masters or PhD)

Q6. What best describes your current employment? tick one

- In paid employment or self-employed
- Retired – self funded or “Senior”
- Retired – Pensioner
- Unable to work due to sickness or disability
- Unemployed and looking for work
- Doing unpaid or voluntary work
- Looking after home and/or family
- None of the above

Q7. What postcode do you live in? (optional question) _____

Q8. In general, compared to others your age, would you say your health is: Tick one

- Excellent
- Very Good
- Good
- Fair
- Poor

Q9. What is your race or ethnicity? Tick one

- White / Caucasian
- Asian
- African
- Middle Eastern/ North African
- Subcontinent
- Aboriginal or Torres Strait Islander
- Maori or Pacific Islander
- Other _____

Q10. How old were you when you started smoking regularly? _____ years old

Q11. Are you still smoking now, even one puff in the last month? Yes No
go to Q13 go to Q12

Q12. If you have quit smoking, how old were you when you quit for good? _____ years old

Q13. On average, how many cigarettes per day have you smoked? _____ cigarettes per day

Q14. Next are statements that current and former smokers have said about quitting.

Which statement best represents what you think right now. Tick one

- I have quit and I am 100% confident that I will never smoke again
- I have already quit but I worry about slipping back or relapsing
- I have already begun to cut down and I have set a quit date
- I plan to quit in the next 30 days
- I plan to quit in the next 6 months
- I often think about quitting but have no specific plans to quit
- I sometimes think about quitting but have no specific plans to quit
- I rarely think about quitting and have no specific plans to quit
- I never think about quitting but I might someday
- I enjoy smoking so much I will never consider quitting no matter what happens

Q15. Have any of your parents, siblings or children ever been diagnosed with lung cancer?

- Do not include mesothelioma Yes Go to 15a No Go to 16

Q15a. If yes, how old were they when they were diagnosed?

Less than 60 years old More than 60 years old

Q16. Have you ever been told by a doctor or a nurse that you have any of the following illnesses?

Emphysema, Chronic Bronchitis or COPD Yes No

Any cancer including melanoma Yes No

(Do not include other skin cancers such as SCCs or BCCs)

Pneumonia as an adult Yes No

Tuberculosis or TB Yes No

Q17. What is your weight? _____ kg **OR** _____ stone

Q18. What is your height? _____cm **OR** _____feet and_____ inch

Q19. Have you worked in a job for more than three months where you were exposed to asbestos? Yes No

Q20. For females only, have you had a mammogram for breast cancer screening in the last 2 years? Yes No

Q21. Have you returned a faecal occult blood test (FOBT) for bowel cancer screening in the last 2 years? Yes No

We would like to know your opinions about risk and lung cancer. For each question, please tick the response that best fits your opinion.

Q 22. How likely do you think it is that you will develop lung cancer in your lifetime? Tick one

Very unlikely Somewhat Unlikely Not likely or unlikely Somewhat likely Very likely

Q 23. I am in danger of developing lung cancer because I do/used to smoke Tick one

Strongly disagree Disagree Neither agree or disagree Agree Strongly Agree

Q 24. Compared to others your age and sex, what do you think is the chance of getting lung cancer in your lifetime? Tick one

Much lower Slightly lower About the same Slightly higher Much higher

Q 25. I am in more danger of developing lung cancer that the average person. Tick one

Strongly disagree Disagree Neither agree or disagree Agree Strongly Agree

Q 26. Among 100 smokers, how many will get lung cancer because they smoke? Tick one

0 10 20 30 40 50 60 70 80 90 100

Q 27. How *worried* are you about getting lung cancer in your lifetime? Tick one

Not at all A little Somewhat Extremely

Q 28. How *often* do you worry about getting lung cancer? Tick one

Not at all Sometimes Often All of the time

Q 29. How *serious* would the health consequences be if you developed lung cancer? Tick one

Not at all serious A little serious Somewhat serious Quite serious Extremely serious

Q 30. For current smokers only: Compared to other smokers, what do you think your chance of getting lung cancer is in your lifetime? Tick one for each disease listed

Much lower Slightly Lower About the same Slightly higher Much higher

Q 31. For former smokers only: Compared to other former smokers, what do you think your chance of getting lung cancer is in your lifetime? Tick one

Much lower Slightly Lower About the same Slightly higher Much higher

Q 32. How much do you agree with the following statement?

“I want to know if I have the following...” Tick one on each row.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I already have this disease
Early lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	NA
Early emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early hardening of the heart arteries This can increase the chance of heart attacks or stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A genetic risk for lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about lung cancer screening. Read the information below about lung cancer screening and then complete the questions.

Screening of selected heavy current and former smokers aged between 55 and 80 years old for lung cancer is recommended in the USA and Canada but is NOT currently recommended in Australia. The screening test is a CT or CAT scan of the chest. If you currently smoke, staff at the program would also help you to quit smoking.

Lung cancer screening can save lives, but there are possible harms or bad things. These include possible false alarms, increased exposure to radiation from the CT scans, cancers missed by the scan, inconvenience having the tests and stress or worry about the result.

Screening is provided to those at highest risk for lung cancer when the benefits outweigh the harms. Screening is not for individuals at lower risk for lung cancer because the harms may be greater than the benefits.

How strongly do you agree or disagree with the following statements?
Tick one circle between 1 and 10. 1 is strongly disagree. 10 is strongly agree

Q 33. I want screening because I think it is better to find cancer early. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 34. I want screening to get “peace of mind” or reassurance that I DO NOT have lung cancer. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2

Q 35. I want screening to reduce the chance that I will die from lung cancer. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 36. I DO NOT want screening because I have too many other medical problems for lung cancer screening to be worthwhile. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 37. I DO NOT want screening because I am worried about the radiation from the CT scans. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 38. I DO NOT want screening because I don't want to find a cancer that, if it was left alone, it would never have harmed me. This is called Over-Diagnosis. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 39. I DO NOT want screening because I would be too worried, anxious or stressed about the results of the CT scan. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 40. I DO NOT want screening because it would be too hard for me to travel to have the CT scan. The scan would be at the nearest hospital or Xray clinic with a CT machine. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 41. I DO NOT want screening because I feel I am “too old” for lung cancer screening. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 42. I DO NOT want screening because it would be too hard for me to have lung cancer screening because of work or other time commitments. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 43. For current smokers only: I would want to get screened to get help to quit smoking.
 If you have already quit smoking, go to Q43. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 44. I would be disappointed if I was told that I was NOT eligible for lung cancer screening. Tick one

Strongly disagree					Neutral					Strongly agree
1	2	3	4	5	6	7	8	9	10	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q 45. Overall, I would have lung cancer screening if it was offered to me. Tick one

Strongly disagree	Disagree	Neutral		Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like your best contact details in case you have accidentally missed a question.

We will only use this information to contact you if a question was missed.

You do not have to give us your details if you don't want to.

Name:

Phone number:

Best time to call: Morning Afternoon Evening