

# NCCN/FACT Lung Cancer Symptom Index - 17 Item Version (Version 2)

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	Somewhat	Quite a bit	Very much	
D R S- P	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
	B1	I have been short of breath .....	0	1	2	3	4
	HI7	I feel fatigued.....	0	1	2	3	4
	L2	I have been coughing.....	0	1	2	3	4
	BP1	I have bone pain .....	0	1	2	3	4
	L4	Breathing is easy for me .....	0	1	2	3	4
	C6	I have a good appetite.....	0	1	2	3	4
D R S- E	GF5	I am sleeping well.....	0	1	2	3	4
	GE6	I worry that my condition will get worse ...	0	1	2	3	4
T S E	GP2	I have nausea .....	0	1	2	3	4
	B5	I am bothered by hair loss .....	0	1	2	3	4
	GP5	I am bothered by side effects of treatment .	0	1	2	3	4
F W B	L1	My thinking is clear.....	0	1	2	3	4
	GF3	I am able to enjoy life.....	0	1	2	3	4
	GF7	I am content with the quality of my life right now .....	0	1	2	3	4

DRS-P=Disease-Related Symptoms Subscale – Physical  
 DRS=E=Disease-Related Symptoms Subscale – Emotional  
 TSE=Treatment Side Effects Subscale  
 FWB=Function and Well-Being Subscale