

## FLSI

Below is a list of statements that other people with your illness have said are important. **Please circle or mark one number per line to indicate your response as it applies to the past 7 days.**

		Not at all	A little bit	Some- what	Quite a bit	Very much
B1	I have been short of breath .....	0	1	2	3	4
GP1	I have a lack of energy .....	0	1	2	3	4
GP4	I have pain .....	0	1	2	3	4
C2	I am losing weight .....	0	1	2	3	4
L2	I have been coughing.....	0	1	2	3	4
P2	I have certain parts of my body where I experience pain.....	0	1	2	3	4