### Supplementary methods: Questions from the Danish Symptom Cohort survey used in the study

| Variable(s)              | Question(s)                                                                 | Answer categories                                                                 |
|--------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Symptom experience       | *Have you within the last 4 weeks experienced any of these? (You may tick more than one box)* | Coughing Haemoptysis (coughing up blood) Shortness of breath Hoarseness Weight loss > 2 kg Tiredness Loss of appetite |

**Additional questions asked for each reported symptom**

| Onset                   | *When did you experience the symptom for the first time?*                   | < 4 weeks ago, 1-3 three months ago, 3-6 months ago and > 6 months ago |
|--------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------|

| Contact to general practitioner | *Have you contacted your general practitioner with any of the following symptoms or discomforts? (Through appointment, by telephone or by email)* | Yes or no |
|-------------------------------|----------------------------------------------------------------------------------------------------------------|----------|

**Additional questions to the symptoms, which had not been presented to the general practitioner**

| Barriers to healthcare-seeking | *You have not been in contact with your general practitioner regarding the following symptoms and discomforts. We would now like to know, whether you had some of the following considerations, regarding contact to your general practitioner? (You may tick more than one box)* | I would be too embarrassed (yes/no) I would be worried about wasting the doctor’s time (yes/no) I would be worried about what the doctor might find (yes/no) I would be too busy to make time to go to the doctor (yes/no) Other considerations (box for free text commentaries) |
|-------------------------------|----------------------------------------------------------------------------------------------------------------|----------|

### All respondents

| Smoking status | *Do you smoke?* | Yes, every day Yes, at least once a week Yes, less than once a week No, I have stopped No, I have never smoked |
|----------------|-----------------|-------------------------------------------------|
