

## FLSI-12

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
C2	I am losing weight .....	0	1	2	3	4
L1	My thinking is clear .....	0	1	2	3	4
L2	I have been coughing .....	0	1	2	3	4
C6	I have a good appetite .....	0	1	2	3	4
L3	I feel tightness in my chest .....	0	1	2	3	4
L4	Breathing is easy for me .....	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
GP2	I have nausea .....	0	1	2	3	4
GP5	I am bothered by side effects of treatment ....	0	1	2	3	4
GF7	I am content with the quality of my life right now .....	0	1	2	3	4