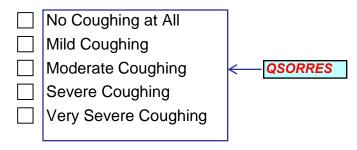




Non-Small Cell Lung Cancer Symptom Assessment Questionnaire (NSCLC-SAQ) v1.0

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**



- 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?
 - 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

QSTESTCD=NSCLC103

	Never
	Rarely
	Sometimes
	Often
\square	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? <u>OSTESTCD=NSCLC106</u>

Never
Rarely
Sometimes
Often
Always

7. How often did you have a poor appetite over the last 7 days? <u>QSTESTCD=NSCLC107</u>

Never
 Rarely
 Sometimes
 Often

Always

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