

Non-Small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ) v1.0

For each of the following questions, please choose the one response that best describes your experience over the last 7 days. **QSEVLINT=-P7D**

1. How would you rate your coughing at its worst over the last 7 days? **QSTESTCD=NSCLC101**

- No Coughing at All
- Mild Coughing
- Moderate Coughing
- Severe Coughing
- Very Severe Coughing

QSORRES

2. How would you rate the worst pain in your chest over the last 7 days? **QSTESTCD=NSCLC102**

- No Pain at All
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain

3. How would you rate the worst pain in areas other than your chest over the last 7 days?

QSTESTCD=NSCLC103

- No Pain at All
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain

4. How often did you feel short of breath during usual activities over the last 7 days?

QSTESTCD=NSCLC104

- Never
- Rarely
- Sometimes
- Often
- Always

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5. How often did you have low energy over the last 7 days? **QSTESTCD=NSCLC105**

- Never
- Rarely
- Sometimes
- Often
- Always

6. How often did you tire easily over the last 7 days? **QSTESTCD=NSCLC106**

- Never
- Rarely
- Sometimes
- Often
- Always

7. How often did you have a poor appetite over the last 7 days? **QSTESTCD=NSCLC107**

- Never
- Rarely
- Sometimes
- Often
- Always

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