

Appendix 3-1

**Lung Screening Study**

Participant ID Label

**Participant Contact Form**

Today's Date: |\_\_\_\_\_| / |\_\_\_\_\_| / | 2 | 0 | \_\_\_\_|  
MONTH DAY YEAR

**1. What is your full name?**

TITLE	FIRST	MIDDLE	LAST	SUFFIX
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**2. Are you known by any other last name (please include your maiden name and any previous married names)?**

MAIDEN NAME	OTHER LAST NAME
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**3. What is your Social Security Number?**

|\_\_\_\_\_| - |\_\_\_\_\_| - |\_\_\_\_\_|\_\_\_\_|

The National Institutes of Health is requesting your Social Security Number under Public Health Service Act 42 USC 285a. The primary use of this information is for researchers to locate you in the future if they are unable to locate you at your home address, and to search vital records in a followup study conducted in the future. Additional disclosures of information may be: to HHS contractors, grantees, and collaborating researchers and their staff in order to accomplish the research purpose for which the records are collected; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and as otherwise required by Law. **Furnishing your Social Security Number is voluntary, and you will not be denied any federal right, benefit, or privilege by your refusal to disclose it.**

**4. What is the name, address, and telephone number of your current primary care physician or clinic? (IF NOT APPLICABLE, CHECK HERE  AND GO TO QUESTION 5)**

FULL NAME OF PHYSICIAN OR CLINIC
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STREET ADDRESS	SUITE OR OFFICE NO.
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CITY	STATE	ZIP
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TELEPHONE NUMBER:
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(        )

5. It would be of great help to us if you could provide us with the names and addresses of **two** people who could give us your new address should you move. We would only contact these people if we were unable to reach you at your home address. It would be helpful to get the names of people who do not live with you.

FAMILY MEMBER			ADDRESS	
1.		FAMILY MEMBER		ADDRESS
		FAMILY MEMBER		ADDRESS
2.		FAMILY MEMBER		ADDRESS
		FAMILY MEMBER		ADDRESS

6. If you spend a significant part of the year at another location, please provide that address:

STREET ADDRESS			TELEPHONE NUMBER	
CITY	STATE	ZIP	(        )	
DATES AT THIS ADDRESS				
TO _____				
Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year	Month / Day / Year