<u>卑诗省肺病筛查研究项目申请表</u> B.C. Lung Screen Trial Referral Form

Fax Number(传真号): 604-675-8098

姓 Surname:	名 First Name((s): 性别 Gender: ○ 男 M ○ 女 F			
生日 Birth Date:		Current Height: 英寸 inches (或)厘米 cm			
年龄 Age :岁 yrs		Current Weight:磅 lbs (或)公斤 kg			
邮寄地址 Mailing Address: 电子邮箱 Email:					
电话号码 Daytime Phone: ()					
Note: The information you provide is very important but, you may refuse to answer any question(s) you find inappropriate					
1) 家庭医生姓名 GP's	MSP#	电话 Phone:			
家庭医生地址 GP's Address:_		传真 Fax:			
2) 您属于以下哪一族裔? What ethn	icity do you consider vou	urself to be?			
O 原住民(例如:第一民族,権 Aboriginal (e.g. First Nations	F蒂人,因纽特人)	O 拉丁美洲/西班牙裔 Latin American/Hispanic			
中东地区族裔(例如: 土耳其 及,伊拉克,约旦,黎巴嫩) Middle Eastern (e.g. Turkey, Egypt, Iraq, Jordan, Lebanor	Iran, Afghanistan,	O 南亚裔(例如:印度,斯里兰卡,巴基斯坦,孟加拉) South Asian (e.g. India, Sri Lanka, Pakistan, Bangladesh)			
非洲裔或加勒比海裔 African or Caribbean descen		O 东南亚裔(例如:马来西亚,印尼,越南) Southeast Asian (e.g. Malaysia, Indonesia, Vietnam			
O 高加索人/白种人 Caucasian	-	O 东亚裔(例如:中国,日本,韩国,台湾) East Asian (e.g. China, Japan, Korea, Taiwan)			
O 菲律宾裔 Filipino		O 除上述族裔之外的其他种族 Other ethnic group not			
O 犹太人 Jewish		listed above, please specify			
8					
O是 Yes O否 No 如果您回答是,停止了多少年? If YES for how many years?年 yrs 5) 如果现在已戒烟,您戒烟时年龄是多少? If you are not currently smoking, how old were you when you stopped? 岁 yrs old					
平均来说,当您吸烟时,大概每天吸多少根烟? On average, when you smoke(d), how many cigarette(s) a day do/did you smoke? ### ### ############################					
On average, when you shoke	The artifage, which you smoke(a), now many digurence(o) a day do did you smoke:				

	您是否曾被诊断出患有任何癌症? 不包括皮肤癌(除非是黑色素瘤)				
7 a)	Have you ever been diagnosed with any cancer(s)? Do not include cancers of the skin other than melan	oma.			
	1. 曾经有过 Ever O 是 Yes O 否 No 2. 发生在过去 5 年 In the last 5 years O 是 Yes	o 否 No			
	您是否因为癌症接受过任何治疗?不包括皮肤癌(除非是黑色素瘤)				
b)	Have you had any treatment for any type of cancer(s)? Do not include cancers of the skin other than melanoma.				
	1.过去 5 年接受过治疗,但目前已停止 In the last 5 years but not currently O 是 Yes O否 No				
	2. 目前仍在接受治疗 Currently (that is, on active treatment now) O是 Yes O否 No				
c)	您是否曾被确诊过肺癌? Have you ever been diagnosed with lung cancer? O是 Y	es O否 No			

与您有<u>血缘的亲人</u>(母亲、父亲、兄弟姐妹、子女、包括异父或异母所生的兄弟姐妹),是否曾被诊断出患有肺癌?

Were any of your <u>blood relatives</u> (mother, father, children, siblings, including half-sisters and half-brothers) ever diagnosed with lung cancer?

O是Yes O否No

9) 您完成的最高学历是? What is the highest level of education you have completed?

O8 年级及以下 Grade 8 or less O9 到 11 年级 Grade 9 to Grade 11 O高中毕业 High School Graduate O技术、职业学校文凭 Technical/Vocational School Certificate O大专/大学课程 Some College/University O大学毕业 University Graduate O研究生/专业学位 Post Graduate/Professional Degree

〇是Yes 〇否No

11) 您是否曾被确诊过以下疾病? Has a physician ever told you that you have any of the following medical conditions?

慢性阻塞性肺病 COPD

肺气肿 Emphysema

慢性支气管炎 Chronic Bronchitis

O是 Yes O否 No

O 是 Yes O 否 No

〇是Yes 〇否No