

Version Control

Version	Date	Description of Changes	Changes to ID(s)	Author
V0.01	17/10/2025	Added initial screenshots		Inga Lipska
V1.00	03/12/2025	Finalized		RWS

EORTC IL444



EORTC IL444

Start



EORTC IL444



Patients sometimes report that they have the following symptoms or problems. Please indicate the extent to which you have experienced these symptoms or problems during the past week. Please answer by selecting the number that best applies to you.

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	< EORTC IL444 × During the past week: 1. Were you short of breath? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit Skip Question? Are you sure you want to skip the question? Cancel Yes Next	< EORTC IL444 × During the past week: 1. Were you short of breath? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☐ 4 Very Much Next	< EORTC IL444 × During the past week: 1. Were you short of breath? ☐ 1 Not at All ☐ 2 A Little ☐ 3 Quite a Bit ☒ 4 Very Much Next	



EORTC IL444



EORTC IL444

**During the past week:**

2. Have you lacked appetite?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

2. Have you lacked appetite?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

Next

Next



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**During the past week:**

3. Were you tired?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

3. Were you tired?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

4. Have you coughed?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

4. Have you coughed?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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Next



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**During the past week:**

5. Have you had a rash?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

5. Have you had a rash?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

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**During the past week:**

6. Have you had fevers or chills?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☐ 4 Very Much**During the past week:**

6. Have you had fevers or chills?

☐ 1 Not at All☐ 2 A Little☐ 3 Quite a Bit☒ 4 Very Much

Next

Next



Click Submit to save or the
back arrow to review.

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Submit



Thank you for taking the time
to complete the questions.

If you are having any
symptoms or concerns,
please discuss these with
your study team.

Close

