

Appendix 1: Informed consent form participant active group

SYMPRO-Lung

Official title: "SYMptom monitoring with Patient-Reported Outcomes using a web application among LUNG cancer patients in the Netherlands."

- I have read the information letter. I was also able to ask questions. My questions have been answered sufficiently. I had enough time to decide whether to participate.
- I know that participating is voluntary. I also know that I can decide at any time not to participate or to withdraw from the study. I don't have to give a reason for withdrawal.
- I give permission to inform my general practitioner that I am participating in this study.
- I give permission for the collection and use of my data to answer the research questions of this research.
- I authorize the researchers of the Amsterdam UMC, location VUmc, to request my medical and personal data from my treating hospital and for the hospital to provide these data to the researchers of the Amsterdam UMC, location VUmc.
- I know that for the purpose of verifying the study, some people may have access to all my data. Those people are listed in this information letter. I give permission for this inspection by these persons.

Please fill in all the fields below

I do

I do not

give permission to use my data for future lung cancer research or app development.

I do

I do not

give permission to contact me for an interview about the evaluation of the app.

- I agree to participate in this study.

Name: Mr. /Mrs.:* _____

E-mail address: _____

Telephone number: _____

Date: _____

Signature: _____

* Strike off what does not apply

To be completed by the doctor/researcher:

I declare that I have fully informed the participant about the study.

If information becomes known, during the research, that could influence the consent of the participant, I will inform him/her in good time.

Name of doctor/researcher (or representative): _____

Signature: _____

Date: __ / __ / __

The participant will receive a complete information letter, along with a signed version of the consent form.