

The final ePRO questionnaire after adjustments

Items graded by severity	Response options*							
During the past week								
1. How would you rate your overall health during the past week?	Very poor Excellent							
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7		
2. How would you rate your overall quality of life during the past week?	Very poor Excellent							
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> </table>	1	2	3	4	5	6	7
1	2	3	4	5	6	7		
3. Were you short of breath?	Not at all A little Quite a bit Very Much							
4. Have you had pain?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4			
1	2	3	4					
5. Were you tired?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4			
1	2	3	4					
6. Have you lacked appetite?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4			
1	2	3	4					
7. How much did you cough?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4			
1	2	3	4					
8. Did you cough up blood?	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4			
1	2	3	4					
Supplementary items								
9. Do you feel feverish?	No/yes							
	<i>If yes</i> ; Please measure your temperature and write the answer here (eg 38.5)							
	≥38.2							
	(Pop-up message advises the patient to contact the hospital)							
10.. Do you have a hoarse voice?	No/yes							
	<i>If yes</i> ; Have your hoarse voice worsened during the past week?							
	Yes							
11. Do you have facial swelling?	No/Yes							
	<i>If yes</i> ; Have your facial swelling worsened during the past week?							
	Yes							
12. Do you sense a growing tumour?	Yes/no/do not know							
	Yes							
13. How much do you weigh?								
	≥ 3 kg weight loss compared to first measure							
14. In the past week, have you had other symptoms that you think may be associated with your cancer?								
	Any comment							

*Threshold definitions are marked with grey/bold. Notifications are automatically sent to the department when the thresholds are exceeded.

Items 1 and 3-7: a notification is only sent to the department in case of deterioration compared to the previous week.

Item 2: No threshold is used for this item