

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