

**Lung Screening Study**

**ELIGIBILITY VERIFICATION FORM**

Participant Name: | | | | |  
 Last First Middle

Participant Date of Birth: ..... | | | | - | | | | - 19 | | | |  
 MO DY YR

Participant Gender (M/F) ..... | |

Screening Center: ..... | | | |

Screening Center Staff ID: ..... | | | | | |



EVF

Participant ID Label

**PART A: ELIGIBILITY VERIFICATION**

ELIGIBILITY CRITERIA	CHECK YES OR NO. IF YES CHECKED, STOP. IF NO CHECKED, CONTINUE.
1. Is this individual younger than 55 years of age or older than 74 years of age?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Has this individual had a spiral CT scan of the lungs or chest in the past 24 months?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.5. Has this individual never smoked, or did the individual stop smoking more than 10 years ago?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Does this individual have fewer than 30 pack-years of tobacco exposure? ES-Q10: At what age did you begin to smoke?         Age  ES-Q11: During the times that you've smoked, how many cigarettes did you usually smoke per day?         # per day  ES-Q12: At what age did you quit smoking for the last time?         Age  ES-Q14: Between when you started smoking and when you quit smoking or now, for how many years in total did you not smoke cigarettes?         .       Years	YES <input type="checkbox"/> NO <input type="checkbox"/>

(OVER)

